

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION FOR BEHAVIORAL HEALTH

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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January 9, 2019

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Mental Health Services to **retroactively** exercise a renewal option and amend an existing contract with Judge Baker Children's Center (Vendor #161221 B001), 53 Parker Hill Avenue, Boston, MA 02120 to provide a training program for Community Mental Health Programs in the application of the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma and Conduct problems (MATCH or MATCH-ADTC) for youth in a scalable model over multiple years, by increasing the price limitation by \$120,000 from \$540,000 to an amount not to exceed \$660,000 and by extending the completion date from December 31, 2018 to December 31, 2019, effective retroactive to December 31, 2018 upon Governor and Executive Council approval. 100% Federal Funds.

This agreement was originally approved by the Governor and Executive Council on January 18, 2017 (Item #15).

Funds are available in the following accounts for State Fiscal Years 2017, 2018 and 2019 and are anticipated to be available in State Fiscal Year 2020, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

05-95-92-920010-7143 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MENTAL HEALTH BLOCK GRANT

STATE FISCAL YEAR	CLASS	TITLE	ACTIVITY CODE	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2017	102	Contracts for Program Scvs	92207143	\$135,000	\$0.00	\$135,000
2018	102	Contracts for Program Scvs	92207143	\$0.00	\$0.00	\$0.00
2019	102	Contracts for Program Scvs	92207143	\$0.00	\$0.00	\$0.00
Subtotal:				\$135,000	\$0.00	\$135,000

**05-95-92-922010-4120 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT
OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF MENTAL HEALTH SERVICES, MENTAL
HEALTH BLOCK GRANT**

FISCAL YEAR	CLASS	TITLE	ACTIVITY CODE	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2017	102	Contracts for Program Scvs	92204120	\$0.00	\$0.00	\$0.00
2018	102	Contracts for Program Scvs	92204120	\$270,000	\$0.00	\$270,000
2019	102	Contracts for Program Scvs	92204120	\$135,000	\$80,000	\$215,000
2020	102	Contracts for Program Scvs	92204120	\$0.00	\$40,000	\$40,000
			Subtotal:	\$405,000	\$120,000	\$525,000
			Subtotal:	\$135,000	\$0.00	\$135,000
			Total:	\$540,000	\$120,000	\$660,000

EXPLANATION

This request is **retroactive** because the Department did not receive the fully executed contract amendment in time to meet the Governor and Executive Council meeting agenda deadline for the last Governor and Executive Council meeting in December. The Department submitted this request for consideration as soon as all of the executed contract amendment documents were available.

The purpose of this request is to allow the vendor to continue providing training services to the Community Mental Health Centers, which will enable delivery of an evidence-based treatment approach to eligible children and youth suffering from anxiety, trauma, depression, and conduct disorders. The Modular Approach to Therapy for Children (MATCH) approach is designed to use combinations of the strengths of various treatments, proven to be successful in clinical practice settings and in the community, home, and school environments, to customize treatment to each individual.

A statewide training program will ensure the Department is meeting the needs of the children and youth determined eligible, by established statewide standards, for services provided by Community Mental Health providers. MATCH initial and ongoing training and implementation will be provided through a strategy that has been proven to be effective in the twin goals of good treatment outcomes and self-sustainability of the MATCH-inspired improvements to existing mental health treatment programs for these individuals and their families.

MATCH program has been an element of the New Hampshire System of Care, positively impacting the lives of children and youth, and their families, throughout the New Hampshire child- and youth-serving system. MATCH is a powerful tool in the New Hampshire System of Care toolkit, treating youth who present serious clinical problems, including chronic and violent juvenile offenders, youth in psychiatric crisis (i.e., homicidal, suicidal, and psychotic), as well as maltreating families.

All ten (10) of NH's Community Mental Health Centers have been trained in MATCH. MATCH is supporting 75-90% of their child and youth clients. The Judge Baker Children's Center has Supervisory staff at the four Community Mental Health Centers that participated in Cohort 1. Cohort 2 Supervisory training is scheduled for January 2019.

The Judge Baker Children's Center has maintained 4 types of monthly phone calls with all relevant training participants. This is to ensure the implementation of MATCH is successful center-wide and state-wide. The Judge Baker Children's Center has supported two learning collaborative to further support the implementation process and fidelity to the MATCH model. The Judge Baker Children's Center has been an excellent example of organization, follow through, support and guidance since implementation of the contract.

Exhibit C-1, Revisions to Standard Provisions, Paragraph 4, reserves the Department's right to renew the original contract for up to four (4) additional years, subject to continued availability of funds, satisfactory performance of services, and approval from the Governor and Executive Council. The Department is seeking to exercise one (1) of the four (4) years of renewal option available to ensure full implementation of MATCH.

This amendment will allow the Judge Baker Children's Center to complete the full implementation of MATCH at all 10 of NH's Community Mental Health Centers. The MATCH modality is a "train the trainer" model which affords each Community Mental Health center the opportunity to self-sustain this evidence based practice.

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 biennia.

Should the Governor and Executive Council determine not to approve this request, New Hampshire Community Mental Health Centers may not have access to appropriate training provided by the vendor in the area of positive treatment mechanisms for children and youth that are engaging in severe willful misconduct that places them at risk for out-of-home placement.

Area served: Statewide

Source of Funds: 100% Federal Funds, 0% General Funds

In the event that the federal funds become no longer available, no further general funds will be requested to support this contract.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner



**New Hampshire Department of Health and Human Services
Modular Approach to Therapy for Children Trainer (MATCH) Contract**

**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Modular Approach to Therapy for Children Trainer (MATCH) Contract**

This 1st Amendment to the Modular Approach to Therapy for Children Trainer (MATCH) Contract NAME OF contract (hereinafter referred to as "Amendment #1") dated this 2nd day of October, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Judge Baker Children's Center, (hereinafter referred to as "the Contractor"), an out of state nonprofit, with a place of business at 53 Parker Hill Ave, Boston, MA 02120.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on January 18, 2017, (Item #15), 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, increase the price limitation, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions Paragraph 4 the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
December 31, 2019.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$660,000.
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Nathan D. White., Director.
4. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9631.
5. Delete Exhibit A Scope of Services and replace with Exhibit A, Amendment #1, Scope of Services.
6. Delete Exhibit B, Method and Conditions Precedent to Payment and replace with Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment.
7. Delete Exhibit B-1, MATCH ADTC Learning Collaborative FY1 and replace with Exhibit B-1, Amendment #1, Budget Sheet.
8. Delete Exhibit B-2, MATCH ADTC Learning Collaborative FY2 and replace with Exhibit B-2, Amendment #1, Budget Sheet.



**New Hampshire Department of Health and Human Services
Modular Approach to Therapy for Children Trainer (MATCH) Contract**

9. Delete Exhibit B-3, MATCH ADTC Learning Collaborative FY3 and replace with Exhibit B-3, Amendment #1, Budget Sheet.
10. Add Exhibit B-4, Amendment #1, Budget Sheet.
11. Add Exhibit K, DHHS Information Security Requirements.

**New Hampshire Department of Health and Human Services
Modular Approach to Therapy for Children Trainer (MATCH) Contract**



This amendment shall be effective upon the date of Governor and Executive Council approval.
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/19/18
Date

Karen S. Fox
Name: Karen S. Fox
Title: Director

Judge Baker Children's Center

11/29/18
Date

Robert P. Frank, Ph.D.
Name: Robert P. Frank, Ph.D.
Title: President & CEO

Acknowledgement of Contractor's signature:

State of Massachusetts, County of Suffolk on 11/29/2018, before the undersigned officer, personally appeared the person identified directly 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.

Christina O'Keefe
Signature of Notary Public or Justice of the Peace

Christina O'Keefe, Notary Public
Name and Title of Notary or Justice of the Peace

My Commission Expires: June 6, 2025



CHRISTINA O'KEEFE
Notary Public
Commonwealth of Massachusetts
My Commission Expires
June 6, 2025



**New Hampshire Department of Health and Human Services
Modular Approach to Therapy for Children Trainer (MATCH) Contract**

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

OFFICE OF THE ATTORNEY GENERAL

Date

1/2/19

Name:

Title:

[Signature]
Name: *Nigel A. Yello*
Title: *Attorney*

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. The Contractor shall provide contract services to Clinicians and supervisors in Community Mental Health Centers, as well as Department staff, statewide who provide services to children and youth between the ages of 6 and 18 who:
 - 1.3.1. Meet state eligibility criteria for a Serious Emotional Disturbance (SED) or Serious Emotional Disturbance – Interagency (SED-IA) through use of the Child and Adolescent Needs and Strengths Assessment (CANS).
 - 1.3.2. Present with symptoms of depression, anxiety, specific phobias or panic disorders, trauma, or conduct disorder.

2. Scope of Services

- 2.1. The Contractor shall train Community Mental Health Center (CMHC) staff, statewide, in the application of Modular Approach to Therapy for Children (MATCH) in cases involving children experiencing:
 - 2.1.1. Anxiety; or
 - 2.1.2. Depression; or
 - 2.1.3. Trauma; and
 - 2.1.4. Conduct problems.
- 2.2. The Contractor shall ensure CMHC staff are trained in fidelity to the MATCH model by utilizing training methods that include, but are not limited to:
 - 2.2.1. Presenting professional development curriculum for each of the thirty-three (33) MATCH modules and core competencies in EBPs, in detail.
 - 2.2.2. Utilizing adult learning principles that include, but are not limited to:
 - 2.2.2.1. Didactic training.
 - 2.2.2.2. Audio and video presentations of case vignettes.
 - 2.2.2.3. Opportunities to utilize information presented in day-to-day client work in between training sessions (action periods).

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New Hampshire Department of Health and Human Services
Modular Approach to Therapy for Children (MATCH) Trainer
Exhibit A, Amendment #1



- 2.2.2.4. Immediate feedback on practiced skills.
- 2.2.3. Providing each trainee with a MATCH Professional Development Portfolio, which:
 - 2.2.3.1. Includes, but is not limited to, a syllabus of the Concepts, Resources and Applications (Flowcharts, Session Management, and Supplemental Materials).
 - 2.2.3.2. Shall be used by trainees to track their developing expertise throughout the active learning phase.
- 2.2.4. Providing each trainee with on-going, case-specific consultation from MATCH trainers.
- 2.2.5. Training clinicians on the use of assessment, including the Child and Adolescent Needs and Strengths Assessment (CANS), and treatment procedures as well as MATCH's continuous measurement feedback system, Treatment Response Assessment for Children (TRAC).
- 2.3. The Contractor shall provide verbal guidance to participating agencies in the use of empirically-supported, multi-method, multi-informant assessment procedures that assist clinicians to better understand the children they treat and the family, school and community context. The Contractor shall:
 - 2.3.1. Ensure trainees are trained in the collection of diagnostic clinical interview information and standardized questionnaire data from the child, caregivers, and collateral informants, using assessment procedures, to include the Child and Adolescent Needs and Strengths Assessment (CANS), appropriate to the cultural, linguistic, and clinical needs of the provider and the populations they serve.
 - 2.3.2. Ensure trainees are trained to utilize results from comprehensive assessments to determine which target interventions from the MATCH protocol are most appropriate for initial utilization.
 - 2.3.3. Ensure trainers are trained to determine best protocols based on evaluation of symptom presentation, interference and motivation to change, in collaboration with the treatment team, which includes but is not limited to:
 - 2.3.3.1. Therapists;
 - 2.3.3.2. Family; and
 - 2.3.3.3. MATCH consultants.
 - 2.3.4. Ensure clinicians and supervisors are trained in the use of the Top Problems Assessment, which is an idiographic, psychometrically sound, consumer-driven assessment approach that uses the exact language and words of the child and family to capture their view of the most important problems to target in treatment.
- 2.4. The Contractor shall collaborate with the Department and selected agencies to enhance existing screening and assessment procedures. The Contractor shall;

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- 2.4.1. Ensure initial inquiries for services are screened using a brief eleven (11)-item screening tool to assess the main target clusters for application of MATCH, which include but are not limited to:
 - 2.4.1.1. Anxiety;
 - 2.4.1.2. Depression;
 - 2.4.1.3. Trauma; and
 - 2.4.1.4. Conduct problems.
- 2.4.2. Have a trained MATCH clinician begin treatment for individuals screening positive for a target cluster after the initial comprehensive assessment, dependent on:
 - 2.4.2.1. Service availability within the agency/community;
 - 2.4.2.2. The child's age;
 - 2.4.2.3. Diagnosis geographic location; and
 - 2.4.2.4. The family's culture.
- 2.5. The Contractor shall provide a multi-phased implementation program that includes, but is not limited to:
 - 2.5.1. A tailored and specialized pre-implementation activities that lay the foundation for successful installation of MATCH in Community Mental health Programs (CMHPs).
 - 2.5.2. Active implementation activities, which include, but are not limited to:
 - 2.5.2.1. MATCH training.
 - 2.5.2.2. Clinical consultation.
 - 2.5.2.3. Ongoing implementation support.
 - 2.5.3. Ongoing continuous quality improvement and sustainability activities in order to sustain the progress made during the active implementation phase.

3. Scope of Services (Training Implementation Program)

- 3.1. The Contractor shall conduct pre-implementation activities, which include, but are not limited to:
 - 3.1.1. Establishing a multidisciplinary interagency MATCH Steering Team that will meet quarterly over the course of the contract project date to discuss implementation progress, barriers and successes to ensure ongoing success of the MATCH implementation, which includes, but not be limited to:
 - 3.1.1.1. Department staff;
 - 3.1.1.2. Provider agencies;
 - 3.1.1.3. Consumer representatives; and
 - 3.1.1.4. Contractor staff.

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New Hampshire Department of Health and Human Services
Modular Approach to Therapy for Children (MATCH) Trainer
Exhibit A, Amendment #1



- 3.2. The Contractor shall select CMHPs to participate in the MATCH Learning Collaborative (LC). The Contractor shall:
 - 3.2.1. Collaborate with the Department to create and disseminate a Request for Qualifications (RFQ) to all Community Mental Health Programs (CMHPs), statewide, that details:
 - 3.2.1.1. The MATCH Learning Collaborative (LC) model, including training, implementation and consultations;
 - 3.2.1.2. The overall purpose of the MATCH LC;
 - 3.2.1.3. The target population;
 - 3.2.1.4. The CMHP selection criteria; and
 - 3.2.1.5. RFQ timeline.
 - 3.2.2. Require CMHPs interested in applying for MATCH training to assemble an application that addresses:
 - 3.2.2.1. Organizational history;
 - 3.2.2.2. Rationale for receiving MATCH training;
 - 3.2.2.3. Service population;
 - 3.2.2.4. Experience with implementing evidence-based practices (EBPs);
 - 3.2.2.5. Organizational capacity to implement MATCH;
 - 3.2.2.6. Proposed organizational mechanisms to support staff delivery;
 - 3.2.2.7. Fidelity to MATCH;
 - 3.2.2.8. A description of the organization's plan to assure practices meet the cultural and linguistic needs of the target population; and
 - 3.2.2.9. A table of proposed clinicians to be trained in MATCH.
- 3.3. The Contractor shall select clinicians and supervisors at each selected CMHP to participate in the MATCH LC. The Contractor shall:
 - 3.3.1. Collaborate with the Department and CMHP senior leaders to develop and implement tailored strategies that address relative weaknesses in capacity and/or motivation in order to facilitate the successful implementation of MATCH as a sustainable practice within the CMHP settings.
 - 3.3.2. Conduct the Organizational Readiness Assessment (ORA) to address implementation barriers; ensure successful MATCH implementation; and measure any changes in motivation and/or capacity:
 - 3.3.2.1. Half-way through the LC year; and
 - 3.3.2.2. At the end of implementation.
- 3.4. The Contractor shall develop local work groups (LWGs) at each CMHP that respond to the unique needs of the local populations, to community contextual factors, and to changes in the system of care. The Contractor shall:



- 3.4.1. Ensure work groups are composed of five (5) to eight (8) key representatives from the CMHP site including clinicians, supervisors, family partners, and other key staff as needed.
- 3.4.2. Ensure work groups are responsible for:
 - 3.4.2.1. A successful implementation process;
 - 3.4.2.2. Identifying key stakeholders in the community; and
 - 3.4.2.3. Engaging stakeholders in the implementation process.
- 3.4.3. Ensure senior leaders and/or project liaisons oversee the LWGs.
- 3.4.4. Develop Local Work Plans (LWPs) that shall be shared with the Department in order to track site progress toward implementation and long term success that are informed by:
 - 3.4.4.1. Ongoing implementation consultation;
 - 3.4.4.2. Readiness assessment; and
 - 3.4.4.3. Metric data.
- 3.4.5. Collaborate with and train the CMHPs on how to develop a proactive, simple and transparent document for all members of the local work group that articulates key activities for each main component of the program. The Contractor shall ensure each activity has:
 - 3.4.5.1. An associated timeline;
 - 3.4.5.2. An identified person/group responsible for each activity; and
 - 3.4.5.3. Resources to accomplish each activity.
- 3.5. The Contractor shall adapt training materials based on identified contextual factors in order to meet the cultural and linguistic needs of the communities ensuring no changes to core intervention components while ensuring fidelity to the model. The Contractor adaptations may include, but are not limited to:
 - 3.5.1. Adapting clinical examples;
 - 3.5.2. Adapting role plays; and
 - 3.5.3. Adapting learning activities consistent with the target populations served by the CMHP.

4. Scope of Services (Active Implementation Activities)

- 4.1. The Contractor shall conduct active implementation activities, which include but are not limited to:
 - 4.1.1. MATCH clinical consultation;
 - 4.1.2. Technical assistance and implementation consultation;
 - 4.1.3. Data systems development; and
 - 4.1.4. Continuous quality improvement initiatives.

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- 4.2. The Contractor shall establish a data system in collaboration with CMHP workgroups and the Department in order to develop a measurement model and identify and pilot the necessary measures for MATCH implementation. The Contractor shall:
 - 4.2.1. Modify the TRAC system and/or develop additional data collection tools as needed to address identified data and measurement needs.
 - 4.2.2. Monitor and provide ongoing feedback to CMHP workgroups on the use of the TRAC system to collect clinical outcome and implementation data, ensuring data quality issues are identified and remedied promptly.
- 4.3. The Contractor shall provide a minimum of twenty-five (25) clinical consultation calls over twelve (12) months to clinicians who have completed MATCH training and who are currently using MATCH in active cases. The Contractor shall ensure consultation calls:
 - 4.3.1.1. Include topics that may include, but are not limited to:
 - 4.3.1.1.1. How to get the most out of consultation calls;
 - 4.3.1.1.2. Co-creating supplemental material;
 - 4.3.1.1.3. Understanding how to use the TRAC system to plan treatment;
 - 4.3.1.1.4. Selecting appropriate intervention modules for cases;
 - 4.3.1.1.5. Managing crises in MATCH treatment;
 - 4.3.1.1.6. Using session agendas to stay on track; or
 - 4.3.1.1.7. Trainee-requested themes.
 - 4.3.1.2. Are conducted via internet-based video conferencing software to enable consultants to:
 - 4.3.1.3. Are documents and visual materials in real time with trainees.
 - 4.3.1.4. Occur while logged into the TRAC system in order to view case-by-case progress.
 - 4.3.1.5. Are placed only after reviewing all TRAC dashboards in order to prioritize clients who are making less clinical progress for group review.
 - 4.3.1.6. Occur on a weekly basis for fifteen (15) consecutive weeks, then bi-weekly thereafter.
- 4.4. The Contractor shall provide a minimum of three (3) one (1) day learning sessions throughout the course of each MATCH LC training cycle that focus on advanced topics as selected in collaboration with senior leaders and clinician trainees, which may include, but are not limited to:
 - 4.4.1. Case presentations;
 - 4.4.2. Advanced clinical issues;
 - 4.4.3. Enhanced methods for engaging and/or training family partners to support MATCH implementation;

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- 4.4.4. Additional training on screening and referrals;
 - 4.4.5. Data-driven clinical decision-making;
 - 4.4.6. The use of CQI tools to help identify, prioritize, carry out, and evaluate continuous quality improvement initiatives, also known as MATCH Plan-Do-Study-Act);
 - 4.4.7. Facilitating interagency learning and collaboration through outreach training; and
 - 4.4.8. Coordinating "affinity groups" that allow staff from multiple agencies to break out by role and engage in focused discussions aimed at increasing shared knowledge.
- 4.5. The Contractor shall ensure MATCH certification is available to clinicians. The Contractor shall:
- 4.5.1. Ensure certification is available to clinicians who:
 - 4.5.1.1. Attend all five (5) days of the in-person MATCH training.
 - 4.5.1.2. Participate in at least 85% of the consultation calls.
 - 4.5.1.3. Complete at least two (2) cases with two (2) different MATCH protocols, utilizing a combined total of at least sixteen (16) modules over a minimum of ten (10) sessions per client.
 - 4.5.1.4. Utilize MATCH resources, including, but not limited to:
 - 4.5.1.4.1. Flowcharts.
 - 4.5.1.4.2. Supplemental materials.
 - 4.5.1.5. Collect regular treatment progress data via TRAC.
 - 4.5.1.6. Utilize the MATCH Professional Development Portfolio to track their developing expertise through the active learning period.
 - 4.5.1.7. Demonstrate the required level of experience and expertise across their entire MATCH Professional Development Portfolio.
 - 4.5.1.8. Submit their portfolio.
 - 4.5.1.9. Submit the TRAC dashboard for their two qualifying cases.
 - 4.5.1.10. Submit a brief narrative case discussion to the Contractor Master Trainer.
 - 4.5.2. Review submitted material.
 - 4.5.3. Determine certification status for all clinicians, ensuring that:
 - 4.5.3.1. Successful applicants are provided with MATCH certification.
 - 4.5.3.2. Unsuccessful applicants are provided feedback on the necessary experience and expertise still needed to reach certification status.
 - 4.5.4. Work with Department staff to establish a recertification process, outlining necessary reviews and documentation for recertification.

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- 4.6. The Contractor shall ensure CMHP workgroups have the ability to continue CQI activities post-MATCH implementation. The Contractor shall:
 - 4.6.1. Establish foundational tools and processes necessary to conduct data-driven decision-making, in order to scaffold CQI activities so that the CMHP workgroups can continue them independently.
 - 4.6.2. Develop performance targets and specific CQI goals and objectives in collaboration with LWGs, the Department, CMHP administrators, and senior leaders.
 - 4.6.3. Conduct both video-based and in-person consultation visits with CMHPs to review quarterly progress and provide reports as described in the Reporting section in order to support progress towards the goals in Section 4.7.1 and 4.7.2, and inform the implementation process.
- 4.7. The Contractor shall provide ongoing technical assistance to CMHP senior leaders and supervisors that are tailored to the needs of each participating agency in order to assist with identifying and troubleshooting barriers to implementation as they arise.

5. Scope of Services (Quality Improvement and Sustainability)

- 5.1. The Contractor shall ensure the MATCH LC promotes sustainability through:
 - 5.1.1. Engaging senior leaders.
 - 5.1.2. Building local provider capacity and infrastructure.
 - 5.1.3. Training providers to utilize data for outcome monitoring and CQI.
 - 5.1.4. Building internal capacities of providers that will allow them to sustain MATCH through internal training and coaching.
- 5.2. The Contractor's President/CEO shall host a senior leader call series to foster leadership at participating agencies and promote ongoing sustainability of MATCH. Duties include but not limited to:
 - 5.2.1. Ensure monthly calls focus senior leader roles in developing MATCH sustainability through:
 - 5.2.1.1. Administrative processes and supports.
 - 5.2.1.2. Policy development that senior leaders can develop to facilitate the sustainability of MATCH.
 - 5.2.2. Ensure monthly calls provide an opportunity to:
 - 5.2.2.1. Review implementation and outcome data.
 - 5.2.2.2. Identify any barriers to implementation.
 - 5.2.3. Ensure the senior leader call group has the opportunity to share successes and challenges and identify shared strategies for successful implementation of MATCH.
 - 5.2.4. Address topics that may include, but are not limited to:
 - 5.2.4.1. Addressing administrative barriers to implementation, which may include but are not limited to loss in productivity during training activities.

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- 5.2.4.2. Incentivizing providers to use MATCH in their clinical practice.
- 5.2.4.3. Establishing peer supervision groups to support the continuation of the model.
- 5.3. The Contractor shall facilitate and implement a CQI process in order to support CMHPs in developing local CQI capacity to ensure agencies have the motivation, knowledge, skills, tools and processes to own and take over the CQI process. The Contractor shall:
 - 5.3.1. Utilize a CQI process that is consistent with the Results Based Accountability (RBA) Framework, which includes, but is not limited to:
 - 5.3.1.1. Utilizing user-friendly continuous data feedback loops that allow for accountability at the project, provider, site and clinician levels.
 - 5.3.1.2. Utilizing data at all levels and continuous monitoring and adjustment of processes.
 - 5.3.2. Utilize the RBA framework to work with each of the LWGs to develop performance measures and dashboard indicators in order to track progress towards implementing MATCH. The Contractor shall conduct activities that may include, but are not limited to:
 - 5.3.2.1. Providing booster trainings on CQI methodology and tools.
 - 5.3.2.2. Reviewing policies and procedures to institutionalize support for MATCH.
 - 5.3.2.3. Providing access to TRAC.
 - 5.3.2.4. Providing ongoing consultation and technical assistance.
 - 5.3.2.5. Collaborating with local work groups to develop a sustainability plan.
 - 5.3.2.6. Developing an outcomes report based on the CANS and related measures.
 - 5.3.2.7. Conducting focus groups and/or key informant interviews for:
 - 5.3.2.7.1. Lessons learned;
 - 5.3.2.7.2. Implementation challenges and successes.
 - 5.3.2.7.3. Program satisfaction.

6. Program Timeline

- 6.1. The following program timeline is applicable in accordance with the contract effective date.

Table 2. MATCH Learning Collaborative Timeline & Training Plan	Cohort 2					
	Year 2/Year 3					
	3	4	1	2	3	4
Phase 1: Pre-Implementation Activities						

RPT
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New Hampshire Department of Health and Human Services
Modular Approach to Therapy for Children (MATCH) Trainer
Exhibit A, Amendment #1



1a. Establish an interagency MATCH Steering Team						
1b. Select CMHPs to participate	X					
1c. Select clinicians and supervisors to participate	X					
1d. Conduct organizational readiness assessments	X					
1e. Develop local CMHP workgroups & plans	X					
1f. Adapt training materials:	X					
Phase 2: Active Implementation Phase						
2a. Establish data systems	X					
2b. MATCH in-person clinical training		X				
2c. MATCH clinical consultation calls		X	X	X		
2d. MATCH learning sessions			X	X	X	
2e. MATCH certification & re-certification				X		
2f. Initiate CQI			X			
2g. Technical assistance & implementation consultation		X	X	X		
Phase 3: Quality Improvement & Sustainability						
3a. Senior Leader call series			X	X	X	
3b. Enhance CQI					X	X
3c. MATCH supervisor training & consultation calls				X	X	X

- 6.2. The Contractor shall be responsible for deliverables identified in Year 3 and Year 4 only upon successful contract renewal.

7. Scope of Services (MATCH Supervisor Training/Train-the-Trainer/Provision Applicable to Contract)

- 7.1. The Contractor shall provide specialized MATCH supervisor training if the Department selects to renew contract services. The Contractor shall:
- 7.1.1. Provide training to internal CMHP internal supervisors in the second and third years of contract services using a Train-the-Trainer model to ensure sustainability of the MATCH program and accommodate staff turnover.
 - 7.1.2. Ensure MATCH Supervisors have the capacity to:
 - 7.1.2.1. Independently provide ongoing consultation to MATCH therapists and trainees within their organization.
 - 7.1.2.2. Train new clinicians in the didactic components of the MATCH protocol so they can begin the therapist certification process.
 - 7.1.2.3. Assist trainees with preparation of trainee portfolios and submission of certification materials to the Contractor for review of certification materials and award or denial of MATCH certification.

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8. Staffing

- 8.1. The Contractor shall ensure sufficient qualified staff to provide contract services, which may include, but are not be limited to:
- 8.1.1. **Project Director**, shall provide oversight of all learning collaborative activities; provide expert consultation on training and implementation; manage financial and personnel resources; provide supervision to Contractor staff; manage relations with the Department, CMHP senior leaders; and partners; and ensure all goals and objectives are met.
 - 8.1.2. **Training Director**, shall provide twenty-five (25) hours of MATCH consultation for clinicians; provide two (2)-day MATCH Supervisor Training; provide twenty-five (25) hours of MATCH consultation for supervisors.
 - 8.1.3. **Clinical Director**, shall provide twenty-five (25) hours of MATCH consultation for clinicians; provide two (2)-day MATCH Supervisor Training; provide twenty-five (25) hours of MATCH consultation for supervisors.
 - 8.1.4. **Project and Data Coordinator**, shall manage initiative activities; manage coordination of all Learning collaborative activities; act as liaison to CMHPs and stakeholders; provide technical assistance; assist Directors on TRAC enhancement and modifications; lead data collection, analysis, and reporting; troubleshoot with provider organizations on data collection; conduct data cleaning and compiling data from providers; assist in preparation and dissemination of products; assist in developing monthly implementation reports; assist in developing outcome reports; develop a CQI system for providers; and provide assistance to the Implementation Director.
 - 8.1.5. **Administrative Coordinator**, shall copy and assemble training and implementation materials; coordinate scheduling of training and consultations calls and Learning Collaborative activities; coordinate in-person site visits and other meetings; identify and secure training space; manage and order supplies as needed for the Learning Collaborative; and support the Director as needed.
- 8.2. The Contractor shall notify the Department, in writing, of any permanent or temporary changes to or deletions from the Contractor's management, supervisory, and key professional personnel, who directly impact the provision of required services.

9. Reporting

- 9.1. The Contractor shall provide monthly reports to the Department and agency leadership, supervisors, and clinicians that are tailored to each stakeholder level of need and interest.
- 9.2. The Contractor shall provide monthly implementation status reports that include, but are not limited to:
- 9.2.1. Adaptations of MATCH training materials to meet the cultural and linguistic needs of the communities.
 - 9.2.2. Staff (identified by name, FTE, current position and degree/credential/highest license attained) who work for the CMHP and are MATCH certified.

RPT

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- 9.2.3. A summary of case consultation calls.
- 9.2.4. TRAC outcomes and implementation data reports to clearly describe progress, and gain input regarding other indicators that will be important to track, and to inform decision-making for the upcoming quarter.
- 9.3. The Contractor shall submit written quarterly reports to the Department that include, but are not limited to, pre- and post-reports of results from measures of:
 - 9.3.1. Organizational readiness.
 - 9.3.2. Provider attitudes towards EBPs.
 - 9.3.3. Aggregated clinical progress.
 - 9.3.4. Fidelity to MATCH.
- 9.4. The Contractor shall submit written annual reports that include, but are not limited to:
 - 9.4.1. An assessment of the fit, transferability, and sustainability of MATCH within NH CMHP settings.
 - 9.4.2. Lessons learned from the first year of the project on how MATCH could be brought to scale to other NH CMHP providers.
 - 9.4.3. Pre-and post-analyses of symptom, out-of-home placement, education, substance use, and juvenile justice outcomes (at baseline, and at three (3), six (6), nine (9), twelve (12), eighteen (18), and twenty-four (24) months post-enrollment) through application of the CANS and other measures.

10. Deliverables

- 10.1. The Contractor shall provide an implementation rollout timeline for contract activities no later than ten (10) days from the contract effective date.
- 10.2. The Contractor shall provide an overview of Section 3 and Section 4 format requirements no later than thirty (30) days prior to implementing Section 3.
- 10.3. The Contractor shall provide formal and detailed certification requirements to the Department and MATCH teams at the CMHP within fifteen (15) days of the contract effective date.

RPT
Date *11/29/18*

**New Hampshire Department of Health and Human Services
Modular Approach to Therapy for Children (MATCH) Trainer
Exhibit B, Amendment #1**



Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (<https://www.cfda.gov>) #93.778 US Department of Health & Human Services, Centers for Medicare and Medicaid Services.
3. The Contractor shall use and apply all contract funds for authorized direct and indirect costs to provide services in Exhibit A, Scope of Services, in accordance with Exhibit B-1 through Exhibit B-4 Amendment #1 Budget Sheet.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for services provided in accordance with Exhibit A, Scope of Services, shall be made as follows:
 - 5.1. Payments shall be made on cost reimbursement basis only, for allowable expenses and in accordance with Exhibit B-1 through Exhibit B-4 Amendment #1 Budget Sheet. Allowable costs and expenses shall include those expenses detailed in Exhibit B-1 through Exhibit B-4 Amendment #1 Budget Sheet.
 - 5.2. The Contractor shall submit monthly invoices using invoice forms provided by the Department, and will reference contract budget detail on each invoice.
 - 5.3. The Contractor shall submit supporting documentation and required reports in Exhibit A, Scope of Services, Section 4, that support evidence of actual expenditures, in accordance with Exhibit B-1 through Exhibit B-4 Amendment #1 Budget Sheet for the previous month by the tenth (10th) working of the current month.
 - 5.4. The invoices for services outlined in Exhibit B-1 through Exhibit B-4 Amendment #1 Budget Sheet shall be submitted preferably by E-mail on Department approved invoices to:
State Planner or Designee
Department of Health and Human Services
Bureau of Behavioral Health
105 Pleasant Street
Concord, NH 03301
beth.nichols@dhhs.state.nh.us
 - 5.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said

**New Hampshire Department of Health and Human Services
Modular Approach to Therapy for Children (MATCH) Trainer
Exhibit B, Amendment #1**



services have not been completed in accordance with the terms and conditions of this Agreement.

8. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 through Exhibit B-4 Amendment #1 Budget and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Exhibit B-1, Amendment #1, Budget Sheet

New Hampshire Department of Health and Human Services
Bidder/Program Name: MATCH-ADTC Learning Collaborative

Budget Request for: RFP-2016-BMH-08-Modul FOR Modular Approach to Therapy for Children (MATCH) Trainer Budget Period: FY1 - 1/1/2017 through 6/30/2017

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$61,910.41	\$9,905.67	\$71,816.08	\$0.00	\$0.00	\$0.00	\$61,910.41	\$9,905.67	\$71,816.08
2. Employee Benefits	\$16,096.71	\$2,575.47	\$18,672.18	\$0.00	\$0.00	\$0.00	\$16,096.71	\$2,575.47	\$18,672.18
3. Consultants	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Equipment									
Rental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Repair and Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Purchase/Depreciation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Supplies									
Educational	\$14,500.00	\$2,320.00	\$16,820.00	\$0.00	\$0.00	\$0.00	\$14,500.00	\$2,320.00	\$16,820.00
Lab	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pharmacy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office	\$2,822.88	\$451.66	\$3,274.54	\$0.00	\$0.00	\$0.00	\$2,822.88	\$451.66	\$3,274.54
6. Travel	\$3,628.00	\$580.48	\$4,208.48	\$0.00	\$0.00	\$0.00	\$3,628.00	\$580.48	\$4,208.48
7. Occupancy	\$3,877.56	\$620.41	\$4,497.97	\$0.00	\$0.00	\$0.00	\$3,877.56	\$620.41	\$4,497.97
8. Current Expenses									
Telephone	\$1,493.75	\$239.00	\$1,732.75	\$0.00	\$0.00	\$0.00	\$1,493.75	\$239.00	\$1,732.75
Postage	\$50.00	\$8.00	\$58.00	\$0.00	\$0.00	\$0.00	\$50.00	\$8.00	\$58.00
Subscriptions	\$3,000.00	\$480.00	\$3,480.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$480.00	\$3,480.00
Audit and Legal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Board Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. Software	\$7,000.00	\$1,120.00	\$8,120.00	\$0.00	\$0.00	\$0.00	\$7,000.00	\$1,120.00	\$8,120.00
10. Marketing/Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. Staff Education and Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Subcontracts/Agreements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other (specific details mandatory):									
MATCH Training Meeting Space	\$1,400.00	\$224.00	\$1,624.00	\$0.00	\$0.00	\$0.00	\$1,400.00	\$224.00	\$1,624.00
Learning Sessions Meeting Space	\$600.00	\$96.00	\$696.00	\$0.00	\$0.00	\$0.00	\$600.00	\$96.00	\$696.00
TOTAL	\$116,379	\$18,621	\$135,000	\$0	\$0	\$0	\$116,379	\$18,621	\$135,000
Indirect As A Percent of Direct		16%						16%	

Judge Baker Children's Center
RFP-2016-BMH-08-MODUL
Exhibit B-1, Amendment #1, Budget Sheet

Vendor Initials

RAT

Date

11/29/18

Exhibit B-2, Amendment #1, Budget Sheet

New Hampshire Department of Health and Human Services

Bidder/Program Name: MATCH-ADTC Learning Collaborative

Budget Request for: RFP-2016-BMH-08-Modul FOR Modular Approach to Therapy for Children (MATCH) Trainer Budget

Period: FY2 - 7/1/2017 through 6/30/2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$120,118.82	\$19,219.01	\$139,337.83	\$0.00	\$0.00	\$0.00	\$120,118.82	\$19,219.01	\$139,337.83
2. Employee Benefits	\$31,230.89	\$4,996.94	\$36,227.84	\$0.00	\$0.00	\$0.00	\$31,230.89	\$4,996.94	\$36,227.84
3. Consultants	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Equipment									
Rental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Repair and Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Purchase/Depreciation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Supplies									
Educational	\$30,000.00	\$4,800.00	\$34,800.00	\$0.00	\$0.00	\$0.00	\$30,000.00	\$4,800.00	\$34,800.00
Lab	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pharmacy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office	\$5,830.50	\$932.88	\$6,763.38	\$0.00	\$0.00	\$0.00	\$5,830.50	\$932.88	\$6,763.38
6. Travel	\$7,256.00	\$1,160.96	\$8,416.96	\$0.00	\$0.00	\$0.00	\$7,256.00	\$1,160.96	\$8,416.96
7. Occupancy	\$7,434.31	\$1,189.49	\$8,623.80	\$0.00	\$0.00	\$0.00	\$7,434.31	\$1,189.49	\$8,623.80
8. Current Expenses									
Telephone	\$4,788.00	\$766.08	\$5,554.08	\$0.00	\$0.00	\$0.00	\$4,788.00	\$766.08	\$5,554.08
Postage	\$100.00	\$16.00	\$116.00	\$0.00	\$0.00	\$0.00	\$100.00	\$16.00	\$116.00
Subscriptions	\$8,000.00	\$1,280.00	\$9,280.00	\$0.00	\$0.00	\$0.00	\$8,000.00	\$1,280.00	\$9,280.00
Audit and Legal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Board Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. Software	\$14,000.00	\$2,240.00	\$16,240.00	\$0.00	\$0.00	\$0.00	\$14,000.00	\$2,240.00	\$16,240.00
10. Marketing/Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. Staff Education and Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Subcontracts/Agreements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other (specific details mandatory):									
MATCH Training Meeting Space	\$2,800.00	\$448.00	\$3,248.00	\$0.00	\$0.00	\$0.00	\$2,800.00	\$448.00	\$3,248.00
Learning Sessions Meeting Space	\$1,200.00	\$192.00	\$1,392.00	\$0.00	\$0.00	\$0.00	\$1,200.00	\$192.00	\$1,392.00
TOTAL	\$232,759	\$37,241	\$270,000	\$0	\$0	\$0	\$232,759	\$37,241	\$270,000
Indirect As A Percent of Direct		16%						16%	

Judge Baker Children's Center

RFP-2016-BMH-08-MODUL

Exhibit B-1, Amendment #1, Budget Sheet

Vendor Initials

RBT

Date

11/29/17

Exhibit B-3, Amendment #1, Budget Sheet

New Hampshire Department of Health and Human Services											
Module/Program Name: MATCH-ADTC Learning Collaborative											
Budget Request for: RFP-2018-BM4-08-Module FOR Modular Approach to Therapy for Children (MATCH) Trainer											
Budget Period: FY3 - 7/1/2018 through 6/30/2019											
Line Item	Total Program Cost			Contractor Share / Match			Funded by DHS contract share				
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total		
1. Total Salary/Wages	\$ 130,534.67	\$ 20,885.55	\$ 151,420.22	\$ -	\$ -	\$ -	\$ 130,534.67	\$ 20,885.55	\$ 151,420.22		
2. Employee Benefits	\$ 33,838.01	\$ 5,430.24	\$ 39,268.25	\$ -	\$ -	\$ -	\$ 33,838.01	\$ 5,430.24	\$ 39,268.25		
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
7. Computer	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
8. Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
9. Subcontract	\$ 6,000.00	\$ 980.00	\$ 6,980.00	\$ -	\$ -	\$ -	\$ 6,000.00	\$ 980.00	\$ 6,980.00		
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
13. Office	\$ 2,265.00	\$ 362.40	\$ 2,627.40	\$ -	\$ -	\$ -	\$ 2,265.00	\$ 362.40	\$ 2,627.40		
14. Travel	\$ 2,436.40	\$ 390.14	\$ 2,826.54	\$ -	\$ -	\$ -	\$ 2,436.40	\$ 390.14	\$ 2,826.54		
15. Computer	\$ 8,888.14	\$ 1,088.56	\$ 9,976.70	\$ -	\$ -	\$ -	\$ 8,888.14	\$ 1,088.56	\$ 9,976.70		
16. Contract Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
17. Telephone	\$ 543.88	\$ 87.03	\$ 630.91	\$ -	\$ -	\$ -	\$ 543.88	\$ 87.03	\$ 630.91		
18. Postage	\$ 100.00	\$ 16.00	\$ 116.00	\$ -	\$ -	\$ -	\$ 100.00	\$ 16.00	\$ 116.00		
19. Subscriptions	\$ 918.00	\$ 146.88	\$ 1,064.88	\$ -	\$ -	\$ -	\$ 918.00	\$ 146.88	\$ 1,064.88		
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
23. Software	\$ 1,840.00	\$ 310.40	\$ 2,150.40	\$ -	\$ -	\$ -	\$ 1,840.00	\$ 310.40	\$ 2,150.40		
24. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
25. Staff Expenses and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
26. Subcontract Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
27. Other (specify details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
MATCH Training Meeting Space	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Learning Executive Meeting Space	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 185,348.18	\$ 29,685.33	\$ 215,033.51	\$ -	\$ -	\$ -	\$ 185,348.18	\$ 29,685.33	\$ 215,033.51		
Indirect As A Percent of Direct 16.0%											

Contractor Initials: *RMT*
Date: *11/29/18*

Exhibit B-4, Amendment #1, Budget Sheet

New Hampshire Department of Health and Human Services											
Bidder/Program Name: MATCH-ADTC Learning Collaborative											
Budget Request for: RFP-2016-BM-LOS-Model FOR Modular Approach to Therapy for Children (MATCH) Trainer											
Budget Period: FY4 - 7/1/2019 through 12/31/2019											
Line Item	Total Program Cost			Contractor Share / Match			Funded by DHS contract share				
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total		
1. Total Salary/Wages	24,318.84	3,891.03	28,209.87	-	-	-	24,318.84	3,891.03	28,209.87		
2. Employee Benefits	8,322.87	1,811.87	10,134.74	-	-	-	8,322.87	1,811.87	10,134.74		
3. Consultants	-	-	-	-	-	-	-	-	-		
4. Equipment	-	-	-	-	-	-	-	-	-		
5. Supplies:	-	-	-	-	-	-	-	-	-		
Educational	-	-	-	-	-	-	-	-	-		
Lab	-	-	-	-	-	-	-	-	-		
Pharmacy	-	-	-	-	-	-	-	-	-		
Medical	-	-	-	-	-	-	-	-	-		
Office	-	-	-	-	-	-	-	-	-		
6. Travel	-	-	-	-	-	-	-	-	-		
7. Occupancy	1,845.58	353.29	2,198.84	-	-	-	1,845.58	353.29	2,198.84		
8. Current Expenses	-	-	-	-	-	-	-	-	-		
9. Telephone	284.00	42.34	326.34	-	-	-	284.00	42.34	326.34		
10. Postage	-	-	-	-	-	-	-	-	-		
11. Subscriptions	1,831.00	308.86	2,139.86	-	-	-	1,831.00	308.86	2,139.86		
12. Audit and Legal	-	-	-	-	-	-	-	-	-		
13. Insurance	-	-	-	-	-	-	-	-	-		
14. Board Expenses	-	-	-	-	-	-	-	-	-		
15. Software	-	-	-	-	-	-	-	-	-		
16. Marketing/Communications	-	-	-	-	-	-	-	-	-		
17. Staff Education and Training	-	-	-	-	-	-	-	-	-		
18. Subcontract/Agreements	-	-	-	-	-	-	-	-	-		
19. Other (specify details mandatory):	-	-	-	-	-	-	-	-	-		
MATCH Training Meeting Space	-	-	-	-	-	-	-	-	-		
Learning Sessions Meeting Space	-	-	-	-	-	-	-	-	-		
TOTAL	34,482.42	6,517.18	40,999.60	-	-	-	34,482.42	6,517.18	40,999.60		
Indirect As A Percent of Direct 18.9%											

Contractor Initials *RAT*
Date *4/29/18*

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

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request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email: End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

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DHHS Information Security Requirements



- wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication: If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
 10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
 11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2.
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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DHHS Information Security Requirements



whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements.



the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times:
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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DHHS Information Security Requirements



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

- 1. Identify Incidents;
- 2. Determine if personally identifiable information is involved in Incidents;
- 3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
- 4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

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5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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Internal Revenue Service

Department of the Treasury

District
Director

10 MetroTech Center
625 Fulton St., Brooklyn, NY 11201

Judge Baker Children's Center
3 Blackfan Circle
Boston, MA 02115-5713

Person to Contact: Patricia Holub

Telephone Number: (718) 488-2333

Refer Reply to: EP/EO:CSU

Date: MAY 09 1997

EIN: 04-2103860

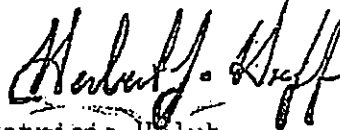
Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Judge Baker Children's Center.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,



Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Judge Baker Children's Center

Date of Exemption Letter: July 1926

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii) of the Internal Revenue Code.

CERTIFICATE OF VOTE

I, Deborah L. Anderson, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Judge Baker Children's Center.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of
the Agency duly held on 9/25/2016:
(Date)

RESOLVED: That the Robert P. Franks
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency 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 29th day of November, 2018.
(Date Contract Signed)

4. Robert P. Franks is the duly elected President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

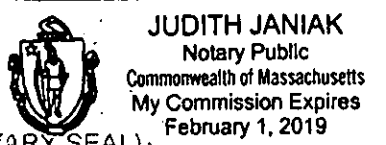
[Signature]
(Signature of the Elected Officer)

COMMONWEALTH OF MASSACHUSETTS

County of Suffolk

The forgoing instrument was acknowledged before me this 29th day of November, 2018.

By Deborah L. Anderson
(Name of Elected Officer of the Agency)



[Signature]
(Notary Public/Justice of the Peace)

Commission Expires: 2/1/19

CONTROLLED RISK INSURANCE COMPANY OF VERMONT INC. (A Risk Retention Group)
Burlington, Vermont

Evidence of Insurance

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
129 PLEASANT STREET
CONCORD, NH 03301

Named Insured: JUDGE BAKER CHILDREN'S CENTER

Date: 11/18/2018

Coverage	Limits of Liability	
General Liability:	\$5,000,000.00	each "Claim"
Policy Number:	JBCC-CRICO-C-GLPL-1571-2019	
Policy Period:	01/01/2019 to 12/31/2019	

Special Provisions:

The insured named above is insured under the policy referenced in regards to the agreement in place between Judge Baker Children's Center and the State of New Hampshire's Department of Health and Human Services. Coverage is subject to all the terms, conditions and exclusions of the CRICO policy.

Should the above described policy be canceled before the expiration date thereof, the "Company" will endeavor to mail 30 days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the "Company" or the Risk Management Foundation.

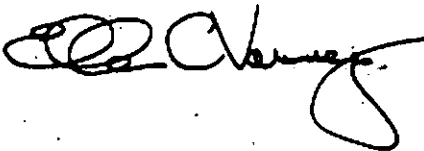
This Evidence of Insurance does not extend any rights to persons or entities who are not "Insured's" under the policy and neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy. It is furnished as a matter of information only, and is issued with the understanding that the rights and liabilities of the parties will be governed by the original policy.

NOTICE

"The policy pursuant to which this Evidence of Insurance is provided is issued by the "Insured's" risk retention group. The "Insured's" risk retention group may not be subject to all the insurance laws and regulations of your State. State insurance insolvency funds are not available for the "Insured's" risk retention group."

Terms appearing in quotation marks in the Evidence of Insurance shall have the same meaning as the definition of that

Controlled Risk Insurance Company of Vermont, Inc.
(A Risk Retention Group)



Duly Authorized Representative

About CRICO

For 40 years, CRICO has provided our members a superior insurance program complemented by an extensive collection of patient safety and educational resources and a national comparative database of cases.

What is CRICO?

The CRICO* insurance program is a group of companies owned by and serving the Harvard medical community, and a nationally recognized leader in Medical Professional Liability (MPL) claims management and patient safety interventions. Drawing on four decades of medical malpractice data, we have become a leader in evidence-based risk management, able to identify risks and develop targeted interventions. We combine strong insurance protection with expert legal services, and deliver added value to members by bringing successful, proven patient safety initiatives from across the nation to our members. Our unique approach enables our members to focus their expertise on their patients and their research. Today, we proudly serve more than 13,000 physicians, 25 hospitals, more than 300 other organizations, and more than 100,000 affiliated employees.

CRICO is a captive insurance program (i.e., owned by the insured members) and does not make its insurance program available in the commercial markets. Accordingly, CRICO's insurance program is not rated directly by any rating agency; however, we target levels equivalent to an A rating by A.M. Best.

CRICO MEMBER ORGANIZATIONS

Atrius Health
Boston Children's Hospital
CareGroup
Dana-Farber Cancer Institute
President and Fellows of Harvard College
Joslin Diabetes Center
Judge Baker Children's Center
Massachusetts Institute of Technology
Partners HealthCare System

*www.rmhf.harvard.edu/about



CRICO Basics

POLICY TYPES AND COVERAGES PROVIDED

Features of CRICO Medical Professional Liability (MPL) Coverage

- Claims-made policy with unlimited tail.
- Defense expenses are covered outside the limit.
- Member limits are \$5,000,000 per claim and \$10,000,000 annual aggregate.
- Coverage applies to claims anywhere in the world provided the suit is brought in the United States, Canada, or U.S. territories.

Features of CRICO General Liability (GL) Coverage

- Claims-made policy with unlimited tail.
- Defense expenses are covered within the limit.
- Coverage applies to claims anywhere in the world provided the suit is brought in the United States, Canada, or U.S. territories.
- Member limits are \$5,000,000 per claim with no aggregate.
- Covers liability for Bodily Injury, Property Damage, Personal and Advertising Injury, Medical Payments, limited and attendant coverage for Liquor Liability, Contractual Liability, and Fire Liability.
- No Products Liability/Products Completed Operations.
- The CRICO GL policy is primary and contributory.

DOES CRICO USE ACORD FORMS?

Since CRICO is not a commercial insurer, we do not participate in ACORD and have never adopted use of ACORD forms. We provide the following insurance documents as proof of our coverage:

Additional Insured Endorsement

This is an endorsement adding a third party to a sponsor's GL policy only.

- We may add separate legal entities for the additional insured endorsement. Additional parties that are not separate legal entities will not be endorsed on.
- CRICO will notify our members of cancellation directly who will then inform any additional insureds of their policy status.

Evidence of Insurance

Provides proof of GL and/or MPL for a third party.

Confirmation of Coverage

Provides proof of MPL coverage for insured physicians and employees.

WHO CAN I CONTACT FOR ADDITIONAL INFORMATION?

Please contact CRICO's Underwriting Department at underwriting@rmf.harvard.edu or 617.450.8219.

We are happy to assist you.

ACORD®	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YY) 11/29/2018
PRODUCER: Massachusetts Bay Self Insurance Group, Inc. 15 Cabot Road Woburn, MA 01801		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 POLICY BELOW.
INSURED: Judge Baker Children's Center 53 Parker Hill Avenue Boston, MA 02120		
		INSUREDS AFFORDING COVERAGE NAIC#
		INSURER A: Mass Bay Self-Ins Group
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:

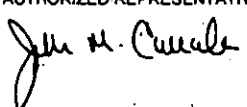
COVERAGES

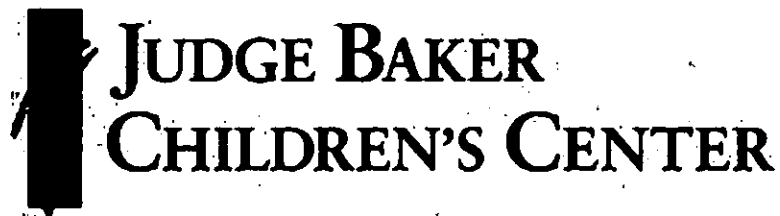
THIS POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ <input type="checkbox"/> OTHER
A		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC201980332	01/01/2019	01/01/2020	<input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$500,000 E.I. DISEASE-EA EMPLOYEE \$500,000 E.I. DISEASE-POLICY LIMIT \$500,000
		OTHER				EMPLOYEE DISHONESTY LIMIT \$ DEDUCTIBLE \$

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

Evidence of Workers' Compensation Coverage.

CERTIFICATE HOLDER Department of Health & Human Services Contracs & Procuremen Unit 129 Pleasantr Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 REPRESENTATIVE. AUTHORIZED REPRESENTATIVE 
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Mission Statement

Judge Baker Children's Center promotes the best possible mental health of children and families through the integration of research, intervention, training and advocacy.

- Through research we identify best practices.
- Through intervention we bring those practices to children and families of diverse communities.
- Through training we disseminate skills in research and quality care.
- Through advocacy we use scientific knowledge to expand public awareness and inform public policy.

Judge Baker Children's Center

Financial Report
June 30, 2018 and 2017

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Independent Auditor's Report

To the Board of Trustees
Judge Baker Children's Center

Report on the Financial Statements

We have audited the accompanying financial statements of Judge Baker Children's Center (the "Center"), which comprise the statements of financial position as of June 30, 2018 and 2017, 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 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 Judge Baker Children's Center as of June 30, 2018 and 2017, 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.

RSM US LLP

Boston, Massachusetts
November 7, 2018

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Judge Baker Children's Center

**Statements of Financial Position
June 30, 2018 and 2017**

	2018	2017
Assets		
Cash and cash equivalents	\$ 1,698,424	\$ 1,172,155
Accounts receivable, net	2,419,413	2,438,438
Contributions and grants receivable, net	5,100	85,055
Prepaid expenses	264,900	144,320
Investments	8,674,683	8,629,857
Property, plant and equipment, net	17,481,252	17,925,478
Total assets	\$ 30,543,772	\$ 30,395,303
Liabilities and Net Assets		
Accounts payable	\$ 332,442	\$ 282,856
Accrued expenses	1,159,935	830,970
Employee withholdings and other liabilities	41,488	43,903
Deferred revenue	209,713	191,067
Notes payable	681,038	783,891
Total liabilities	2,424,616	2,132,687
Net assets:		
Unrestricted:		
Operations	3,457,622	3,144,498
Board designated	6,208,246	6,263,869
Investment in plant	16,800,214	17,141,587
Total unrestricted	26,466,082	26,549,954
Temporarily restricted	914,496	977,106
Permanently restricted	738,578	735,556
Total net assets	28,119,156	28,262,616
Total liabilities and net assets	\$ 30,543,772	\$ 30,395,303

See notes to financial statements.

Judge Baker Children's Center

Statements of Activities

Years Ended June 30, 2018 and 2017

	2018				2017			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals
Revenue, gains and other support:								
Program revenue	\$ 14,938,854	\$ -	\$ -	\$ 14,938,854	\$ 12,916,023	\$ -	\$ -	\$ 12,916,023
Contributions, private grants, and special events	386,239	687,948	3,022	1,077,207	296,561	400,534	4,618	701,713
Interest income	1,709	-	-	1,709	1,529	-	-	1,529
Other revenue	124,021	-	-	124,021	88,293	-	-	88,293
Net assets released from restrictions:								
Satisfaction of program restrictions	775,357	(775,357)	-	-	400,641	(400,641)	-	-
Total revenue, gains and other support	16,226,180	(87,411)	3,022	16,141,791	13,703,047	(107)	4,618	13,707,558
Expenses:								
Program services:								
School based programs	9,609,144	-	-	9,609,144	8,351,458	-	-	8,351,458
Research and training programs	1,889,217	-	-	1,889,217	1,523,531	-	-	1,523,531
Community based programs	2,042,976	-	-	2,042,976	1,845,131	-	-	1,845,131
Commissioner's Association	305,250	-	-	305,250	288,486	-	-	288,486
Total program services	13,846,586	-	-	13,846,586	12,008,606	-	-	12,008,606
Supporting services:								
Administrative and general	2,344,483	-	-	2,344,483	1,879,162	-	-	1,879,162
Fundraising	560,570	-	-	560,570	320,653	-	-	320,653
Total supporting services	2,905,053	-	-	2,905,053	2,199,815	-	-	2,199,815
Total expenses	16,751,639	-	-	16,751,639	14,208,421	-	-	14,208,421
Change in net assets from operations before spending policy	(525,459)	(87,411)	3,022	(609,848)	(505,374)	(107)	4,618	(500,863)
Board approved spending policy	497,872	-	-	497,872	562,390	-	-	562,390
Change in net assets from operations after spending policy	(27,587)	(87,411)	3,022	(111,976)	57,016	(107)	4,618	61,527
Nonoperating income (expense):								
Utilization of spending policy	(484,887)	(32,985)	-	(497,872)	(532,581)	(29,809)	-	(562,390)
Investment and interest income	149,805	17,678	-	167,280	159,030	20,395	-	179,425
Investment expense	(41,790)	-	-	(41,790)	(42,337)	-	-	(42,337)
Net realized/unrealized gains on investments	300,787	40,111	-	340,898	666,846	94,791	-	761,437
Bad debt expense	-	-	-	-	-	(17,500)	-	(17,500)
Total nonoperating income (expense)	(56,285)	24,801	-	(31,484)	250,758	67,877	-	318,635
Change in net assets	(83,872)	(62,610)	3,022	(143,460)	307,774	67,770	4,618	380,162
Net assets at beginning of year	26,549,954	977,106	735,556	28,262,616	26,242,180	909,336	730,938	27,882,454
Net assets at end of year	\$ 26,466,082	\$ 914,496	\$ 738,578	\$ 28,119,156	\$ 26,549,954	\$ 977,106	\$ 735,556	\$ 28,262,616

See notes to financial statements.

Judge Baker Children's Center

**Statement of Functional Expenses
Year Ended June 30, 2018**

	Program Services				
	School Based Programs	Research and Training Programs	Community Based Programs	Commissioner's Association	Total Program Services
Salaries and wages	\$ 6,067,913	\$ 1,007,950	\$ 1,389,669	\$ 139,923	\$ 8,605,455
Employee benefits and payroll taxes	1,462,623	246,630	333,520	34,521	2,077,294
Total payroll, employee benefits and payroll taxes	7,530,536	1,254,580	1,723,189	174,444	10,682,749
Supplies and expenses	273,827	27,123	25,928	4,152	331,030
Travel	28,230	13,734	12,913	18,986	73,863
Occupancy	7,675	465	120,751	-	128,891
Insurance	18,175	44,145	3,660	-	65,980
Professional fees	42,765	330,780	12,600	26,740	412,885
Interest expense	-	-	-	-	-
Other operating expenses	258,395	114,964	106,096	61,769	541,224
Depreciation and amortization	-	-	-	5,232	5,232
Total expense before allocation of household and property costs	8,159,603	1,785,791	2,005,137	291,323	12,241,854
Allocation of household and property costs	1,449,541	103,426	37,838	13,927	1,604,732
Total expenses	\$ 9,609,144	\$ 1,889,217	\$ 2,042,975	\$ 305,250	\$ 13,846,586

See notes to financial statements.

Judge Baker Children's Center

Statement of Functional Expenses (Continued)
Year Ended June 30, 2018

	Total Program Services - Brought Forward	Supporting Services				Total Expenses 2018
		Administrative and General	Fundraising	Household and Property	Total Supporting Services	
Salaries and wages	\$ 8,605,455	\$ 1,379,785	\$ 192,587	\$ 311,647	\$ 1,884,019	\$ 10,489,474
Employee benefits and payroll taxes	2,077,294	295,203	46,221	74,795	416,219	2,493,513
Total payroll, employee benefits and payroll taxes	10,682,749	1,674,988	238,808	386,442	2,300,238	12,982,987
Supplies and expenses	331,030	39,145	2,387	41,122	82,654	413,684
Travel	73,863	33,853	4,149	9,066	47,068	120,931
Occupancy	128,891	9,046	-	428,805	437,851	566,742
Insurance	65,980	23,685	-	23,595	47,280	113,260
Professional fees	412,885	273,911	26,327	36,825	337,063	749,948
Interest expense	-	-	-	36,623	36,623	36,623
Other operating expenses	541,224	220,743	281,274	29,046	531,063	1,072,287
Bad debts	-	-	-	-	-	-
Depreciation and amortization	5,232	-	-	689,945	689,945	695,177
Total expense before allocation of household and property costs	12,241,854	2,275,371	552,945	1,681,469	4,509,785	16,751,639
Allocation of household and property costs	1,604,732	69,112	7,625	(1,681,469)	(1,604,732)	-
Total expenses	\$ 13,846,586	\$ 2,344,483	\$ 560,570	\$ -	\$ 2,905,053	\$ 16,751,639

See notes to financial statements.

Judge Baker Children's Center

**Statement of Functional Expenses
Year Ended June 30, 2017**

	Program Services				
	School - Based Programs	Research and Training Programs	Community Based Programs	Commissioner's Association	Total Program Services
Salaries and wages	\$ 5,271,280	\$ 783,261	\$ 1,320,910	\$ 119,113	\$ 7,494,564
Employee benefits and payroll taxes	1,177,822	183,470	295,105	28,658	1,685,055
Total payroll, employee benefits and payroll taxes	6,449,102	966,731	1,616,015	147,771	9,179,619
Supplies and expenses	185,172	30,470	41,211	2,536	259,389
Travel	17,479	6,636	11,487	22,127	57,729
Occupancy	13,600	-	11,920	-	25,520
Insurance	14,688	40,540	3,660	-	58,888
Professional fees	75,388	305,523	5,417	40,204	426,532
Interest expense	-	-	-	-	-
Other operating expenses	253,576	76,278	90,307	59,499	479,660
Depreciation and amortization	-	-	-	5,232	5,232
Total expense before allocation of household and property costs	7,009,005	1,426,178	1,780,017	277,369	10,492,569
Allocation of household and property costs	1,342,453	97,353	65,114	11,117	1,516,037
Total expenses	\$ 8,351,458	\$ 1,523,531	\$ 1,845,131	\$ 288,486	\$ 12,008,606

See notes to financial statements.

Judge Baker Children's Center

Statement of Functional Expenses (Continued)
Year Ended June 30, 2017

	Total Program Services - Brought Forward	Supporting Services				Total Expenses 2017
		Administrative and General	Fundraising	Household and Property	Total Supporting Services	
Salaries and wages	\$ 7,494,564	\$ 1,067,250	\$ 171,641	\$ 277,510	\$ 1,516,401	\$ 9,010,965
Employee benefits and payroll taxes	1,685,055	226,991	38,346	61,999	327,336	2,012,391
Total payroll, employee benefits and payroll taxes	9,179,619	1,294,241	209,987	339,509	1,843,737	11,023,356
Supplies and expenses	259,389	32,310	1,255	40,430	73,995	333,384
Travel	57,729	13,933	8,442	7,705	30,080	87,809
Occupancy	25,520	5,361	-	378,378	383,739	409,259
Insurance	58,888	27,980	-	23,533	51,513	110,401
Professional fees	426,532	262,297	32,145	67,011	361,453	787,985
Interest expense	-	-	-	37,962	37,962	37,962
Other operating expenses	479,660	170,303	61,201	26,811	258,315	737,975
Depreciation and amortization	5,232	-	-	675,058	675,058	680,290
Total expense before allocation of household and property costs	10,492,569	1,806,425	313,030	1,596,397	3,715,852	14,208,421
Allocation of household and property costs	1,516,037	72,737	7,623	(1,596,397)	(1,516,037)	-
Total expenses	\$ 12,008,606	\$ 1,879,162	\$ 320,653	\$ -	\$ 2,199,815	\$ 14,208,421

See notes to financial statements.

Judge Baker Children's Center

Statements of Cash Flows
Years Ended June 30, 2018 and 2017

	2018	2017
Cash flows from operating activities:		
Change in net assets	\$ (143,460)	\$ 380,162
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Net realized/unrealized gains on investments	(340,898)	(761,437)
Loss on disposal of fixed assets	379	-
Depreciation and amortization	695,177	680,290
Contributions restricted for long-term purposes	(3,022)	(4,618)
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	19,025	(453,969)
Contributions and grants receivable	79,955	(53,755)
Prepaid expenses	(120,580)	(58,175)
Increase (decrease) in:		
Accounts payable	49,586	56,304
Accrued expenses	328,965	(26,408)
Employee withholdings and other liabilities	(2,415)	19,532
Deferred revenue	18,646	101,507
Total adjustments	724,818	(500,729)
Net cash provided by (used in) operating activities	581,358	(120,567)
Cash flows from investing activities:		
Proceeds from sale of investments	497,874	566,753
Purchase of investments	(201,802)	(244,714)
Purchase of property and equipment	(251,330)	(474,846)
Net cash provided by (used in) investing activities	44,742	(152,807)
Cash flows from financing activities:		
Payments on notes payable	(102,853)	(175,942)
Proceeds from note payable	-	240,000
Contributions restricted for long-term purposes	3,022	4,618
Net cash provided by (used in) financing activities	(99,831)	68,676
Net change in cash and cash equivalents	526,269	(204,698)
Cash and cash equivalents:		
Beginning of year	1,172,155	1,376,853
End of year	\$ 1,698,424	\$ 1,172,155
Supplemental disclosure of cash flow information:		
Cash paid during the year for interest	\$ 36,623	\$ 37,962

See notes to financial statements.

Judge Baker Children's Center

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies

Nature of activities: Judge Baker Children's Center (the "Center") is dedicated to improving the lives of children whose emotional and behavioral problems threaten to limit their potential. The Center strives to provide services of the highest standard, to search for new knowledge, to teach, and to apply and disseminate knowledge to promote healthy development. The Center's programs serve Boston, New England and the nation. The Center's on-site Manville School is a therapeutic day school program providing special education services for children ages 5 to 15 with a variety of emotional, behavioral, learning and/or neurological issues that inhibit their ability to succeed in a traditional school setting. A Harvard Medical School affiliate, the Center has contributed to contemporary knowledge about healthy families and has trained hundreds of professionals. Founded in 1917, the Center is committed to significant community, school, and public policy initiatives and collaborations working to improve the lives of children. The Center strives to ensure that all its research, service provisions, and educational efforts embody a set of attitudes, policies and practices that holds cultural differences in high esteem.

A summary of the Center's significant accounting policies follows:

Classification and reporting of net assets: The Center follows Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC"), *Financial Statements of Not-For-Profit Organizations*. This standard provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act ("UPMIFA").

A description of the unrestricted, temporarily and permanently restricted net asset classes follows:

- Unrestricted net assets represent the portion of net assets of the Center that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations.
Unrestricted net assets are further classified for presentation purposes as follows:
 - Net assets available for operations - represents the portion of expendable funds that are available for support of the Center.
 - Board designated net assets - represents unrestricted resources designated by the Board of Trustees for future use.
 - Net investment in plant - represents the portion of funds invested in buildings and equipment utilized in the operation of the Center.
- Temporarily restricted net assets represent contributions and other inflows of assets whose use by the Center is limited by donor-imposed stipulations that either expire by the passage of time or can be fulfilled and removed by actions of the Center pursuant to those stipulations.
Temporarily restricted net assets also include cumulative investment and interest income, appreciation and reinvested gains on permanently restricted endowment funds, which are subject to prudent appropriation by the Board of Trustees in accordance with provisions of Massachusetts law.
- Permanently restricted net assets represent contributions and other inflows of assets whose use by the Center is limited by donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled and removed by actions of the Center.

Judge Baker Children's Center

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Use of estimates: The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual amounts could differ from those estimates. On an ongoing basis, management reviews its estimates, including those relating to the allowance for contributions receivable and certain accruals, based upon current available information.

Contributions: Contributions, including unconditional promises to give, are recognized as revenues in the period received. Conditional promises to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend are substantially met. Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risk involved. Amortization of discount is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions. An allowance for uncollectible contributions receivable is provided based upon management's judgment of potential defaults. The determination includes such factors as prior collection history, type of contribution, and nature of fundraising activity.

Contributions of cash and other assets are presented as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenues of the unrestricted net asset class.

Contributions of property and equipment are presented as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Center reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Cash and cash equivalents: For purposes of the statements of cash flows, the Center considers all highly liquid investments purchased with a maturity of three months or less to be cash and cash equivalents.

Concentration of credit risk: The Center maintains its cash in bank deposit accounts, which at times may exceed federally insured limits. The Center has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

Accounts receivable: Accounts receivable are carried at original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. Management determines the allowance for doubtful accounts by identifying troubled accounts and by using historical experience applied to an aging of accounts. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. The Center did not have an allowance for doubtful accounts as of June 30, 2018 and 2017.

Property, plant and equipment: Property, plant and equipment are recorded at cost or estimated fair market value, if received by donation, at the time such properties are received. Depreciation and amortization of property, plant and equipment are provided over the estimated useful lives of the respective assets on a straight-line basis as follows:

Judge Baker Children's Center

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Description	Years
Land improvements	10
Building and improvements	20-40
Furniture and fixtures	7-10
Computer equipment	3-5
Machinery and equipment	5-10
Motor vehicles	3-5

Expenditures for major renewals and improvements are capitalized, while expenditures for maintenance and repairs are expensed as incurred.

Investments: Investments consist of a pooled fund, which includes government bonds, marketable equity securities, temporary cash investments, and other investments.

The Center holds certain investments that are carried at fair value. In addition, the Center holds certain alternative investments that are carried at estimated fair value provided by the management of the respective alternative investments. Management believes that the carrying amount of its alternative investments is a reasonable estimate of fair value as of June 30, 2018 and 2017. Because the investment in alternative investments is not readily marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a readily available market for the investments existed, and such differences could be material.

The Center reports certain investments using the net asset value ("NAV") per share as determined by the investment managers to be the "practical expedient". The practical expedient allows NAV per share to represent fair value for reporting purposes when the criteria for using this method are met. The NAV is based on the value of the underlying assets of the fund, minus its liabilities, and then divided by the number of shares outstanding.

A percentage share of investment income and gains and losses are allocated between unrestricted and temporarily restricted net assets on the basis of annual fair value.

Except for explicit donor stipulations specifying reinvestment of some or all of net appreciation or income on permanent endowment investments to permanent funds, the net appreciation and income on permanent funds are reported as increases in temporarily restricted net assets.

The Center has adopted investment and spending policies for investments that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets included in its investment portfolio. Endowment assets include those assets of donor-restricted funds that the Center must hold in perpetuity or for a donor-specified period, as well as board-designated funds. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to provide a total return equal or superior to a custom equity/fixed income index while assuming a moderate level of investment risk. The Center's investment allocation targets an allocation of 45-65% in global equity securities, 20-30% in flexible capital investments, 10-30% in fixed income investments and 0-10% in cash and cash equivalents. The Center expects its endowment funds, over time, to provide an average rate of return of approximately 6-7% annually. Actual returns in any given year may vary from this amount.

Accordingly, over the long term, the Center expects the current spending policy to allow its endowment to grow at an average of 3-3.5% annually. This is consistent with the Center's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment returns.

Judge Baker Children's Center

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

The Center operates under a spending policy approved by the Board of Trustees whereby bequests, permanently restricted contributions, investment interest and dividends, and trust income are deposited in the investment portfolio. Under a Board approved spending plan, an amount is budgeted and withdrawn from investments to support operations. The amount of investment portfolio available for utilization shall be a prudent percentage (spending rule) of the three-year moving average of portfolio value or specified amount as voted by the Board of Trustees. The spending rate of the portfolio value during 2018 and 2017 was 4%. In establishing this policy, the Center considered the long-term expected return on its endowment. During the years ended June 30, 2018 and 2017, the amount of spending calculated based on the 4% rate was \$340,126 and \$342,895, respectively.

During the years ended June 30, 2018 and 2017, in addition to the 4% spending rate of \$340,126 and \$342,895, respectively, the Board of Trustees voted to withdraw an additional \$157,746 and \$219,495, respectively, from unrestricted endowment for capital and operating expenditures. Actual cash withdrawn for the years ended June 30, 2018 and 2017 was \$447,872 and \$496,625, respectively.

Fair value measurements: Under the FASB's authoritative guidance on fair value measurements, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the Center uses various methods including market, income and cost approaches. Based on these approaches, the Center often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Center utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs.

Based on the observability of the inputs used in the valuation techniques, the Center is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1: Quoted prices for identical assets and liabilities traded in active exchange markets, such as the New York Stock Exchange.

Level 2: Observable inputs other than Level 1 including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data. Level 2 can also include derivative contracts whose value is determined using a pricing model with observable market inputs or can be derived principally from or corroborated by observable market data.

Level 3: Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation; also includes observable inputs for nonbinding single dealer quotes not corroborated by observable market data.

The Center has various processes and controls in place to ensure that fair value is reasonably estimated.

While the Center believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

Judge Baker Children's Center

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

During the years ended June 30, 2018 and 2017, there were no changes to the Center's valuation techniques that had, or are expected to have, a material impact on its statements of financial position or results of operations. In addition, there were no transfers of assets between hierarchy categories during the years ended June 30, 2018 and 2017.

The following is a description of the valuation methodologies used for instruments measured at fair value:

Cash equivalents: Cash equivalents are open-ended funds that generally have subscription and redemption activity at a \$1.00 stable NAV. On a daily basis, the fund's NAV is calculated using the amortized cost of the securities held in the fund.

Bonds and equity mutual funds: The fair value of bonds and equity securities is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers. If listed prices or quotes are not available, fair value is based upon externally developed models that use unobservable inputs due to the limited market activity of the instrument.

Mortgage backed securities: Valuation inputs utilized to determine fair value for mortgage-backed securities include an option adjusted discounted cash flow model. The key inputs to the discounted cash flow model are coupon, yield, and prepayment speed. The yield utilizes an interpolated treasury curve plus a spread at an assumed prepayment speed. The spread is based on trades the trader is aware of and the to-be-announced market. The criteria for identifying similar securities include the issuer, coupon rate, maturity date, weighted average coupon, and weighted average maturity. Block size and remaining loan count are taken into consideration. Option adjusted spreads are utilized as appropriate.

The Center uses the NAV to determine the fair value of all underlying investments, which (a) do not have a readily determinable fair value and (b) prepare the financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company.

Fair value of insurance company investment: The investment in the insurance company represents less than 1% of the Center's investments. The Center accounts for this investment at the lower of cost or market as the investment does not have a readily determinable fair value. As of June 30, 2018 and 2017, the investment was recorded at cost, which was \$23,000, and represents an immaterial amount of the insurance company as a whole.

Revenue recognition: The Center recognizes revenue when there is persuasive evidence of an arrangement, services have been rendered, the fee is fixed or determinable, and collectability is reasonably assured. Amounts billed or collected prior to satisfying the Center's revenue recognition policy are reflected as deferred revenue.

The Center operates a school, whose students are supported by Massachusetts cities and towns under Chapter 766, and various other programs that are supported principally by contracts negotiated with various agencies of the Commonwealth of Massachusetts. Therefore, the Center is subject to the regulations of the Massachusetts Executive Office for Administration and Finance's Operational Services Division (OSD).

The Center performs research and training activities under contracts with the United States government and other agencies. Amounts paid under these contracts, including overhead allowances, are subject to review and adjustment after performance.

Judge Baker Children's Center

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Excess of revenue over expenses from the Commonwealth of Massachusetts supported programs, up to certain defined limits, can be utilized by the Center for expenditures in accordance with its exempt purposes, provided such expenditures are reimbursable under the Massachusetts Executive Office for Administration and Finance's Operational Services Division's regulations.

Deferred revenue: Deferred revenue represents cash paid in advance for program services and events not yet performed. Revenue is recognized and earned in the period the services are rendered or when the events takes place.

Change in net assets: The statement of activities includes non-operating income. Changes in net assets, which are excluded from operations, include realized and unrealized gains and losses on investments, investment and interest income, investment spending, investment expense, and certain bad debts.

Donated services: The Center receives support in the form of donated services. These services are recorded at their estimated fair value at the time the services are rendered and are reflected in the financial statements as both contributions and program service expense. There were no donated services during the years ended June 30, 2018 and 2017.

Advertising: The Center expenses advertising costs as incurred.

Income tax status: The Center qualifies under Section 501(c)(3) of the Internal Revenue Code and is exempt from Federal and state income taxes.

Uncertainty of income taxes: The Center follows FASB ASC 740, *Income Taxes*, which clarifies the accounting for uncertainty in income taxes by prescribing the recognition threshold a tax position is required to meet before being recognized in the financial statements. The Center recognizes a tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities. Management evaluated the Center's tax positions and concluded that the Center had no material uncertainties in income taxes as of June 30, 2018 and 2017. The Center will account for interest and penalties related to uncertain tax positions, if any, as part of tax expense.

The Center is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for fiscal years before 2015.

Allocation of household and property costs: The Center allocates household and property costs using a method based on the percentage of square footage occupied by each cost center, and as such, has allocated all household and property costs to each cost center accordingly.

Liquidity: In order to provide information about liquidity, assets are sequenced according to their nearness of conversion to cash and liabilities to their estimated maturity.

Recent accounting pronouncements: In May 2014, the FASB issued Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* that stipulates that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. To achieve this core principle, an entity should apply the following steps: (1) identify the contract(s) with a customer; (2) identify the performance obligations in the contract; (3) determine the transaction price; (4) allocate the transaction price to the performance obligations in the contract; and (5) recognize revenue when (or as) the entity satisfies a performance obligation. In April 2015, the FASB voted to delay the effective date of the proposed standard. The ASU is now effective for annual reporting periods beginning after December 15, 2018, and early adoption is permitted for years beginning after December 15, 2016.

Judge Baker Children's Center

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

The Center has not yet selected a transition method and is currently evaluating the effect that the updated standard will have on the financial statements.

In February 2016, the FASB issued Accounting Standards Update No. ASU 2016-02, *Leases* ("ASU 2016-02"). The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the balance sheet for all leases with terms longer than twelve months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. The new standard is effective for annual reporting periods beginning after December 15, 2019. The Center has not yet selected a transition method and is currently evaluating the effect that the updated standard will have on the financial statements.

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The ASU simplifies and improves how a not-for-profit organization classifies its net assets, as well as the information it presents in financial statements and notes about its liquidity, financial performance, and cash flows. The ASU is effective for fiscal years beginning after December 15, 2017. Early adoption is permitted. The Center is currently evaluating the effect that the updated standard will have on the financial statements.

In August 2016, the FASB issued ASU 2016-15, *Statement of Cash Flows (Topic 230): Classification of Certain Cash Receipts and Cash Payments (A Consensus of the FASB Emerging Issues Task Force)*. To reduce diversity in practice, the ASU provides solutions for eight specific statement of cash flow classification issues. The ASU is effective for fiscal years beginning after December 15, 2019, and will require adoption on a retrospective basis, unless it is impracticable to apply, in which case we would be required to apply the amendments prospectively as of the earliest date practicable. Early adoption is permitted. The Center has not yet selected a transition method and is currently evaluating the effect that the updated standard will have on the financial statements.

In June 2018, the FASB issued ASU 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, which clarifies and improves the scope and accounting guidance around contributions of cash and other assets received and made by not-for-profit organizations and business enterprises. The ASU clarifies and improves current guidance about whether a transfer of asset, or the reduction, settlement, or cancellation of liabilities, is a contribution or exchange transaction. It provides criteria for determining whether a resource provider is receiving commensurate value in return for the resources transferred which, depending on the outcome, determines whether the organization follows contribution guidance or exchange transaction guidance in the revenue recognition and other applicable standards. It also provides a more robust framework for determining whether a contribution is conditional or unconditional, and for distinguishing a donor-imposed condition from a donor-imposed restriction. The amendments in ASU 2018-08 should be applied on a modified perspective basis with early adoption and retrospective application permitted. The ASU will be effective for fiscal years beginning after December 15, 2018, and interim periods within annual periods beginning after December 15, 2019. The Center is currently evaluating the effect that the standard will have on the financial statements.

Judge Baker Children's Center

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirement for Fair Value Measurement*. This ASU modifies the disclosure requirements for fair value measurements in addition removes disclosures related to transfers between Level 1 and Level 2 of the fair value hierarchy, the policy for timing of transfers between levels, and the valuation process of level 3 fair value measurements and a roll forward of level 3 investments. The ASU is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. Early adoption is permitted. The Center is currently evaluating the impact of this ASU on the financial statements.

Note 2. Related Party Transactions

Included in contributions and grants receivable as of June 30, 2018 and 2017 are pledges receivable from members of the Board of Trustees totaling \$2,900 and \$33,500, respectively.

Note 3. Contributions and Grants

Contributions and grants receivable total \$5,100 and \$85,055 as of June 30, 2018 and 2017, respectively. The Center did not have an allowance for doubtful collections or a discount as of June 30, 2018 and 2017. All contributions and grants receivable are expected to be collected in less than one year.

Note 4. Investments and Investment Income

Investments as of June 30, 2018 and 2017 consisted of the following:

	2018	2017
Cash equivalents	\$ 1,989	\$ 5,922
Domestic corporate bonds	1,244,456	804,490
International corporate bonds	26,541	27,866
Mortgage backed securities	21,914	27,914
Domestic equity mutual funds	3,813,806	3,464,928
International equity mutual funds	2,249,904	2,990,723
Insurance company	23,000	23,000
Alternative investments	1,243,650	1,284,975
U.S. treasury notes	49,423	39
	<u>\$ 8,674,683</u>	<u>\$ 8,629,857</u>

The components of total investment return for the years ended June 30, 2018 and 2017 are as follows:

	2018	2017
Investment and interest income	\$ 152,872	\$ 179,425
Net realized/unrealized gains on investments	340,898	761,437
Total investment return	<u>\$ 493,770</u>	<u>\$ 940,862</u>

The total amount of investment fees incurred for the years ended June 30, 2018 and 2017 was \$41,790 and \$42,337, respectively.

Judge Baker Children's Center

Notes to Financial Statements

Note 5. Fair Value Hierarchy

The following tables are a summary of assets and liabilities that the Center measures at fair value on a recurring basis as of June 30 using:

2018	Quoted Prices in Active Markets Level 1	Other Observable Inputs Level 2	Unobservable Inputs Level 3	Other Investments Measured at Net Asset Value (a)	Total
Investments:					
Cash equivalents	\$ -	\$ 1,989	\$ -	\$ -	\$ 1,989
Domestic corporate bonds	1,244,456	-	-	-	1,244,456
International corporate bonds	26,541	-	-	-	26,541
Mortgage backed securities	-	21,914	-	-	21,914
Domestic equity mutual funds	3,813,806	-	-	-	3,813,806
International equity mutual funds	2,249,904	-	-	-	2,249,904
Alternative investments	-	-	-	1,243,650	1,243,650
U.S. treasury notes	49,423	-	-	-	49,423
	<u>\$ 7,384,130</u>	<u>\$ 23,903</u>	<u>\$ -</u>	<u>\$ 1,243,650</u>	<u>\$ 8,651,683</u>

2017	Quoted Prices in Active Markets Level 1	Other Observable Inputs Level 2	Unobservable Inputs Level 3	Other Investments Measured at Net Asset Value (a)	Total
Investments:					
Cash equivalents	\$ -	\$ 5,922	\$ -	\$ -	\$ 5,922
Domestic corporate bonds	804,490	-	-	-	804,490
International corporate bonds	27,866	-	-	-	27,866
Mortgage backed securities	-	27,914	-	-	27,914
Domestic equity mutual funds	3,464,928	-	-	-	3,464,928
International equity mutual funds	2,990,723	-	-	-	2,990,723
Alternative investments	-	-	-	1,284,975	1,284,975
U.S. treasury notes	39	-	-	-	39
	<u>\$ 7,288,046</u>	<u>\$ 33,836</u>	<u>\$ -</u>	<u>\$ 1,284,975</u>	<u>\$ 8,606,857</u>

- (a) In accordance with ASC Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified within the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy amounts to amounts presented in the statements of financial position.

Judge Baker Children's Center

Notes to Financial Statements

Note 5. Fair Value Hierarchy (Continued)

As previously stated, the Center uses the NAV to determine the fair value of all the underlying investments, which (a) do not have a readily determinable fair value and (b) prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company. The following table lists investments in other investment companies (in partnership format) by major category:

Strategy	2018 NAV in Funds	2017 NAV in Funds	# of Funds	Outstanding Commitments	Redemption Frequency	Redemption Restrictions	Restrictions in Place at Year End
Fund of funds	(a)	\$1,243,650	\$1,284,975	2	\$ -	Quarterly (b)	(c) None

(a) The investment strategy of the fund is to invest in long/short U.S. diversified equity, and publicly listed equity securities.

(b) One fund totaling \$1,240,426 has quarterly redemptions of up to 25% of the total investment with 95 days' notice. One fund totaling \$3,224 has no redemptions permitted since the fund is winding down and any proceeds of distributions are distributed pro rata to investors.

(c) One fund totaling \$1,240,426 has a one year lock up with 3% incentive allocation. One fund totaling \$3,224 has no restrictions as the fund is winding down.

Note 6. Endowment Net Assets

Following is a summary of endowment net asset composition by type of fund as of June 30, 2018:

	June 30, 2018			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment funds	\$ 6,208,246	\$ 329,591	\$ 738,578	\$ 7,276,415

Following is a summary of the changes in endowment net assets for the year ended June 30, 2018:

	June 30, 2018			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets as of June 30, 2017	\$ 6,263,869	\$ 304,790	\$ 735,556	\$ 7,304,215
Contributions and other additions	50,194	-	3,022	53,216
Investment return:				
Realized and unrealized gains on investments	247,901	40,111	-	288,012
Investment and interest income	111,169	17,675	-	128,844
	359,070	57,786	-	416,856
Other changes:				
Appropriated invested income	(464,887)	(32,985)	-	(497,872)
Endowment net assets as of June 30, 2018	\$ 6,208,246	\$ 329,591	\$ 738,578	\$ 7,276,415

Judge Baker Children's Center

Notes to Financial Statements

Note 6. Endowment Net Assets (Continued)

	June 30, 2017		
	Unrestricted	Temporarily Restricted	Permanently Restricted
			Total
Endowment funds	\$ 6,263,869	\$ 304,790	\$ 735,556
			\$ 7,304,215

Following is a summary of the changes in endowment net assets for the year ended June 30, 2017:

	June 30, 2017		
	Unrestricted	Temporarily Restricted	Permanently Restricted
			Total
Endowment net assets as of June 30, 2016	\$ 6,094,607	\$ 219,413	\$ 730,938
			\$ 7,044,958
Contributions and other additions	-	-	4,618
Investment return:			4,618
Realized and unrealized gains on investments	568,000	94,791	-
Investment and interest income	133,843	20,395	-
	701,843	115,186	-
			817,029
Other changes:			
Appropriated invested income	(532,581)	(29,809)	-
			(562,390)
Endowment net assets as of June 30, 2017	\$ 6,263,869	\$ 304,790	\$ 735,556
			\$ 7,304,215

Note 7. Property, Plant and Equipment

Following is a summary as of June 30, 2018 and 2017:

	2018	2017
Land	\$ 1,520,000	\$ 1,520,000
Land improvements	17,800	17,800
Building and improvements	23,853,952	23,554,571
Furniture and fixtures	271,125	326,456
Computer equipment	270,646	467,547
Machinery and equipment	1,075,770	1,082,211
Motor vehicles	49,116	49,116
	27,058,409	27,017,701
Less accumulated depreciation and amortization	(9,577,157)	(9,174,921)
	17,481,252	17,842,780
Capital projects in process	-	82,698
Property, plant and equipment, net	\$ 17,481,252	\$ 17,925,478

Depreciation and amortization expense for the years ended June 30, 2018 and 2017 was \$695,177 and \$680,290, respectively.

Judge Baker Children's Center

Notes to Financial Statements

Note 7. Property, Plant and Equipment (Continued)

Capital projects in process as of June 30, 2017 of \$82,698 included costs incurred in connection with the parking deck facility enhancement that was completed and capitalized as of June 30, 2018. The total cost of the project at completion was \$248,537.

Note 8. Notes Payable

Line of credit: The Center has a \$1,000,000 line of credit agreement with Boston Private Bank and Trust Company, which originated on April 30, 2010. The line of credit, which is renewed periodically was payable on demand with interest payable monthly at the Boston Private Bank and Trust Company Base Rate plus .50% (5.50% and 4.50% as of June 30, 2018 and 2017). The line of credit is secured by all business assets. In December 2017, the Center amended the terms of its line of credit agreement, extending the term to November 2018. As of June 30, 2018 and 2017, the Center had no outstanding borrowings on its line of credit agreement.

Notes payable: In July 2012, the Center entered into a \$462,000 five-year term note payable to Boston Private Bank and Trust Company with interest payable at 3.55% and payable in monthly principal payments of \$7,700 through July 2017. The note was secured by substantially all assets of the Center. As of June 30, 2018 and 2017, the balance outstanding on the note payable was \$0 and \$7,700, respectively.

In October 2015, the Center entered into a \$664,000 ten-year term note payable to Boston Private Bank with interest payable of 5.02% and payable in monthly principal payments of \$5,533 through October 2025. The note is secured by substantially all assets of the Center. As of June 30, 2018 and 2017, the balance outstanding on the note payable was \$492,467 and \$553,334, respectively.

In December 2016, the Center entered into a \$240,000 seven-year term note payable to Boston Private Bank with interest payable of 4.75% and payable in monthly principal payments of \$2,857 through December 2023. The note is secured by all personal property of the Center. As of June 30, 2018 and 2017, the balance outstanding on the note payable was \$188,571 and \$222,857, respectively.

Maturities of the notes payable over the next five years and in the aggregate are as follows for the years ending June 30:

2019	\$	100,686
2020		100,686
2021		100,686
2022		100,686
2023		100,686
Thereafter		177,608
	\$	<u>681,038</u>

Judge Baker Children's Center

Notes to Financial Statements

Note 9. Lease Obligations

The Center has five lease agreements for office equipment. The leases expire at various times between 2018 and 2021. Total rent expense under these leases was \$114,344 and \$110,930 for the years ended June 30, 2018 and 2017, respectively.

On July 1, 2017, the Center entered into a lease agreement for office space, which was to expire on June 30, 2018, with three one-year extension options. In June 2018, the first one-year extension option was granted, and expires on June 30, 2019. The base rent requires monthly payment of \$6,443 plus certain operating costs and shall be payable on the first day of each month during the term. The base rent shall be \$6,443 per month during the term of the first extension, \$6,633 during the term of the second extension and \$6,822 during the term of the final extension (an increase of approximately 3% per each extension). The Center has exercised the first extension option and plans to extend the term of the lease through the final extension.

Payments of these leases over the next four years are as follows for the years ending June 30:

	Equipment Leases	Office Lease	Total
2019	\$ 106,423	\$ 77,316	\$ 183,739
2020	101,023	79,590	180,613
2021	16,111	81,864	97,975
Thereafter	409	-	409
	<u>\$ 223,966</u>	<u>\$ 238,770</u>	<u>\$ 462,736</u>

Note 10. Retirement Plans

The Center has a defined contribution retirement plan covering all eligible employees. Contributions to this plan for the years ended June 30, 2018 and 2017 were \$429,264 and \$402,963, respectively.

In addition, the Center has a defined benefit plan covering certain employees who meet specific provisions of the plan, as defined in the plan agreement. Effective January 1, 1974, the Board of Trustees voted to freeze this plan. The effect of this freeze was to cease the accrual of benefits to each of the plan's participants with no further benefit accrual for service by any participant beyond this date and no additional entrants to the plan.

For the plan year ended January 1, 2018, the actuarial cost method used for the defined benefit plan was the accrued benefit (unit credit) cost method. Since accruals under the plan ceased in 1974, the normal cost for the plan year was \$0 and the plan was fully funded. As of January 1, 2018, there are no remaining plan participants. The weighted average assumed rate of return used in determining the actuarial present value of accumulated plan benefits was between 3.92% and 6.29% for 2017. The fair value of plan assets available for pension plan benefits as of December 31, 2017 was \$90,833. There were no further contributions needed to fund the defined benefit plan as of December 31, 2017, as the plan assets exceeded the actuarially determined liabilities.

Judge Baker Children's Center**Notes to Financial Statements****Note 11. Temporarily Restricted Net Assets**

Following is a summary of temporarily restricted net assets as of June 30, 2018 and 2017:

	2018	2017
Commissioner's Association	\$ 261,714	\$ 269,931
Manville Children's Fund	23,516	28,268
Manville School - Student Counsel	4,567	3,763
Manville School - PAC	1,566	2,331
Manville School - Horseback Riding School	1,495	2,000
Manville School - Campership	19,628	23,072
Beardslee Fund	1,381	1,379
Dissemination	149,008	198,305
Research	1,787	1,787
Summer Treatment	9,500	-
Alumni Project	5,115	10,678
Project Youth Voice	5,634	5,634
The Counseling Center	6,501	24,923
Gala	75,198	89,350
Human Resources - Wellness Program	8,000	7,000
Next Step - Flutie Foundation	10,295	3,895
	<u>584,905</u>	<u>672,316</u>
Cumulative appreciation and reinvested gains of permanently restricted funds, net of appropriation	329,591	304,790
	<u>\$ 914,496</u>	<u>\$ 977,106</u>

Note 12. Permanently Restricted Net Assets

Following is summary of permanently restricted net assets as of June 30, 2018 and 2017:

	2018	2017
General Endowment	\$ 350,000	\$ 350,000
Ellen Liza Stern Fund	288,578	285,556
George Macomber Family Foundation - World of Children	100,000	100,000
	<u>\$ 738,578</u>	<u>\$ 735,556</u>

Note 13. Net Assets Released from Donor Restrictions

Net assets during the years ended June 30, 2018 and 2017 were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors. Net assets of \$775,357 and \$400,641 were released from restrictions during the years ended June 30, 2018 and 2017, respectively.

Note 14. Subsequent Events

The Center evaluated subsequent events through November 7, 2018, the date on which the financial statements were available to be issued.



Board of Trustees

(December 2018)

Chair: Richard P. Breed, III
First Vice-Chair: John Serafini
Second Vice-Chair: Michele Courton Brown
Treasurer: David J. Martens
Clerk: Deborah L. Anderson
President: Robert P. Franks, Ph.D.

Deborah L. Anderson
Nixon Peabody LLP
Residence: Boston, MA
Date first elected: January 2004

Laura K. Barooshian
DiCiccio, Gulman & Company LLP
Residence: Lunenburg, MA
Date first elected: June 2018

Thomas W. Bishop
The Bishop Company, LLC
Residence: Manchester, MA
Date first elected: January 2014

Richard P. Breed, III
Tarlow Breed Hart & Rodgers, PC
Residence: Marblehead, MA
Date first elected: September 2011

Thanda F. Brassard
Fiduciary Trust Company
Residence: Needham, MA
Date first elected: June 2016

Julie M.B. Bradley
TripAdvisor (retired)
Residence: Wayland, MA
Date first elected: May 2012

Christopher D. Cabral
New World Advisors, LLC
Residence: Norwell, MA
Date first elected: March 2018

Michele Courton Brown
Quality Interactions
Residence: Jamaica Plain, MA
Date first elected: June 2015

Christine Dunn
Arc Point Strategic Communications
Residence: Belmont, MA
Date first elected: February 2017

Primo A.J. Fontana
DLA Piper
Residence: Medfield, MA
Date first elected: January 2018

Robert P. Franks, Ph.D.
Judge Baker Children's Center, President & CEO
Residence: Medfield, MA
Hired: August 2014

Andrew R. Knowland, Jr.
Foster Dykema Cabot & Co.
Residence: Wellesley, MA
Date first elected: March 2009

David J. Martens
Boston College, Office of the Treasurer
Residence: Ashland, MA
Date first elected: March 2016

John R.A. Pears, RIBA
Perkins Eastman
Residence: Newton Highlands, MA
Date first elected: January 2009

Mary H. Schmidt
Schmidt & Federico, PC
Residence: Boston, MA
Date first elected: June 2018

John Serafini
HawkEye 360
Residence: Hingham, MA
Date first elected: June 2015

David W. Walker
Morgan Stanley Wealth Management
Residence: Needham, MA
Date first elected: November 2015

Dorothy A. Weber* Emeritus
Community volunteer
Residence: Boston, MA
Date first elected: January 1970

Jay Webber* Emeritus
CBIZ Tofias, PC
Residence: Sharon, MA
Date first elected: July 2000

ROBERT P. FRANKS, PH.D.

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CURRICULUM VITAE

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rfranks@jbcc.harvard.edu or robert.franks@me.com

EDUCATION:

Yale University, 1997-1999
School of Medicine, Child Study Center
Predoctoral & Postdoctoral Fellowship in Clinical Child Psychology

Boston College, 1993-1999
Graduate School of Arts & Sciences
Ph.D. Counseling Psychology

The George Washington University, 1991-1993
Graduate School of Education & Human Development
M.A. Community Psychology

Boston College, 1985-1989
School of Arts & Sciences
B.A. Psychology/Business Management

PROFESSIONAL EXPERIENCE:

8/14-Present

Judge Baker Children's Center, Boston, MA
President and CEO
www.jbcc.harvard.edu

Act as president and chief executive officer for the Judge Baker Children's Center (JBCC). Oversee all operational and strategic functions of JBCC including financial management, human resources, advancement, operations, clinical services and programs, business development and research and training programs. Develop, implement and monitor strategic vision and mission. Provide training, consultation and technical assistance. Act as external liaison and representative of the Center. Directly supervise senior staff and lead senior management team. Report to Board of Trustees.

Founded in 1917, JBCC is a Harvard Medical School affiliate with proven leadership in children's mental health. Committed to bridging the current gap between research and practice, JBCC works at the policy, systems and practice levels to promote high quality behavioral health care for children and their families. The JBCC Quality Care Initiative works with systems of care and provider organizations locally, nationally and internationally to implement and disseminate evidence-based practices and programs in a wide range of settings. JBCC operates programs in research, professional training, implementation science, special education, outpatient mental health, community and school consultation, specialized summer treatment, and child welfare practice - all with the goal of helping children and families grow and thrive.

8/14-Present

Harvard Medical School, Department of Psychiatry

Assistant Clinical Professor

Provide training, consultation and leadership to the Harvard Medical School community. Promote training and implementation of evidence-based practices in children's behavioral health. Develop and implement policy initiatives that promote quality care. Collaborate with Harvard University schools and programs. Engage in scholarly writing and presentations and represent Harvard Medical School at national and international academic convenings and conferences.

4/05-Present

Child Study Center, Yale University School of Medicine

Assistant Clinical Professor

Act as Psychology Faculty at Yale University Child Study Center. Engage in collaborative research, training and policy activities. Train predoctoral and post-doctoral fellows in consultation activities. Consult to faculty on evidence-based practice development and implementation. Act as liaison to state agencies and external stakeholders.

4/05-7/14

Child Health and Development Institute of Connecticut, Inc., Farmington, CT

Vice President & Director, Connecticut Center for Effective Practice (CCEP)

www.chdi.org www.kidsmentalhealthinfo.com

Directed all behavioral health initiatives for the Institute and reported to the CEO and Board of Directors. Developed and expanded the Connecticut Center for Effective Practice, a division of the Child Health and Development Institute that works to improve the standard of behavioral healthcare for all children in Connecticut and beyond. The Center acts as an "intermediary organization" by bridging research, policy and practice. To facilitate change, the Center uses rigorous implementation strategies informed by research, best practice knowledge, and implementation science and works collaboratively with federal, state, and local partners in government, academia, mental health, health, juvenile justice, child welfare and education.

As director, was responsible for developing and implementing strategic priorities, overseeing all programs, supervising staff, developing and managing the operating budget, ensuring sustainability by securing external grant funding and contracts, and facilitating partnerships within State agencies, provider organizations and key stakeholders. Actively worked to promote policies which improve the standard of care for children and families, developed best practice programs, engaged in research, evaluation and quality improvement of services, promoted the adoption of best practices statewide and translated research-based and academic resources for multiple audiences. Worked with local and national partners to advance the implementation and sustainability of evidence-based practices and programs. Helped establish State of Connecticut as a national leader in children's behavioral health.

4/05-8/14

University of Connecticut Health Center

Assistant Clinical Professor

Worked with Health Center Departments of Psychiatry and Community Medicine to promote best practices, enhance training and engage in collaborative academic research and policy initiatives. Collaborated with faculty to promote best practices in children's mental health. Consulted as evidence-based practice and trauma specialist. Acted as spokesperson and presenter at regional and national events.

4/08-8/14

Franks Consulting Services

Principal

Provided a range of consulting services and executive coaching focusing on strategic planning, organizational and systems change, and the implementation and dissemination of best practices and programs. Identified areas for growth and provided recommendations for improvement. Developed and supported implementation strategies for best practice and model programs. Designed and implemented evaluation and quality improvement strategies. Provided consultation and coaching to executives and senior management to improve performance and enhance professional development.

4/03-4/05

Duke University Medical Center, Department of Psychiatry, Durham, NC

Director, National Resource Center for Child Traumatic Stress

UCLA-Duke National Center for Child Traumatic Stress

www.nctsnet.org

Directed the National Resource Center (NRC) for Child Traumatic Stress based at Duke University Medical Center which supports the 54 site National Child Traumatic Stress Initiative funded by SAMHSA. Directed and coordinated all functions of the NRC including managing staff with expertise in content development, editing, product development, marketing, media and public awareness, web design, research and dissemination of best and promising practices to treat child traumatic stress and its consequences. Implemented Network mission of raising the standard of care and improving access to services for children and families across the nation. Provided clinical expertise and consultation to Network and National Center in area of child traumatic stress and its treatment.

Facilitated and promoted the development, dissemination and adoption of evidence-based, best, and promising practices for treatment. Coordinated Center services with national research and evaluation strategies. Raised professional and public awareness through a comprehensive and coordinated public awareness and media campaign. Conducted site visits and consulted to Network centers across the nation specializing in a wide range of trauma treatment including child maltreatment, abuse, community and domestic violence, medical trauma, trauma related to national disasters, terrorism and refugee and war zone trauma. Coordinated and provided training and technical assistance to Network centers. Developed strategic partnerships with external organizations. Developed resources and materials to train, educate and raise awareness including toolkits, videos, online training, guidelines, and fact sheets. Oversaw the development and execution of the Network website. Participated in national training, service system development and policy change strategies. Oversaw budget and allocation of staff and resources. Conducted and facilitated meetings, trainings and collaborative activities across the nation. Provided leadership to National Center and National Child Traumatic Stress Network and represented the National Center and Duke University Medical Center in forums across the nation.

Assistant Clinical Professor, Psychiatry Department, Duke University

Acted as core Psychiatry Faculty at Duke University School of Medicine. Participated in ongoing clinical and administrative meetings with academic faculty and collaborative partners. Collaborated with other academic departments and programs. Acted as trauma specialist for media relations of Medical Center. Acted as spokesperson and presenter representing Duke University at regional and national events.

7/00 to 5/03

The Child Study Center, Yale University School of Medicine, New Haven, CT

Director of Operations, National Center for Children Exposed to Violence

www.ncccv.org www.cd-cp.org

Directed and coordinated all operations of the National Center for Children Exposed to Violence (NCCCV) at the Yale University Child Study Center. Provided consultation in areas of children exposed to trauma, community violence and domestic violence. Consulted to urban, suburban and rural communities across the country. Supervised and managed professional and administrative staff. Oversaw budget, reporting activities and grant management activities. Engaged in development and fundraising activities. Acted as liaison to Federal government and other funding entities.

Oversaw and implemented public awareness campaign and policy analysis of issues relating to children exposed to violence. Oversaw, developed and implemented marketing, media relations and public relations activities. Served as primary media contact and spokesperson. Developed and created resource materials and marketing information. Directed NCCEV Resource Center and internet webpage development and maintenance. Coordinated Center activities with research and evaluation efforts. Facilitated and oversaw provision of training and technical assistance and consultation to eleven federally funded Safe Start Initiative sites, and ten Child Development-Community Policing Program replication sites across the nation in the areas of program development, implementation and evaluation. Conducted site visits and provided ongoing consultation, training and support to communities across the nation. Developed, planned and coordinated national conferences and multi-site meetings. Oversaw the development and utilization of NCCEV Advisory Committee. Coordinated NCCEV activities with other Yale University departments and other academic and non-profit agencies nationally. Reviewed and researched issues related to children exposed to violence and trauma. Provided local and national presentations on the topic of children exposed to violence and trauma. Represented the National Center and Child Study Center at national conferences, meetings and other public appearances.

Associate Research Scientist, Psychiatry Department, Yale University School of Medicine

Acted as core Psychology Faculty at Yale University Child Study Center and Child Development-Community Policing Program. Provided clinical services; consultation and assessments to children and families. Supervised psychology fellows and trainees. Taught psychology fellows and medical students. Engaged in research development, analysis, review and publication. Represented Psychology Department at national meetings and conferences through presentations and participation. Participated in weekly clinical and administrative meetings with academic faculty, clinicians, police, social service agencies, probation, court representatives and school personnel.

7/99-5/03

Quinnipiac University, Hamden, CT

Department of Psychology

Adjunct Faculty

Taught undergraduate psychology courses as adjunct instructor at the University.

9/99-1/01

Connecticut Psychological Association

Public Education Campaign Coordinator: State of Connecticut

Acted as Public Education Campaign Coordinator for State of Connecticut. Responsible for designing and implementing statewide educational campaign in collaboration with the American Psychological Association (APA). Targeted programs included "Warning Signs" campaign for at risk adolescents and statewide healthy workplace campaign.

7/99 to 7/00

The Child Study Center, Yale University School of Medicine, New Haven, CT

Director, COPS Program

Directed and coordinated all aspects of Community Outreach through Police in Schools Program (COPS) in City of New Haven. The COPS Program is a U.S. Department of Justice, Office for Victims of Crime (OVC) funded program which targets at risk middle school students who have been exposed to violence and trauma in their community. The COPS Program is a collaboration between Yale Child Study Center clinicians, the New Haven Police Department, and New Haven public schools. This program provides weekly school-based group interventions which are designed to reduce negative behaviors and change students' attitudes about seeking help and police officers. Responsibilities included acting as the liaison to the funding agents of the program; supervising and managing the implementation of the program; providing weekly clinical services in schools; providing clinical supervision to group co-leaders; supervising clinical team, research assistant and administrative assistant; developing marketing materials and curriculum manual for program; conducting ongoing outcome research to assess the efficacy of the groups; and serving as consultant and trainer to other communities wishing to replicate the program.

Associate Research Scientist, Psychiatry Department, Yale University School of Medicine

Responsibilities included clinical, research, supervisory and administrative duties. Through the Child Development-Community Policing (CD-CP) Program, provided primary clinical services, on-call coverage, acute crisis response, supervision, training and teaching, administrative duties, and coordination of community based school-based violence prevention group program. Served as primary clinician for the Child Development-Community Policing (CD-CP) Program. Provided clinical evaluations, short-term and long-term treatment, and consultation. Provided clinical and consultative services to New Haven community through a collaboration with the New Haven Police Department. Acted as on-call clinician and provided acute crisis response services and follow-up. Participated in weekly ride-alongs with police officers in community. Participated in weekly clinical and administrative meetings with police, social service agencies, probation, court representatives and school personnel.

7/98 to 7/99

The Child Study Center, Yale University School of Medicine, New Haven, CT

Postdoctoral Clinical Child Psychology Fellow

Completed comprehensive Clinical Child Psychology Post-doctoral Fellowship at the Yale Child Study Center. Fellowship experience included clinical and assessment training with an emphasis in Pediatric Psychology, weekly seminars on a wide variety of topics, teaching and supervision opportunities, consultation and collaboration with other University and Hospital departments, and intensive weekly multidisciplinary supervision. Clinical training placements and rotations included year long activities at:

- Riverview State Psychiatric Hospital for Children, Middletown, CT
- Yale Child Study Center Outpatient Clinical Services
- Yale-New Haven Hospital Emergency Department Services
- Yale-New Haven Hospital Consultation Liaison Services
- Yale Child Study Center Outpatient Assessment Services
- Yale Child Study Center Focal Question Clinic
- Yale Child Study Center Forensic Evaluation Clinic
- Yale-New Haven Hospital Newborn Follow-up Clinic
- Child Development-Community Policing Program (CD-CP)

7/97 to 7/98

The Child Study Center, Yale University School of Medicine, New Haven, CT

Predoctoral Clinical Child Psychology Fellow

Completed comprehensive APA approved Clinical Child Psychology Pre-doctoral Fellowship at the Yale Child Study Center. Fellowship included clinical and assessment training with an emphasis in Outpatient Psychological Services, weekly seminars on a wide variety of topics, teaching opportunities, consultation and collaboration with other University and Hospital departments, and intensive weekly multidisciplinary supervision. Clinical training placements and rotations included year long activities at:

- Yale Child Study Center Outpatient Clinical Services
- Yale Child Study Center Outpatient Assessment Services
- Yale-New Haven Hospital Inpatient Psychological Testing Service
- Yale Child Study Center Focal Question Clinic
- Yale Child Study Center Forensic Evaluation Clinic
- Yale-New Haven Hospital Newborn Follow-up Clinic
- Yale-New Haven Hospital Lead Program
- Yale University School of Medicine Psychiatry Clerkship
- Yale Bush Center Fellowship
- Child Development-Community Policing Program (CD-CP)

5/96 to 6/97

The Brookline Center, Brookline, MA

Clinical Associate

Coordinator of School-based Psychological Services Program

Coordinated and directed school-based psychological services program in Brookline public schools and suburban Boston area. Provided clinical services and consultation in several public schools, as well as residential and day treatment programs. Worked with children, adolescents, and adults by providing individual, group and family psychotherapy in both clinic and community settings. Evaluated, diagnosed and developed treatment plans for a wide range of childhood and adolescent disorders including: depression, anxiety and panic disorders, conduct disorders, school phobia, ADHD, PTSD, and developmental disorders. Acted as liaison between Center and schools. Rendered consultative services to school staff. Coordinated services with other agencies and disciplines. Acted as on-site intake coordinator for new clients. Participated in weekly individual and group supervision. Assisted Clinic Director in the expansion, development and implementation of comprehensive school-based clinical services program. Trained as part of crisis response team and provided acute clinical response and consultation in schools following crises in the community.

5/95 to 5/96

The Brookline Center, Brookline, MA

Advanced Psychology Intern

Received advanced training in clinical practice and consultation at the Brookline Center. Provided direct clinical services, including individual, group, and family psychotherapy to children and families. Implemented school-based psychological services pilot program in Brookline public schools. Acted as on-site liaison for clinic and provided direct services in school setting. Facilitated weekly referral and intake of children and families to clinic. Acted as consultant to faculty and staff. Participated in ongoing evaluation of program. Worked with child, adolescent, and adult populations in both school and clinic settings. Represented clinic at weekly team meetings and provided ongoing consultation to guidance staff, teachers, administration and parents.

9/94-5/95

The Brookline Center, Brookline, MA

Psychology Practicum Intern

Received comprehensive training as psychology practicum intern at a community based mental health agency. Provided clinical services under supervision to children, adolescents and families in culturally diverse community. Provided individual psychotherapy to children, adolescents and adults (short and long-term), group therapy, family therapy, school consultation, psychological testing and assessment, and community outreach. Presented cases in weekly seminars and case conferences. Participated in weekly clinical consultation meeting with clinic staff.

9/96 to 6/97

The Walker Group, Needham, MA

Psychological Testing Practicum Intern

Through Walker School's collaborative program with Cambridge Youth Guidance, provided psychological testing services to Walker School and the Italian Home School. Completed comprehensive psychological evaluations including educational, projective and neuropsychological testing. Participated in weekly group and individual supervision. Provided consultative services to schools.

9/96 to 6/97

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Clinical Supervisor: M.A. Clinical Track

Supervised first year counseling psychology Master's students in order to prepare them for their clinical practicum placements. Worked with students to help develop their clinical skills and establish professional goals. Provided ongoing support throughout their first academic year and entry into mental health field.

8/95 to 6/96

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Clinical Supervisor: M.A. School Counseling Track

Supervised second year school counseling Master's students in their clinical practicum placements. Made regular practicum site visits and met with site supervisors at schools throughout metropolitan Boston area. Facilitated training of students. Worked with students to identify training needs and provide feedback regarding strengths and weaknesses. Led weekly process group and case presentation seminar. Developed school counseling curriculum for

students. Helped students theoretically conceptualize case material. Worked with school placement site supervisors to ensure students received adequate training and site supervision. Provided feedback to students and supervisors.

8/94 to 6/95

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Clinical Supervisor: M.A. Clinical Track Supervised second year mental health track Master's students in counseling psychology in their clinical practicum placements. Made regular practicum site visits at mental health settings throughout metropolitan Boston area including: community mental health centers, inpatient settings, college counseling centers, day programs, and special treatment facilities. Led weekly process group and case presentation seminar. Trained students to theoretically conceptualize and present case material. Provided ongoing feedback to students and site supervisors throughout the academic year.

9/92-7/93

The George Washington University, Washington, DC

Counseling Laboratory

Psychotherapy Intern

Provided a variety of psychotherapy services to adults and adolescents living in the Washington D.C. community who utilized the counseling lab as a community mental health agency. Experience included individual psychotherapy, couples counseling, extensive career counseling and testing, and working with the homeless. All therapy sessions were videotaped and supervised weekly through individual and group supervision.

9/92-7/93

School Without Walls, Washington, DC

Group Psychotherapist

In cooperation with the George Washington University, helped implement a grant funded program, which provided weekly group counseling and psychoeducation to selected inner city youth. Weekly group topics included: violence, gangs, date rape, teenage pregnancy, alcohol and drug abuse, morality, prejudice and racism, sexuality, and gender roles. Co-led groups and educated students about effective communication skills, intervention techniques, and peer counseling. Provided ongoing support and feedback to youth participating in program.

9/92-7/93

The George Washington University, Washington, DC

Counselor in Residence/ University Counseling Center

Counseling Intern

Worked as Counseling Intern for the University's Counselor in Residence. Provided individual long-term and short-term psychotherapy to diverse college student population with wide range of psychopathology. Evaluated students and developed treatment plans. Participated in weekly supervision of taped counseling sessions. Led Resident Assistant support group, academic support group, and freshman support group. Participated in training seminars, including Resident Assistant training and Greek leadership training.

TEACHING EXPERIENCE:

7/99-5/03

Quinnipiac University, Hamden, CT

Department of Psychology

Adjunct Faculty

Taught undergraduate psychology courses as adjunct instructor at the University including: Abnormal Psychology, Introductory Psychology.

7/99- 5/03

The Child Study Center, Yale University School of Medicine, New Haven, CT

Lecturer

Taught seminars on clinical interventions, psychological assessment and community-based programs to incoming Psychology Fellows at Yale Child Study Center as part of comprehensive Psychology Training Program.

10/98-5/03

Yale University, New Haven, CT

Department of Psychology

Lecturer

Taught Psychological Assessment course for the Clinical Psychology Ph.D. Program at Yale University.

Fall 1997, 1998

Yale University, New Haven, CT

School of Medicine

Lecturer

Taught Psychiatry Clerkship at Yale University School of Medicine.

Seminar provided to medical students addressing the topic of psychological assessment and its use in diagnosing psychiatric disorders.

8/94 to 6/96

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Teaching Fellow

Acted as Teaching Fellow for the University for two consecutive years. Taught Master's level seminars and undergraduate courses at the University. Received University-wide "Excellence in Teaching" award by faculty and students.

8/93 to 12/93

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Teaching Assistant

Taught graduate level counseling skills laboratory. Conducted weekly group meetings. Facilitated discussion. Modeled basic counseling skills. Supervised student's practice of skills. Provided appropriate feedback and assessed proficiency level of students.

RESEARCH EXPERIENCE:

4/05-07/14

Child Health and Development Institute of Connecticut, Inc., Farmington, CT

Director, Connecticut Center for Effective Practice (CCEP)

www.chdi.org

Conducted a range of research and best practice development projects that help support policy and practice change that improve the lives of children and families including:

- Intermediary Organization Study
- MATCH-ADTC Implementation Evaluation
- Emergency Mobile Psychiatric Services Study
- TF-CBT Implementation and Outcome Study
- Wraparound Evaluation
- Outpatient Clinic Analysis
- Emergency Department Study
- Emily J Quality Assurance Initiative Care Coordination Training
- Riverview Hospital Practice Improvement Consultation
- MST Statewide Evaluation
- Truancy Initiative Evaluation
- Best Practice Review and Model Development for State Systems of Care

7/99-5/03

The Child Study Center, Yale University School of Medicine, New Haven, CT

Associate Research Scientist

Engaged in a variety of ongoing research projects including the development of an acute response protocol to evaluate children in the aftermath of exposure to violence and trauma and a comprehensive program evaluation of services provided to children through collaborative programs. Managed research of school-based group program targeting at-risk middle school students. Helped to create pre and post-test measures, collected and analyzed data. Prepared results of research for dissemination and publication. Participated in Safe Start Initiative Evaluation Team and helped develop outcome evaluation strategies and initiative logic model.

5/96-12/99

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Dissertation Research

Completed comprehensive doctoral dissertation entitled: "School-based Psychological Services: A Case Study." Dissertation copyrighted and on file at Library of Congress. Research examined the implementation of a school-based psychological services program in an elementary school in an urban setting. Research was conducted over two years. Study provided detailed description of the program elements including classification variables, underlying rationale of the program, development and implementation of the program, and evaluation of the program. Program elements were assessed in the following domains: producing systems, receiving systems, systemic resources, community characteristics and other factors. Detailed descriptive analysis yielded recommendations for the program and other communities developing similar school-based initiatives.

8/94 to 8/95

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Research Assistant

"The Impact of Racial/Cultural Identity Development on the Diagnosis and Causal Attributions of Psychological Disorders". Conducted research examining effects of racial/cultural identity development on diagnosis and attributions of mental illness. Assisted in all areas of research study including: Design of study, operationalizing variables, developing training curriculum for independent raters, hiring and training of independent raters, producing videotape, collecting and analyzing data, and writing results for publication. Published article in Journal of Counseling Psychology.

5/94 to 9/94

Harvard University, Cambridge, MA

Center for Psychology and Social Change

Research Assistant

"Ecopsychology: The Impact of the Environment on Mental Health"

Conducted research examining the manner in which ecology and the environment interact with mental health. Performed literature reviews, created data base, and compiled data for the Center and global conferences on topic of ecopsychology.

5/94 to 9/94

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Research Assistant

"Comprehensive Health Education in Middle Schools"

Helped develop and implement summer symposium at Boston College addressing comprehensive health education in middle schools attended by statewide school administrators, counseling staff, and members of the Board of Education.

8/93 to 5/94

Boston College, Chestnut Hill, MA

Research Assistant

"The Impact of Multicultural Training on Graduate Students' Multicultural Knowledge, Skills, and Awareness"

Conducted research examining cross-cultural counseling issues and impact of cross-cultural counselor training on counseling trainees' multicultural knowledge, skills and awareness as well as therapeutic style. Assisted in

researching, developing, and analyzing study. Presented results at the Winter Roundtable on Cross-Cultural Counseling & Psychotherapy at Teacher's College, Columbia University.

6/88-5/89

Dana Farber Cancer Institute, Boston, MA

Research Coordinator

Coordinated all aspects of operations of a long-term longitudinal study examining the employment and insurance issues of childhood cancer survivors.

4/94 to 6/97

Hire One! Youth Employment Program, Brookline, MA

Coordinator

2/92-7/93

The George Washington University, Washington, DC

Substance Abuse Prevention Center

Coordinator

9/90-2/92

Marymount University, Arlington, VA

Assistant Director of Admissions

Publications:

Franks, R.P., Pecoraro, M., Singer, J., Swenson, S., & Boatright Wilson, J. (2017). Early Childhood Development: Implications for Policy, Systems and Practice. Judge Baker Children's Center Policy Brief.

Franks, R.P., & Bory, C.T. (2017). Strategies for developing intermediary organizations: Considerations for practice. *Families in Society: The Journal of Contemporary Social Services*. 2017, 98(1), 27-34.

Proceedings of the 3rd Biennial Conference of the Society for Implementation Research Collaboration (SIRC) 2015: advancing efficient methodologies through community partnerships and team science. 2016;11(Suppl 1): A15.

Franks, R. P., & Bory, C. T. (2015). Who supports the successful implementation and sustainability of evidence-based practices? Defining and understanding the roles of intermediary and purveyor organizations. In K. P. McCoy & A. Diana (Eds.), *The science, and art, of program dissemination: Strategies, successes, and challenges. New Directions for Child and Adolescent Development*, 149, 41-56.

Lang, J.M., Franks, R.P., Epstein, C., Stover, C., Oliver, J.A. (2015) Statewide dissemination of an evidence-based practice using Breakthrough Series Collaboratives. *Children and Youth Services Review*. 55 (2015) 201-209.

Lang, J.M., Berliner, L., Fitzgerald, M. and Franks, R.P. (2014) Statewide Efforts for Implementation of Evidence-Based Programs. In R.M. Reece, R.F. Hanson, and J. Sargent (Eds.), *Treatment of child abuse, 2nd edition*. Baltimore, MD: Johns Hopkins University Press.

Franks, R., and Schroeder, J. (2013). Implementation science: What do we know and where do we go from here? In T.G. Halle, A.J. Metz, and I. Martinez-Beck (Eds.), *Applying Implementation Science in Early Childhood Programs and Systems*. Baltimore, MD: Paul H. Brookes Publishing Co.

Bracey, J., Arzubi, E., Vanderploeg, J. and Franks, R. (2013). Improving outcomes for children in schools: Expanded School Mental Health. IMPACT. Farmington, CT: Child Health & Development Institute.

Vanderploeg, J. & Franks, R.P. (2012). The Performance Improvement Center: A Promising Approach for Improving Service Quality and Outcomes. IMPACT. Farmington, CT: Child Health & Development Institute.

Lang, J. M., Franks, R.P. & Bory, C. (2011). Statewide Implementation of Best Practices: The Connecticut TF-CBT Learning Collaborative. IMPACT. Farmington, CT: Child Health & Development Institute.

Franks, R. (2011). Role of the intermediary organization in promoting and disseminating best practices. Emotional and Behavioral Disorders in Youth, 10(4), 87-93.

Vanderploeg, J., Bracey, J. & Franks, R. (2010). Strengthening the Foundation: Analysis of Connecticut's Outpatient Mental Health System for Children. Farmington, CT: Child Health and Development Institute.

Franks, R., Schroeter, J., Connell, C. & Tebes, J. (2008). Unlocking Doors: Multisystemic Therapy for Connecticut's High-Risk Children and Youth. Farmington, CT: Child Health & Development Institute.

Williams, J., Franks, R. and Dore, M. (2008). The Connecticut Juvenile Justice System: A Guide for Youth and Families. Farmington, CT: Child Health & Development Institute.

Franks, R., Cloud, M.E., and Lang, J. (2007). Effectively Treating Trauma: Building statewide expertise through a learning collaborative approach. Common Ground. Boston, MA.

Vanderploeg, J., Schroeder, J. & Franks R. (2007). Emergency Mobile Psychiatric Services (EMPS): Recommendations for Model Enhancement. Farmington, CT: Child Health & Development Institute.

Vanderploeg, J., Tebes, J. & Franks R. (2007). Extended Day Treatment: Defining a Model of Care in Connecticut. Farmington, CT: Child Health & Development Institute.

Dore, M., Aseltine, R., Franks, R. & Schultz M. (2006). Endangered Youth: A Report on Suicide among Adolescents Involved with the Child Welfare and Juvenile Justice Systems. Farmington, CT: Child Health & Development Institute.

Franks R. (Ed.) (2005). Attachment and Recovery: Caring for Substance Affected Families. Farmington, CT: Child Health & Development Institute.

Franks, R. (2003) Psychiatric aspects of seizure disorders in children. In Lawrence Vitulano and Melvin Lewis (Eds.) Child and Adolescent Psychiatric Clinics of North America. Philadelphia: Elsevier Science.

Berkowitz, S., Marans, S. & Franks, R., (2003). The traumatized child and the emergency department. In Lynelle Thomas (Ed.) Child and Adolescent Psychiatric Clinics of North America. Philadelphia: Elsevier Science.

Zimmerman, L., Casey, R., & Franks, R. (2002). Psychoeducational evaluation in the schools. In Melvin Lewis (Ed.), Child and Adolescent Psychiatry: A Comprehensive Textbook. Baltimore: Lippencott, Williams, & Wilkins.

Franks, R.P. (2000). School-based psychological services: A case study. Dissertation Abstracts International (Humanities and Social Sciences), 61 (2-A), 508.

Worthington, R.L.; Mobley, M.; Franks, R.P.; & Tan, J. (2000). Multicultural counseling competencies: Verbal content, counselor attributions, and social desirability. Journal of Counseling Psychology, 47 (4), 460-468.

Websites:

Oversaw and/or contributed to the development of multiple websites including:

www.ncccv.org

www.nctsn.org

www.chdi.org

www.kidsmentalhealthinfo.com

Other Publications:

Developed, Contributed and/or Edited following collaborative materials developed by the UCLA- Duke University National Center for Child Traumatic Stress (2003-2005), Durham, NC (available at www.nctsn.org):

Child Trauma Information for Parents
Childhood Traumatic Grief Educational Materials and Curriculum
Childhood Traumatic Grief Educational Videos, It's Okay to Remember and Understanding Childhood Traumatic Grief
Children and Trauma in America: A Progress Report of the National Child Traumatic Stress Network
Claiming Children: Federation of Families for Children's Mental Health
Facts on Trauma and Homeless Children
Family Disaster Preparedness Cards and Information Sheets
Pediatric Medical Traumatic Stress Toolkit for Healthcare Providers
NCTSN Newsletters volumes 2-4 (15 issues)
NCTSN Public Awareness and Education Video
Readiness and Trauma Prevention Materials for Floods
Readiness and Trauma Prevention Materials for Hurricanes
Readiness and Trauma Prevention Materials for Wildfires
Talking to Children about War and Terrorism
Tips for the Media in Covering Traumatic Events
Tips for Parents and Caregivers on Media Coverage of Traumatic Events
What is Child Traumatic Stress?

Developed, Contributed and/or Edited following collaborative materials developed by the National Center for Children Exposed to Violence (NCCEV), Yale University Child Study Center (2000-2003), New Haven, CT (available at www.nccev.org):

Anniversary of 9/11: A Parents' Guide for Talking to their Children.
Anniversary of 9/11: A Teachers' Guide for Talking with their Students.
In the Aftermath of Crisis: A Parents' Guide for Talking to their Children.
Responding to Children about Anthrax.

Presentations:

Franks, Robert P. (11/15/2017) Improving the Quality of Mental Health Care by Changing Policy, Systems and Practice. Presented at Northwestern University 2017-2018 Virginia Tarlow, MD, Grand Rounds, Chicago, IL.

Franks, Robert P. (3/31/2017) Best Practices in Child Psychotherapy. Presented at the Harvard Medical School Child Psychotherapy Course, Boston, MA.

Franks, Robert P. & Pecoraro, Matthew (March 2017) Promoting State Policies that Support Early Childhood Healthy Development. Presented at the 30th Annual Children's Mental Health Research and Policy Conference, Tampa, FL.

Franks, Robert P. (1/3/2017) Impact of Trauma on School-aged Children: Identification & Treatment. Presented at the 3rd Annual Boston School Based Mental Health Collaborative Conference, Boston, MA.

Franks, Robert P. (6/15/2016) Improving the quality of mental health care across systems. Presented at William James College, Boston, MA.

Franks, Robert P. (4/12/2016) Intermediary and Purveyor Organizations: Strategies for the Promotion of EBPs. Presented at the Blueprints for Healthy Youth Development Conference, Denver, CO.

Franks, Robert P. (4/8/2016) The Role of Intermediary Organizations for Successful Implementation of Mental Health Policy. Presented at the IIMHL Learning Exchange, Washington, DC.

Franks, Robert P. & Vanderploeg, Jeffrey J. (4/7/2016) Healthy Development: A Summit on Infant, Children and Adolescent Mental Health (keynote). Presented at the Groton Mental Health Summit, Groton, CT.

Franks, Robert P. (1/4/2016) Impact of Trauma on School-aged Children: Identification & Treatment. Presented at the School-based Behavioral Health Conference, Boston, MA.

Franks, Robert P. (11/19/2015) Changing practice: Implementing interventions that work in the community. Presented at the HRSA Behavioral Health Fellowship Seminar at Boston College, Boston, MA.

Franks, Robert P. (10/13/2015) Changing Practice: Implementing interventions that work in the community. Presented at William James College, Boston, MA.

Franks, Robert P. (9/29/2015) Improving Quality of Care Across Systems. Presented at the Institutional and Community-based Strategies to Support Children and Strengthen Families class at Harvard Kennedy School of Government, Boston, MA.

Franks, Robert P. & Bory, Christopher T. (9/25/2015) Intermediary Organizations as a Vehicle to Promote Efficiency and Speed of Implementation. Presented at the Society for Implementation Research Collaboration, Seattle, WA.

Franks, Robert P. (9/15/2015) Improving the Quality of Care Across Systems. Presented at the Children's Leadership Forum meeting, Boston, MA.

Franks, Robert P., Bory, Christopher T., Cheron, Daniel M. (3/23/2015) The Treatment Response Assessment for Children (TRAC): An innovative tool for implementing and sustaining quality care in community-based settings. Presented at the 28th Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health, Tampa, FL.

Franks, Robert P. (2/11/2015) Changing Practice: Strategies for Implementing Evidence-Based Treatment within a System of Care. Presented at the Boston Children's Hospital Grand Rounds, Boston, MA.

Franks, Robert P. (1/30/2015) Implementation of Evidence-Based Practices for Children. Presented at the Association for Behavioral Healthcare Children's Services Leadership Committee Meeting, Natick, MA.

Franks, Robert P. (12/3/2014) Bridging the Gap between Science and Practice: How do we get from here to there? The Role of Implementation Science. Presented at the Child Mental Health Forum at Judge Baker Children's Center, Boston, MA.

Franks, Robert P. (5/28/14) Adolescent Development & The Impact of Trauma, Stress Resiliency, and Coping. Presented at the State of CT Judicial Branch Training, New Britain, CT.

Franks, Robert P. (5/13/14) Keynote Address: Raising Caring Children in Challenging Times. Presented to the Grandparents Conference, Plainville, CT.

Franks, Robert P. (4/24/14). Development of a Statewide Behavioral Health Plan. Presented to the Connecticut Association of Infant Mental Health, Hartford, CT.

Franks, Robert P. (4/3/14). Developmental Continuum of Trauma-focused Treatments for Children. Presented to Neurology Center, ABC Medical Center, Methodist International Group, Mexico City, Mexico.

Franks, Robert P. (4/1/14). Developmental Considerations in Trauma: Screening, Identification, Referral, and Secondary Traumatic Stress. Presented to Departamento Psicólogo, Universidad Iberoamericana, Mexico City, Mexico.

Franks, Robert P. (3/14/14). Impact of Trauma on Adolescents and Young Adults. Presented to Connecticut Court Support Services Division, New Britain, CT.

Franks, Robert P. (3/11/14). Working with 18-24 year olds in the Juvenile Justice System. Adolescent and Young Adult Development: Court Support Services Training, New Britain, CT.

Franks, Robert P. (3/3/14). The Aftermath of Newtown: Connecticut's Policy and Systems Changes in Children's Mental Health. Newtown Parent Teacher Organization, Newtown, CT.

Franks, Robert P. (12/13/13). Recent Developments in Evidence-based Practices for Children. Presented to the Connecticut Community Providers Association (CCPA) Annual Meeting, Hartford, CT.

Franks, R. P., Lang, J., Connell, C., Crusto, C., Cloud, M. (11/8/13) Improving Access to Evidence-based Trauma Focused Treatment for Children in the Child Welfare System. Presented to the International Society for Traumatic Stress Studies Annual Meeting, Philadelphia, PA.

Franks, Robert P. (11/8/13). Responding to Newtown: Building a Trauma-informed System of Care. Presented to the International Society for Traumatic Stress Studies Annual Meeting, Philadelphia, PA.

Franks, Robert P. (10/3/13) Responding to Newtown: Building a Trauma-informed System of Care. Presented to Healing the Generations Conference, Mystic, CT.

Landis, H. and Franks, Robert P. (10/3/13). Trauma-Informed Drama Therapy: An Innovative Treatment Alternative. Presented to the Healing the Generations Conference, Mystic, CT.

Franks, Robert P. (8/21/13) Role of the Intermediary Organization in Implementing EBPs and Creating Practice Systems & Policy Changes. Presented to the Global Implementation Conference, Washington, DC.

Franks, Robert P. (8/14/13) Childhood Traumatic Grief. Staff Training: Wellmore Behavioral Health, Waterbury, CT.

Franks, R.P. & Bory, C.T. (8/4/13) The Role of the Intermediary Organization in Implementing Evidence-based Practices. Presented at American Psychological Association Annual Convention, Honolulu, HI.

Franks, Robert P. (6/27/13). Outcomes of a Statewide TF-CBT Dissemination: Building a Trauma-informed System of Care. Presented to The American Professional Society on the Abuse of Children (APSAC) 21st Annual Colloquium, Las Vegas, NV.

Franks, Robert P. (6/10/13) Evidence-based Practices for Children and Youth. Connecticut Judicial Branch Training for Judges, New Haven, CT.

Franks, Robert P. (6/10/13) Trauma-informed Care for Children in Connecticut. Connecticut Judicial Branch Training for Judges, New Haven, CT.

Franks, Robert P. (4/30/13) Building a Trauma-informed System of Care for Children in Connecticut. Presentation to the Governor's Sandy Hook Commission, Hartford, CT.

Lang, J., Franks, R.P., Connell, C., Crusto, C., Cloud, M. (3/5/13). Improving Access to Evidence-Based Trauma Focused Treatment for Children in the Child Welfare System. Presented to the 26th Annual Children's Mental Health Research and Policy Conference, Tampa, FL.

Franks, Robert P. (2/21/13). Early Childhood Development: Working with Children and Families Involved in the Juvenile Justice System. Presented to the Court Support Services Division of the Judicial Branch of the State of Connecticut, New Britain, CT.

Franks, Robert P. (2/5/13). The Impact of Trauma: Screening, Identification, Referral, and Secondary Traumatic Stress. Presented to Educating Practices in the Community, Waterbury, CT.

Franks, Robert P. (2/1/13). Trauma Screening, Identification and Referral in Pediatric Practices. Presented to Educating Practices in the Community, Waterbury, CT.

Franks, Robert P. (10/2/12). State Policy and Children's Mental Health in Connecticut. Seminar to the Masters in Public Health Program, Yale University, New Haven, CT.

Franks, R.P., Connell, C., Crusto, C. (6/21/12). Building a Trauma-informed Child Welfare System. Presented to the 4th International Conference of Community Psychology (4CIPC), Barcelona, Spain.

Plant, B., Cloud, M., Muley, D., Connell, C., Crusto, C., Franks, R.P., Lang, J., Campbell, K., and Vicedomini, D. (6/21/12). Connecticut Collaborative on Effective Practices for Trauma (CONCEPT). Presented to the 4th International Conference of Community Psychology (4CIPC), Barcelona, Spain.

Franks, Robert P. (4/12/12). The Role of the Senior Leader in Implementation. Presented to the Child FIRST Learning Collaborative, Hartford, CT.

Franks, Robert P. (4/11/12). The Emerging Field of Implementation Science: Bringing Research to Practice. Presented to the Yale Child Study Center, New Haven, CT.

Franks, Robert P. (4/10/12) What is a Learning Collaborative? Child FIRST Training, New Haven, CT.

Lowell, D., Franks, R.P., and Peniston, M. (4/2/12) The Role of the Senior Leader in Implementation. Child FIRST Training, Hartford, CT.

Franks, Robert P. (3/30/12) CANY Drama Therapy: Dissemination of a Trauma-focused Intervention. Presented to Creative Alternatives of New York (CANY), New York, NY.

Lang, J., Franks, R., Cloud, M., Connell, C., and Crusto, C. (3/2/12). Creating a Trauma-Informed Child Welfare System. Presented to the Healing the Generations Conference, Mashantucket, CT.

Franks, Robert P. (1/30/12) Impact of Trauma on Children. Presented to the ACF Grantee Meeting, Washington, DC.

Franks, Robert P. (12/2/11). Implementation Science: What Do We Know and Where Do We Go from Here?. SAMHSA Grantee Meeting, Washington, DC.

Franks, Robert P. (8/1/11). Engaging Older Adolescents. Referral, Engagement and Treatment of Youth involved in the Juvenile Justice System. Presented to the Court Support Services Division of the Judicial Branch of the State of Connecticut, New Britain, CT.

Franks, Robert P. (5/9/11) Unlocking Doors: Multi-Systemic Therapy & Connecticut's High-Risk Children and Youth. Presented to the Children's Behavioral Health Advisory Council, Rocky Hill, CT.

Franks, Robert P. (4/5/11). Treating Child Victims of Trauma in Connecticut: A Statewide Implementation of TF-CBT. Presented to the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) Conference, Edison, NJ.

Franks, R.P. and Lang, J. (3/25/11). Treating Child Victims of Trauma in Connecticut: What have we learned? Presented to the Healing the Generations Conference, Groton, CT.

Franks, Robert P. (3/23/11). History of Adoption and Implementation of Evidence-based Practices in Connecticut. Presented to the CT Association of Nonprofits, Wethersfield, CT.

Franks, R.P. and Gordon, L. (12/16/10). Family Engagement Strategies. Connecticut Health Foundation Grantee Meeting, Middletown, CT.

Franks, Robert P. (9/29/10) Impact of Exposure to Trauma: The Role of Law Enforcement. CIT Training, Middletown, CT.

Franks, R.P. and McAvoy, K. (11/5/10). Evidence-based Practice, Application of RBA and Outcome Measurement: Case Example of Trauma-focused Cognitive Behavioral Therapy (TF-CBT). NAMI Annual Conference, Waterbury, CT.

Franks, R. P. & Vanderploeg, J. (9/13/10) Intermediary Organizations in Implementing Evidence-based Practices. Presented to the Global Implementation Conference, Washington, DC.

Franks, Robert P. (9/13/10). Implementation Science: What Do We Know and Where Do We Go from Here? Presented to the Global Implementation Conference, Washington, DC.

Franks, R.P., Kania, B., Schiessl, K., Kane, M., and Cloud, M. (3/25/10). Leading the Way: How Agency Leadership is Critical to the Adoption of Evidence-based Practice. Presented to the Healing the Generations Conference, Groton, CT.

Franks, R.P. and Cloud, M. (3/25/10). Trauma-focused Cognitive Behavioral Therapy Across Connecticut: Creating a Trauma-informed System for Children and Families. Presented to the Healing the Generations Conference, Groton, CT.

Meyers, J. and Franks, R.P. (2/26/10). The Changing Landscape of Community-based Services for Children. Presented to the CT Association of Nonprofits Community Services Forum, Wethersfield, CT.

Franks, R.P., and Markiewicz, J. (1/25/10). Disseminating EBPs in a Statewide System of Care: The Connecticut TF-CBT Learning Collaborative. Presented to the San Diego International Conference on Child and Family Maltreatment, San Diego, CA.

Franks, Robert P. (10/29/09). Health and Community: Promoting Effective Behavioral Health Practices in a Statewide System of Care. Panel Discussion presented to the 7th European Congress on Community Psychology, Paris, France.

Franks, Robert P. (9/21/09). Assessing violence risk in children and adolescents. Emergency Mobile Psychiatric Services (EMPS) Training, Hartford, CT.

Franks, Robert P. (4/29/09). Trauma Focused Cognitive Behavioral Therapy (TF-CBT) in Connecticut. Presented to the Department of Children and Families Area Office, Hartford, CT.

Franks, Robert P. (3/9/09). Engaging Older Adolescents. Referral, Engagement and Treatment of Youth involved in the Juvenile Justice System. Presented to the Court Support Services Division of the Judicial Branch of the State of Connecticut, New Britain, CT.

Franks, Robert P. (3/2/09). Symposium: Successful Juvenile Justice Diversion: Impact on the Youth's Functioning, recidivism, and System Costs. Franks, R. Discussant; Smith, Heimbuch, Hodges, K.; Williams; Sheppard, Depries. Presented to the RTC Conference, Tampa, FL.

Franks, Robert P. (3/3/09). Element of Symposium: What are the Lessons Learned from the Statewide Dissemination of an Evidence-Based Practice? MST, Knowledge Transfer, and Policy in Connecticut. Presented to the RTC Conference, Tampa, FL.

Franks, Robert P. (3/3/09). Topical Discussion: Promoting Effective Behavioral Health Practices in a Statewide Systems of Care. Presented to the RTC Conference, Tampa, FL.

Franks, Robert P. (2/5/09). TF-CBT From Research to Practice. Presented to Healing the Generation Conference, Mashantucket, CT.

Franks, Robert P. (11/10/08). Spreading EBPs to the Community: Initial Results from Two Statewide Implementations of TF-CBT Using the Learning Collaborative Methodology. Presented to ABCT Conference, Orlando, FL.

Franks, Robert P. (8/1/08). Child Traumatic Stress: Overview and Evidence-based Practice. Presented to DCF Area Resource Group, Middletown, CT.

Franks, Robert P. (7/23/08). The Role of Evaluation: Trauma-focused Behavioral Therapy (TF-CBT) Learning Collaborative. CHDI Board Retreat Presentation, Old Lyme, CT.

Franks, Robert P. (6/12/08). Understanding Adolescents: An Oxymoron? Adolescent Development Training, CSSD, New Haven, CT.

Franks, Robert P. (6/7/08). Unlocking Doors: Multi-Systemic Therapy & Connecticut's High-Risk Children and Youth. ICCP Conference, Lisbon, Portugal.

Franks, R.P., Schroeder, J.A., Connell, C.M., and Tebes, J.K. (3/27/08). Unlocking Doors: Multi-Systemic Therapy & Connecticut's High Risk Children and Youth. Presented to the RTC Conference, Tampa, FL.

Franks, Robert P. (5/9/08). Implementing TF-CBT in a Statewide System of Care: The Learning Collaborative Methodology. State Capitol, Hartford, CT.

Franks, Robert P. (4/30/08). Implementation of Evidence-based Practice in the Community: The Connecticut TF-CBT Learning Collaborative. Presented to DCF, Hartford, CT.

Franks, Robert P. (4/17/08). What works for kids? Overview of Mental Health Evidence-based Practices for Children and Youth. Presented to Connecticut Psychological Association, Enfield, CT.

Franks, Robert P. (2/15/08). Understanding Child Traumatic Stress. Presented to the Connecticut Trauma Summit, Hartford, CT.

Franks, Robert P. (12/19/07). Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Presentation to State of CT Department of Children and Family – Riverview Hospital Grand Rounds, Middletown, CT.

Franks, Robert P. (11/13/07). Implementing TF-CBT in a Statewide System of Care: The Learning Collaborative Methodology. Presentation at Annual Conference of The International Society for Traumatic Stress Studies (ISTSS), Baltimore, MD.

Franks, Robert P. (11/9/07). Evidence-based Practices In Children's Mental Health. Presentation to Connecticut Psychological Association (CPA) Annual Meeting, Windsor, CT.

Franks, Robert P. (11/1/07). What Works for Kids? Overview of Evidence-based Practices for Children and Youth. NAMI Connecticut Conference, Waterbury, CT.

Franks, Robert P. (6/30/06). Understanding Adolescents: An Oxymoron? Adolescent Development Training. Court Support Services Division (CSSD), CT Judicial Branch, New Haven, CT.

Franks, Robert P. (7/10/07). Understanding Adolescents: An Oxymoron? Developmental Issues of 16-17 Year Olds. Testimony to Connecticut Legislative "Raise The Age" Committee, Hartford, CT.

Franks, Robert P. (6/22/07). Extended Day Treatment: Defining a Model of Care in Connecticut. Statewide Providers Meeting, Hartford, CT.

Franks, Robert P. (3/7/07). Overview of Evidence-based Practices for Youth in Connecticut. Presentation to State of Connecticut Mental Health Transformation Committee, Hartford, CT.

Franks, Robert P. (1/27/07). Pediatric Medical Traumatic Stress Toolkit: Changing the Standard of Care for Children with Injuries and Illnesses. Grand Rounds: Yale Child Study Center, New Haven, CT.

Franks, Robert P. (1/25/07). Overview of Positive Youth Development: A Context for JJ Services. Testimony to Connecticut Legislative "Raise The Age" Committee, Hartford, CT.

Franks, Robert P. (11/14/06). Evidenced-Based Practice in the Real World. Presented to the Connecticut Community Providers Association, Rocky Hill, CT.

Franks, Robert P. (6/12/06). Community-Based Model Programs (FFT, MTFC, MST): Capacity Building, Sustainability, and Lessons Learned. LA County-Systems Transformation Conference, Los Angeles, CA.

Franks, Robert P. (5/6/06). Resiliency & Risk: Becoming an Adult is Easier for Some Than Others. Turning 18: Issues Before and After Transition Conference, Meriden, CT.

Franks, Robert P. (4/8/06). Promising Alternatives to Detention/Incarceration: Community-based Health Services. Yale University, School of Law, New Haven, CT.

Franks, Robert P. (3/2/06). Pediatric Medical Traumatic Stress Toolkit: Changing the Standard of Care for Children with Injuries and Illnesses. Yale University School of Medicine, New Haven, CT.

Franks, Robert P. (2/23/06). Implementing Evidence-based Practices at the State Level: Challenges, Successes and Lessons Learned. 19th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

Franks, Robert P. (2/17/06). Presentation of 2006 Strategic Plan for Connecticut Center for Effective Practice (CCEP). CCEP Partners' Meeting, Wethersfield, CT.

Franks, Robert P. (1/18/06). Not Just Child's Play – The Role of Behavioral Health Screening and Assessment in the Connecticut Juvenile Justice System. Grand Rounds: Riverview Hospital, Middletown, CT.

Franks, Robert P. (11/4/05). Disseminating Child Trauma EBT's: Catalysts for Systems Change. International Society of Traumatic Stress Studies (ISTSS) Annual Conference, Toronto, Canada.

Franks, Robert P. (11/2/05). Development and Dissemination of CTG Educational Materials. International Society of Traumatic Stress Studies (ISTSS) Annual Conference, Toronto, Canada.

Franks, Robert P. (7/7/05). Looking Back and Towards the Future: Connecticut Center for Effective Practice. CCEP Partners' Meeting, Wethersfield, CT.

Franks, Robert P. (3/11/05). Children Exposed to Violence and Trauma: Implications for the Juvenile Justice System. Fourth National Symposium on Victims of Federal Crime, Atlanta, GA.

Franks, Robert P. (3/9/05). Keynote Address: Making a Difference in the Lives of Children and Families. 21st National Symposium on Child Abuse, The National Child Advocacy Center, Huntsville, AL.

Cohen, J., Franks, R. P., Goodman, R., Lieberman, A. & Mannarino, A. (3/4/05). The Success of Collaboration: Development of Childhood Traumatic Grief Educational and Training Materials. National Child Traumatic Stress Network All Network Meeting, Alexandria, VA.

Franks, R.P., Ellis, H., Kirkwood, A., McDaniel, R. (3/1/05). Anti-Stigma Programs and Social Marketing Strategies in Child Mental Health: Theory and Practice. National Child Traumatic Stress Network All Network Meeting, Alexandria, VA.

Franks, R.P., Simpson, R. & DeCesare, D. (11/16/04). Media Coverage of Children and Trauma: Stories of Children of War & Poverty. The International Society for Traumatic Stress Studies (ISTSS) 20th Annual Meeting, War as a Universal Trauma, New Orleans, LA.

Franks, R. P., Newman, E. & Cody, P. (11/14/04). Working with the Media to Communicate our Message: Implications for Mental Health Public Awareness. The International Society for Traumatic Stress Studies (ISTSS) 20th Annual Meeting, War as a Universal Trauma, New Orleans, LA.

Franks, Robert P. (9/9/04). How Child Abuse, Domestic Violence, and Trauma Impacts Child Welfare. Oklahoma 12th Annual Conference on Child Abuse & Neglect, Oklahoma City, OK.

Franks, Robert P. (8/8/04). Public Awareness Strategies for Mental Health Professionals and Organizations. 12th Annual Colloquium of the American Professional Society on the Abuse of Children (APSAC), Hollywood, CA.

Franks, R.P., Ko, S. & Siegfried, C. (7/1/04). Research and Best Practice for Children in the Juvenile Justice System. National Conference of the National Council of Juvenile and Family Court Judges, Portland, OR.

Franks, R.P. & Kassam-Adams, N. (6/29/04). The National Child Traumatic Stress Network (NCTSN): A New Resource for the EMSC Community. Emergency Medical Service Providers National Conference, Washington, DC.

Franks, Robert P. (3/18/04). How Child Abuse, Domestic Violence and Trauma Impacts Child Welfare. National Child Advocacy Center (NCAC) Annual Symposium, Huntsville, AL.

Franks, R.P. & Casey, R.L. (3/18/04). First Response to Child Trauma: The Intersection of Law Enforcement, Mental Health and Child Welfare. National Child Advocacy Center (NCAC) Annual Symposium, Huntsville, AL.

Franks, Robert P. (11/3/03). Joint Efforts to Promote Evidence-based Practice and Raise Public Awareness. Center for Child and Family Policy, Duke University Durham, NC.

Franks, Robert P. (10/30/03). Working with Media to Raise Public Awareness: An Overview of the NCTSN Initiative. The International Society for Traumatic Stress Studies (ISTSS) 19th Annual Meeting, Fragmentation and Integration in the Wake of Psychological Trauma, Chicago, IL.

Franks, Robert P. (10/24/03). Impact of War on Families - Separation, Reintegration, & Trauma. Southern Regional AHEC Annual Conference, Cumberland County Department of Social Services, Fayetteville, NC.

Franks, Robert P. (10/23/03). Overview of National Resource Center: A National Initiative to Raise the Standard of Care. SAMHSAS headquarters, Bethesda, MD.

Franks, Robert P. (9/24/03). Overview of Accelerated Projects Model for the National Child Traumatic Stress Network. NCCTS Staff Retreat, Santa Monica, CA.

Franks, Robert P. (9/22/03). Overview of National Resource Center: A National Initiative to Raise the Standard of Care. NCCTS Staff Retreat, Santa Monica, CA.

Franks, Robert P. (9/22/03). Child Trauma: Impact of Learning, Behavior and Adjustment. North Carolina School Psychology Association Annual Conference, Raleigh, NC.

Franks, Robert P. (2/20/03). The role of research and evaluation in responding to children exposed to violence and trauma. Child Development-Community Policing South Carolina Replication Training. Charlotte Police Department, Charlotte, NC.

Franks, Robert P. (2/18/03). The impact of violence and trauma on children's development. Child Development-Community Policing South Carolina Replication Training. Charlotte Police Department, Charlotte, NC.

Franks, Robert P. (1/30/03). The role of research and evaluation in responding to children exposed to violence and trauma. Child Development-Community Policing South Carolina Replication Training. Charlotte Police Department, Charlotte, NC.

Franks, Robert P. (1/28/03). The impact of violence and trauma on children's development. Child Development-Community Policing South Carolina Replication Training. Charlotte Police Department, Charlotte, NC.

Franks, Robert P. (12/20/02). The use of play in child treatment. Westwood Youth Services. Westwood Town Hall, Westwood, MA.

Franks, Robert P. (12/6/02). The best interest of the child: Applying developmental principles to legal practice. Attorney Training, Lawyers for Children America. Law Offices of Day, Berry and Howard, Hartford, CT.

Franks, Robert P. (11/19/02). Accessing and using training and technical assistance: Building a collaborative network. National CD-CP Fellowship Conference. Yale University Child Study Center, New Haven, CT.

Franks, Robert P. (11/18/02). Introduction to the Yale CD-CP Program Research Fellowship. National CD-CP Fellowship Conference. Yale University Child Study Center, New Haven, CT.

Franks, Robert P. (11/7/02). Overview of the Child Development-Community Policing Program and the impact of violence and trauma on children. Department of Psychiatry Emergency Department, Yale-New Haven Hospital, New Haven, CT.

Franks, Robert P. (11/1/02). The best interest of the child: Applying developmental principles to legal practice. Attorney Training, Lawyers for Children America. Law Offices of Wiggin & Dana, New Haven, CT.

Franks, Robert P. (10/21/02). Developing a regional CD-CP collaborative. CD-CP Connecticut Regional Meeting. National Center for Children Exposed to Violence, Yale University Child Study Center, New Haven, CT.

Franks, Robert P. (10/19/02). Child psychological assessment: Overview of instruments and evaluation procedures. Yale University Department of Psychology, New Haven, CT.

Franks, Robert P. (8/28/02). Developmental impact of children's exposure to violence and trauma. Professional Staff Development Conference, New York City Public Schools, Brooklyn, NY.

Franks, Robert P. (6/4/02). Developing a comprehensive media and communications plan. CD-CP National Multi-site Conference. Yale University Child Study Center, New Haven, CT.

Franks, Robert P. (5/2/02). Early memories of childhood: A window into the needs of children. Safe Start Initiative Cross-site Meeting, Rochester, NY.

Franks, Robert P. (5/2/02). Current status and needs for training and technical assistance across the Safe Start Initiative. Safe Start Initiative Cross-site Meeting, Rochester, NY.

Franks, Robert P. (3/27/02). Responding to victimization and terrorism: Children exposed to violence. Conference on Responding to Victimization and Terrorism: A Diversity of Needs. Central Connecticut State University, New Britain, CT.

Franks, Robert P. (2/4/02). Keynote address: Terrorism affecting our youth. New Jersey Psychological Association Foundation Conference, Princeton, NJ.

Franks, Robert P. (2/13/02). Reflections on terrorism: Effects on teaching and learning. New Haven Public Schools, New Haven, CT.

Franks, Robert P. (1/28/02). The aftermath of 9/11: Children exposed to violence and terrorism. Regional SAMSHA Grantee Conference, Stamford, CT.

Franks, Robert P. (3/7/02). Retrospective of the activities of the National Center for Children Exposed to Violence following 9/11. NCCEV Advisory Committee Meeting. Yale University Child Study Center, New Haven, CT.

Franks, Robert P. (3/6/02). Overview of training and technical assistance provision of the National Center for Children Exposed to Violence. Safe Start Site Consultants' Meeting. Yale University Child Study Center, New Haven, CT.

Franks, Robert P. (12/5/01). Development of the Safe Start conceptual framework. Safe Start Initiative National Team Meeting. Safe Start Initiative Cross-site Conference, Washington, DC.

Franks, Robert P. (11/15/01). Current status and needs for training and technical assistance across the Safe Start Initiative. Safe Start Initiative Cross-site Conference, Siler City, NC.

Franks, Robert P. (10/3/01). Teambuilding across the Safe Start National Team. Safe Start Initiative National Team Meeting, Safe Start Initiative Cross-site Conference, Washington, DC.

Franks, Robert P. (4/24/01). Psychological testing: Tools for evaluating children. Yale University Department of Psychology, New Haven, CT.

Franks, Robert P. (4/19/01). Safe Start Demonstration: Beginning the implementation phase. Safe Start Cross-site Conference, Washington, DC.

Franks, Robert P. (4/17/01). Program evaluation: Using qualitative methodology. Yale University School of Medicine, New Haven, CT.

Honors and Awards:

- 4/05 NCCTS Award of Recognition of Significant Contributions and Leadership
Duke University Medical Center
- 11/02 Award of Appreciation and Achievement
Safe Start Initiative, OJJDP
- 5/96 Excellence in Teaching Award
Boston College
- 5/93 Chi Sigma Iota Honor Society, Rho Theta Chapter
- 5/89 Outstanding College Students of America
Boston College

Research & Program Support:

Year	Project	Funder	Title
2016-2018	MATCH New Hampshire	State of NH	Principle Investigator
2016-2018	Early Childhood Programs	DPH Massachusetts	Principle Investigator
2013-2015	Project MATCH	CT DCF	Principle Investigator
2012-2013	System of Care Grant	SAMHSA	Principle Investigator
2011-2016	Child Welfare/Trauma	ACF	Principle Investigator
2008-2013	School-based Diversion	MacArthur/CSSD	Principle Investigator
2008-2011	MHT Wrap-Around	CT DCF	Principle Investigator
2007-2008	Tuancy Initiative	Tow Foundation	Principle Investigator
2007-2010	TF-CBT Coordinating Ctr	CT DCF	Principle Investigator
2006-2009	Training Contract	CSSD	Lead Trainer
2006-2009	Connecticut Center for Effective Practice	Connecticut Health Foundation	Director
2003-2010	Connecticut Center for Effective Practice	CT DCF	Director
2005-2008	Emily J QA Initiative	CT DCF	Co-Principle Investigator

2003-2005	NCTSI Initiative	SAMHSA	Director, National Resource Center
2000-2003	Safe Start Initiative	OJJDP	Director of Operations, NCCEV
1999-2000	Violence Prevention Grant	OVC	Program Coordinator, COPS Program

Media:

Have been interviewed and quoted by numerous television, radio and print journalists in local and national forums.
Acted as media coordinator for National Center for Child Traumatic Stress and National Center for Children Exposed to Violence.

Professional Organizations and Affiliations

Society for Implementation Research Collaboration (SIRC); Program Co-Chair (2018-2019)
American Psychological Association, Board of Professional Affairs Member (2017-2019)
Connecticut Child Behavioral Health Advisory Council Appointed Member
Connecticut Psychological Association
Connecticut Juvenile Justice Alliance
International Society of Traumatic Stress Studies
National Child Traumatic Stress Network
National Evidence-based Practice Consortium
Physicians for Human Rights
Society for Community Research and Action
Co-chair- Department of Social Services (DSS) Behavioral Health Quality Assurance Subcommittee
(of the Behavioral Healthcare Oversight Committee)
Joint Commission, State of Connecticut Mental Health Transformation Grant; Excellence in Mental Health Committee
Steering Committee, Connecticut Juvenile Justice Alliance (CTJJA)
DCF-CSSD Joint Strategic Planning Steering Committee
MacArthur Foundation Connecticut "Home Team" Steering Committee
Consultant to Connecticut Health Foundation Mental Health Initiative

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CURRENT POSITIONS

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|-----------------|--|----------------|
| 05/14 – present | Judge Baker Children's Center | (617) 278-8390 |
| 07/18 – present | Director of Training | |
| | Chief Psychologist | |
| | 53 Parker Hill Avenue, Boston, MA 02120 | |
| 09/12 – 06/18 | Center for Effective Child Therapy at Judge Baker Children's Center | |
| 07/18 – present | Assistant Director of Clinical Services | (617) 278-4288 |
| | Interim Director of Clinical Services | |
| | 53 Parker Hill Avenue, Boston, MA 02120 | |
| 09/12 – present | Harvard Medical School | |
| | Instructor in Psychology | |
| | 25 Shattuck St, Boston, MA 02115 | (617) 495-1000 |

LICENSURE AND CERTIFICATION

- | | |
|-----------------|---|
| 11/18 – present | Certified Level I Trainer, Parent Child Interaction Therapy (PCIT) |
| | Parent-Child Interaction Therapy International |
| 9/16 – present | Certified Therapist, Parent Child Interaction Therapy (PCIT) |
| | Parent-Child Interaction Therapy International |
| 5/15 – present | Certified Trainer, Child Adult Relationship Enhancement (CARE) |
| | Center for Child and Family Health, Duke University Medical Center |
| 2/14 – present | Board Certified in Clinical Child and Adolescent Psychology |
| | American Board of Professional Psychology, Diploma # 7503 |
| 9/13 – present | Certified Master Trainer, Modular Approach to Therapy for Children (MATCH) |
| | Judge Baker Children's Center |
| 9/12 – present | Licensed Psychologist, Health Service Provider |
| | Commonwealth of Massachusetts, License # 9576 |

EDUCATION

- | | | |
|--------------|--|--------------------|
| 9/10 – 9/12 | Judge Baker Children's Center / Harvard Medical School | Boston, MA 02120 |
| | Postdoctoral Fellow | |
| | <u>Supervisor:</u> John Weisz, Ph.D., ABPP | |
| 8/09 – 08/10 | The May Institute | Randolph, MA 02368 |
| | Predoctoral Intern, Behavioral Health Services Division | |
| | <u>Supervisor:</u> Lauren Solotar, Ph.D., ABPP, Shawn Healy, Ph.D. | |

9/04 – 01/11
Ph.D.
M.A.

Boston University
Clinical Psychology Doctoral Program
Center for Anxiety and Related Disorders, Child and Adolescent Psychology
Dissertation: The role of distress tolerance in the parenting of anxious youth.
Advisors: Sarah Whitton, Ph.D., Donna Pincus, Ph.D.

Boston, MA 02215

9/00 – 5/04
B. A.

Boston College
Major: Psychology
Thesis: The implications of stereotype threat for anxiety during cross-group collaborative tasks. (Completed with honors)
Advisor: Linda Tropp, Ph.D.

Chestnut Hill, MA 02467

REPORT OF FUNDED PROJECTS

Current Supports

2016 – present

New Hampshire Department of Health and Human Services
The New Hampshire MATCH Learning Collaborative
Implementing the MATCH Therapist and Supervisor Training and Consultation curriculum within a comprehensive Learning Collaborative program at all 10 Children's Mental Health Centers across the State of New Hampshire.
Role: Director of Training

2015 – present

North American Family Institute (NFI)
NFI Treatment Response Assessment for Children
Develop a measurement and feedback data system and to evaluate select behavioral health services' process and outcome data in NFI's community-based settings.
Role: Director of Training

2013 – present

The Blue Cross/Blue Shield Foundation of Massachusetts
The Peter and Elizabeth C. Tower Foundation
The MacArthur Foundation
Improving quality & access while managing costs for children's mental health.
Disseminating evidence-based interventions into community mental health clinics and evaluating changes to cost and quality of care.
Role: Principal Investigator

PI: Cheron, Daniel M.

Completed Supports

2016 – 2017

South Bay Community Services
Trauma-Informed Screening and Assessment Training
Provide a series of six trainings in trauma informed screening and assessment utilizing evidence-based tools to assist clinic sites in more effectively identifying at-risk children and adolescents.
Role: Training Director

2016 – 2017

Boston Public Schools
An introduction to creating a Trauma-Informed School: An Overview of Screening, Assessment, Referral, and Treatment for Traumatized Students
Provided trauma-informed instruction in Child Adult Relationship Enhancement classroom model to teachers and other educators as part of the Boston Public Schools CARES program designed to assist students, families and faculty struggling with trauma.
Role: Training Director

- 2015 – 2016 **Massachusetts Executive Office of Health and Human Services (Children's Behavioral Health Initiative at MassHealth)**
MATCH-ADTC and In-Home Therapy Implementation Demonstration
 Conducted an implementation demonstration of the evidence-based practice, MATCH-ADTC within In-Home Therapy services in two community-based settings.
 Role: Training Director
- 2015 – 2016 **Boston Children's Hospital Neighborhood Partnerships**
Trauma-Focused Cognitive Behavioral Therapy for Children
 Consulted on the implementation of TF-CBT training to local school- and community based providers at Harvard Medical School affiliates.
 Role: Consultant
- 2014 – 2016 **The Office of the Attorney General of Massachusetts**
Increasing Access to and Measuring the Benefits of Providing Behavioral Health Services in Schools
 Developed capacity for full-time school counseling in evidence-based interventions and evaluating sustainability and changes to cost and quality of care.
 Role: Principal Investigator
- 2012 – 2014 **National Institutes of Mental Health (5R34MH093511-02)** PI: Weisz, John R.
Consumer and clinician feedback in youth mental health care
Awardee: Judge Baker Children's Center: Laboratory for Youth Mental Health
 53 Parker Hill Avenue, Boston, MA 02120 (617) 278-4168
 Partnered with mental health providers, caregivers, and youths to develop and test a clinical feedback system and determine the feasibility of further research on the potential clinical benefits of providing weekly symptom feedback
 Role: Project Director
- 2010 – 2014 **Annie E. Casey Foundation Grant** PI: Weisz, John R.
MATCHing child mental health needs in the public sector: Studying sustainability
Awardee: Judge Baker Children's Center: Laboratory for Youth Mental Health
 53 Parker Hill Avenue, Boston, MA 02120 (617) 278-4168
 Co-directed a multi-site treatment dissemination and sustainability study (Child STEPS) for youth experiencing anxiety, depression, trauma, or conduct problems. Collaborated with national youth mental health experts on the administration of the Modular Approach to Treatment of Children with Anxiety, Depression, Trauma, and Conduct Problems (MATCH-ADTC) protocol. Directed a multi-site qualitative and quantitative evaluation of an electronic treatment monitoring and feedback system for consumers and clinicians.
 Role: 9/10 – 9/12: Postdoctoral Fellow, 10/12 – 4/14, Director of Training
- 2007 - 2009 **National Institutes of Mental Health (R01MH068277)** PI: Pincus, Donna B.
Implementation of an Intensive Treatment Protocol for Adolescents with Panic Disorder and Agoraphobia
Awardee: Adolescent Panic Disorder and Agoraphobia Intensive Treatment Center
 648 Beacon Street – 4th Floor, Boston, MA 02215-2013 (617) 353-9610
 Assessed the efficacy of a novel, 8-day intensive treatment program designed specifically for adolescents experiencing panic disorder with and without agoraphobic-avoidance. Served as clinician for treatment and supervised training of new clinicians learning protocol. Revised manual-based intensive treatment for panic disorder and coordinated national recruitment of adolescents for participation in treatment including informational speaking engagements for local school districts.
 Role: Assistant Project Director

2006 – 2007

Substance Abuse and Mental Health Services Administration (SM-03-012)*Traumatic Stress and Substance Abuse Intervention Development and Evaluation Center*Awardee: Adolescent Traumatic Stress and Substance Abuse Treatment Center at Boston University

PI: Barlow, David H. 648

Beacon Street – 4th Floor, Boston, MA 02215-2013

(617) 353-9610

Collected, analyzed and developed new strategies for the treatment and care of adolescents with traumatic histories and concurrent substance abuse. Created informational document for professionals, parents, caregivers, and teens regarding substance use and its treatment. Developed and maintained ATSSA website available at <http://www.bu.edu/atssa>. Administered system-based interventions to adolescents with comorbid substance abuse and traumatic histories in a private clinic, major medical center, and local public school.

Role: Clinician

2005

National Institutes of Mental Health (K23MH064817)

PI: Pincus, Donna B.

*Treatment of Separation Anxiety Disorder in Childhood*Awardee: Center for Anxiety and Related Disorders at Boston University

648 Beacon Street – 6th Floor, Boston, MA 02215-2013

(617) 353-9610

Collaborated with Child & Adolescent Fear and Anxiety Treatment Program members to develop, implement, and test empirically supported treatments for children ages 4-17 suffering from anxiety and mood disorders, including implementing and supervising manual based Parent-Child Interaction Therapy to families of children suffering from Separation Anxiety Disorder.

Role: Graduate Research Assistant

10/01 – 5/04

Boston College, Department of Psychology

PI: Tropp, Linda R.

140 Comm. Ave., McGuinn 327, Chestnut Hill, MA 02467

(617) 552-3826

Administered testing sessions and aided in development of interpersonal relations research directed at understanding the effect of stereotype threat on participants engaged in various interpersonal interaction tasks. Developed visual coding system for non-verbal anxiety behaviors exhibited by study participants.

Role: Research Assistant

CLINICAL EXPERIENCE

09/10 – present

Center for Effective Child Therapy at Judge Baker Children's Center

53 Parker Hill Avenue, Boston, MA 02120

(617) 278-4288

Position: 9/10 – 9/12: Staff Psychologist, 10/12 – present: Assistant Director

Responsibilities: Conducting evidence-based psychosocial assessment using the Kiddie-Schedule for Affective Disorders and Schizophrenia (K-SADS) semi-structured interview. Administering evidence-based treatment to youth ages 5-17 experiencing anxiety, depression, trauma, and conduct problems. Assisting in the administration of clinic operations, hiring, supervision, and marketing.

8/09 – 08/10

The May Institute

41 Pacella Park Drive, Randolph, MA 02368

(781) 440-0400

Position: Pre-Doctoral Intern, Behavioral Health Services Division

Responsibilities: Administered individual and family outpatient psychotherapy interventions to children, adolescents, and adults in a community mental health clinic. Lead group cognitive-behavioral interventions for young adults with mood/thoughts disorders. Provided neuropsychological assessment for emotionally disturbed adolescent boys at a residential group home. Collaborated with Boston Public Schools to provide school-based counseling and case consultation to middle school children with emotional and behavioral difficulties.

Supervisor: Lauren Solotar, Ph.D., Shawn Healy, Ph.D., Cynthia Worth, Ed.D.

9/04 – 06/09

Center for Anxiety and Related Disorders at Boston University648 Beacon Street – 6th Floor, Boston, MA 02215-2013

(617) 353-9610

Position: Pre-Doctoral Clinician

Responsibilities: Provided individual and group-based cognitive-behavioral and systems-focused treatments for children, adolescents, and adults with behavioral, emotional, and learning difficulties associated with anxiety and mood disorders. Pre-screened families requesting clinical assessments and provided external referrals when appropriate. Conducted weekly semi-structured clinical assessments using the Anxiety Disorders Interview Schedule for the DSM-IV, Child/Parent Version. Collaborated with other care providers to determine the most beneficial treatment scenario for clients. Served as supervisor for first-year doctoral students, which included providing weekly supervision and case consultation as well as live and taped observation of therapy sessions.

Supervisors: Donna Pincus, Ph.D., Jill May, Ph.D., Liza Suarez, Ph.D., Sarah Whitton, Ph.D.

9/07 – 06/08

Boston Medical Center Neuropsychology Service850 Harrison Avenue, Dowling Building 7th Floor, Boston, MA

(617) 414-4288

Position: Neuropsychology Extern

Responsibilities: Conducted neuropsychological assessments of children, adolescents, and young adults ages six to 21 years old. Neuropsychology batteries included assessment of intellectual abilities, academic achievement, executive functioning, fine- and gross-motor skills, personality, emotional functioning, developmental disabilities, and learning disabilities. Provided consultation to department physicians to address the unique neurocognitive needs of patients admitted to the hospital with traumatic brain injury, sickle-cell disease, HIV, and seizure disorders.

Supervisor: Cynthia Chase, Ph.D.

9/06 – 06/07

The Manville School at Judge Baker Children's Center

53 Parker Hill Avenue, Boston, MA 02120-3225

(617) 232-8390

Position: Practicum Clinical Intern

Responsibilities: Served as clinical case manager and primary clinical mental health treatment provider for schoolchildren in a therapeutic day school diagnosed with depression, anxiety, bipolar, and autistic spectrum disorders. Coordinated educational team and provided behavioral consultation to classrooms to assist in treatment planning and the development of Individualized Education Plans. Co-lead anger management groups focusing on providing cognitive-behavioral techniques for emotional regulation to children ages ten through thirteen. Administered manual-based cognitive-behavioral group treatment to a diverse group of local Boston public schoolchildren focusing on coping with depression.

Supervisors: Mitch Abblett, Ph.D., John R. Weisz, Ph.D., ABPP

9/05 – 7/06

Boston Medical Center Department of Child and Adolescent Psychiatry771 Albany Street, Dowling Building 9th Floor, Boston, MA

(617) 414-7538

Position: Practicum Clinician

Responsibilities: Conducted weekly intake assessments for children and adolescents with a variety of emotional and behavioral difficulties. Served on a multi-disciplinary team of mental health professionals specializing in the evaluation and treatment of childhood traumatic exposure. Participated in team appraisals of patient strengths and weaknesses to incorporate in treatment planning in accordance with Trauma Systems Therapy guidelines. Provided individual psychotherapy and case management to children and families requesting services at the clinic from the surrounding Boston area.

Supervisor: Michelle Bosquet, Ph.D.

5/03 – 8/03

McLean Hospital Developmental Disabilities Partial Hospital Program

115 Mill Street – AB III, Belmont, MA 02478

(617) 855-3377

Position: Undergraduate Aide

Responsibilities: Co-lead group based cognitive-behavioral therapy sessions focusing on life skills and relaxation training for patients dually diagnosed with developmental disabilities and mental illness. Participated in milieu therapy for partial hospitalization program patients during the day while administering individual behavior plans developed by the staff. Provided daily individual relaxation training to program patients. Assisted in the development of a research project to assess the behavioral knowledge of mental health workers who administer home care to program patients.

Supervisors: Robin Chapman, Psy.D., Karen Shedlack, M.D.

6/02 – 8/02

Kings County Hospital Forensic Psychology Ward

606 Winthrop St. – G-Building, Brooklyn, NY 11203

(718) 245-2272

Position: Undergraduate Intern

Responsibilities: Observed and tested incarcerated patients using selected subscales for the Wechsler Adult Intelligence Scale-Revised and the Macarthur Competency Assessment Test-Criminal Adjudication. Designed patient information database for research formulation and hospital use.

Supervisor: Thomas O'Rourke, Ph.D.

7/01 – 8/01

Nassau County Board of Cooperative Educational Services, BOCES

71 Clinton Road, Garden City, NY 11530

(516) 396-2500

Position: Substitute Teaching Aid

Responsibilities: Substituted in the education and clinical care of developmentally disabled children during summer learning programs. Provided one-on-one care for developmentally delayed students needing individual attention and conducted group play therapy and milieu therapy throughout the school day.

TEACHING, TRAINING, AND CONSULTING EXPERIENCE**Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)-Therapist Training**

35-hour training (5-day series)

*25-week consultation series

2011	University of Southern Maine, Department of Health and Human Services*	Portland, ME
2012	University of Southern Maine, Department of Health and Human Services*	Portland, ME
2013	George Warren Brown School of Social Work, Washington University	St. Louis, MO
2014	South Bay Mental Health	Plymouth, MA
2014	Massachusetts Department of Health and Human Services*	Auburn, MA
2016	The Manville School at Judge Baker Children's Center*	Boston, MA
2017	New Hampshire Bureau of Children's Behavioral Health*	Concord, MA
2018	New Hampshire Bureau of Children's Behavioral Health*	Concord, MA
2018	The Training Institute at Judge Baker Children's Center*	

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) – Supervisor Training

16-hour training (2-day series)

2012	University of Southern Maine, Department of Health and Human Services	Portland, ME
2018	New Hampshire Bureau of Children's Behavioral Health	Concord, MA

Child-Adult Relationship Enhancement Training

6-hour training

2015	Department of Early Education and Care: Region 6 Educator Provider Support	Boston, MA
2015	Inquilinos Boricuas en Acción Preschool	Boston, MA
2015	Commonwealth Children's Center	Boston, MA

2016	Department of Early Education and Care: Region 6 Educator Provider Support	Boston, MA
2016	Massachusetts Society for the Prevention of Cruelty to Children	Lawrence, MA
2016	Safe and Welcoming Schools. Boston Public Schools	Hyde Park, MA
2016	Boston Public Schools Headquarters	Boston, MA
2017	Boston Public Schools Headquarters	Boston, MA
2017	Lilla G. Frederick Pilot Middle School	Boston, MA
2017	James W. Hennigan School	Boston, MA
2017	Tech Boston Academy	Boston, MA

Trauma Informed Screening and Assessment

3-hour training

2015	Martha Eliot Health Center	Jamaica Plain, MA
2017	South Bay Community Services	Brockton, MA
2017	South Bay Community Services	Westborough, MA
2017	South Bay Community Services	Danvers, MA
2018	South Bay Community Services	Brockton, MA
2018	South Bay Community Services	Westborough, MA

2014, 2015 **An Overview Of Evidence-based Treatment For Posttraumatic Stress Disorder In Children and Adolescents**

Massachusetts General Hospital Psychology Predoctoral Internship Program
McLean Hospital Anxiety Mastery Program

2013, 2014, 2015 **MATCH-ADTC: Modular Approach to Treatment for Children with Anxiety, Depression, Trauma, and Conduct Problems. Keynote Address**
Student Affiliates in School Psychology, Northeastern University, Bouvé College of Health Sciences

Spring 2013 **Child and Adolescent Psychopathology** Boston MA
Instructor of Record: Northeastern University, Bouvé College of Health Sciences
Masters/Doctoral Program in School Psychology

2011 – 2014 **Laboratory for Youth Mental Health** Boston, MA
John R. Weisz, Ph.D., ABPP, Principal Investigator
Senior Trainer: Six-part training series in the use of the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) delivered to practicing psychologists and social workers. Total training series consists of 42 hours of clinical instruction, competency evaluations, and weekly case consultation.

2011 – present **Judge Baker Children's Center, Manville School Internship Program** Boston, MA
Guest Lecturer: *Cognitive Behavioral Therapy in the School Setting* training series delivered to graduate psychology interns in the Manville School special education program.
Mitch Abblett, Ph.D., Clinical Director

09/23/2008 **Boston University, Department of Psychology** Boston, MA
Guest Lecturer: *Practicing Cognitive Therapy* delivered to graduate psychology students enrolled in the Psychological Services Center didactic series.
Lisa Smith, Ph.D., Professor

Formally Supervised Trainees

9/17 – Hannah Doucette, M.A. – Weekly psychotherapy supervision for advanced practicum.
Northeastern University, Boston, MA (APA-accredited)

9/17 – Lianna Wilson, Ph.D. – Weekly psychotherapy supervision for postdoctoral fellowship.

- 7/18 – Kalyani Krishnan, NCSP – Weekly psychotherapy supervision for pre-doctoral internship. Northeastern University, Boston, MA (APA-accredited)
- 7/18 – Zsofia Tengstrand, NCSP – Weekly psychotherapy supervision for pre-doctoral internship. Northeastern University, Boston, MA (APA-accredited)
- 9/17 – Rachel Kim, Ph.D – Weekly psychotherapy supervision for postdoctoral fellowship.
- 9/17 – 8 /18 Shana Gleason, Ed.S. – Weekly psychotherapy supervision for pre-doctoral internship. William James College, Newton, MA (APA-accredited)
- 9/17 – 8 /18 Stéphanie Hughes, NCSP. – Weekly psychotherapy supervision for pre-doctoral internship. William James College, Newton, MA (APA-accredited)
- 9/17 – 7 /18 Lindsey Sweitzer, M.A. – Weekly psychotherapy supervision for advanced practicum. William James College, Newton, MA (APA-accredited)
- 9/17 – 7 /18 Alex Wheeler, M.A. – Weekly psychotherapy supervision for advanced practicum. Suffolk University (APA-accredited)
- 9/16 – 8/17 Sarah Tannenbaum, Ph.D. – Weekly psychotherapy supervision for postdoctoral fellowship.
- 9/16 – 7/17 Ruth Chaffee, M.Ed. – Weekly psychotherapy supervision for advanced practicum. Northeastern University, Boston (APA-accredited)
- 9/15 – 7/16 Yudelki Firpo-Perretti, M.A. – Weekly psychotherapy supervision for advanced practicum. Boston University (APA-accredited)
- 9/15 – 8/16 Margaret Reuland, Ph.D. – Weekly psychotherapy supervision for postdoctoral fellowship.
- 7/15 –6/16 Sara Kaplan-Levy, M.A. – Weekly psychotherapy supervision for advanced practicum. University of Massachusetts, Boston (APA-accredited)
- 7/15 – 8/16 Allison Love, Ph.D. – Weekly psychotherapy supervision for postdoctoral fellowship.
- 1/15 – 6/15 Heidi Lennings, Ph.D. – Weekly psychotherapy supervision for postdoctoral fellowship.
- 7/13 – 6/15 Julie Edmunds, Ph.D. – Weekly psychotherapy supervision for postdoctoral fellowship.
- 9/14 – 11/14 Cora Mukerji, B.A. – Weekly psychotherapy supervision for advanced practicum. Harvard University (APA-accredited)
- 9/13 – 8/14 Jessica Schleider, B.A. – Weekly psychotherapy supervision for advanced practicum. Harvard University (APA-accredited)
- 9/13 – 8/14 Rachel Vaughn-Coaxum, B.A. – Weekly psychotherapy supervision for advanced practicum. Harvard University (APA-accredited)
- 9/08 – 8/09 Candice Schmid, M.A. – Weekly psychotherapy supervision for advanced practicum. Boston University (APA-accredited)
- 9/08 – 8/09 Kaitlin Gallo, M.A. – Weekly psychotherapy supervision for advanced practicum. Boston University (APA-accredited)

Community Education Activities

- 2017 The New Hampshire MATCH Learning Collaborative: Statewide Implementation of a Leading Evidence-Based Practice for Children and Adolescents.
NH Behavioral Health Conference & Public Policy Summit, Manchester, NH
- 2017 Hyde Park Pediatrics.
Evidence-Based Psychosocial Treatments for Children's Behavioral Health
- 2015 The Early Childhood Providers Association, Natick, MA
Recognizing and Understanding Common Child Mental Health Issues
- 2014 Boston Public Schools Health Services
Because You Have to Go: Helping Kids Who Refuse School
- 2014 Neuropsychological & Educational Services for Children and Adolescents, Newton, MA
An overview of Evidence-Based Mental Health Interventions for Children and Adolescents
- 2013 Boston College High School, Boston, MA
Evidence-Based Mental Health Interventions for School-Aged Children and Teenagers
- 2013 Southern Jamaica Plain Health Center
Evidence-Based Mental Health Interventions for Children and Adolescents
- 2013 Pediatric Offices of Reiner, Zuckerman, & Saillant
Evidence-Based Mental Health Interventions for Children and Adolescents
- 2013 Medway, MA Special Education Parent Advisory Council
Anxious Kids & Teens: Recognizing and treating anxiety to build resiliency
- 2012 Medway, MA Special Education Parent Advisory Council
How to Stop Fighting with Your Kids Over Everything: Managing Disruptive Behaviors in Youth

PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS

- American Board of Professional Psychology, 2014 – present**
 - Examiner, American Board of Clinical Child and Adolescent Psychology, 2015 – present
 - Examiner Chair, American Board of Clinical Child and Adolescent Psychology, 2018 – present
 - Treasurer, American Board of Clinical Child and Adolescent Psychology, 2018 – present
- Association for Behavioral & Cognitive Therapies, 2004 – present**
 - Membership in Child and Adolescent Anxiety Special Interest Group
 - Membership in Child and Adolescent Depression Special Interest Group
 - Membership in Dissemination and Implementation Special Interest Group
- American Psychological Association, 2005 – present**
 - Membership in the Society of Clinical Psychology (Division 12)
 - Membership in the Society of Clinical Child and Adolescent Psychology (Division 53)
- Society for Implementation Research Collaboration, 2015 – present**

EDITORIAL ACTIVITIES

Ad-hoc Reviewer

- 2018 Administration and Policy in Mental Health and Mental Health Services Research
- 2013 Journal of Consulting and Clinical Psychology
- 2011 Journal of the American Academy of Child and Adolescent Psychiatry
- 2010 Child Psychiatry and Human Development

COMMITTEE ACTIVITIES

- 2017 – present Liaison Committee on Medical Education for Re-Accreditation, Harvard Medical School

HONORS AND AWARDS

- 2015 Specialty Board Service Award: American Board of Clinical Child and Adolescent Psychology

PEER REVIEWED PUBLICATIONS

Higa-McMillan, C. K., Nakamura, B. J., Becker, K. D., Chang, J. P., Chiu, A., Stanick, C. F., Cheron, D. M., Daleiden, E. L., & Chorpita, B. F. (2017). Measuring practice element procedural knowledge: How do trainees PERForm? *Training and Education in Professional Psychology*, 11, 243-251.

Weisz, J. R., Ugueto, A. M., Cheron, D. M., & Herren, J. A. (2013). Evidence-Based Youth Psychotherapy in the Mental Health Ecosystem. *Journal of Clinical Child and Adolescent Psychopathology*. DOI 10.1080/15374416.2013.764824.

Cheron, D. M., Ehrenreich, J. T., & Pincus, D. B. (2009). Assessment of Parental Experiential Avoidance in a Clinical Sample of Children with Anxiety Disorders. *Child Psychiatry and Human Development*, 40(3), 383-403. DOI 10.1007/s10578-009-0135-z.

Angelosante, A.G., Pincus, D.P., Whitton, S.W., Cheron, D.M., & Pian, J. (2009). Implementation of an intensive treatment protocol for adolescents with panic disorder and agoraphobia. *Cognitive and Behavioral Practice*, 16(3), 345-357. DOI 10.1016/j.cbpra.2009.03.002.

Danielson, C. K., DeArellano, M. A., Ehrenreich, J. T., Suarez, L. M., Bennett, S. M., Cheron, D. M. et al. (2006). Identification of high-risk behaviors among victimized adolescents and implications for empirically supported psychosocial treatment. *Journal of Psychiatric Practice*, 12(6).

Shedlack, K., Hennen, J., Magee, K., & Cheron, D. M. (2005). Assessing the utility of atypical antipsychotic medication in adults with mild mental retardation and comorbid psychiatric disorders. *Journal of Clinical Psychiatry*, 66(1), 52-62.

Shedlack, K., Hennen, J., Magee, K., & Cheron, D. M. (2005). A comparison of the aberrant behavior checklist and the GAF among adults with mental retardation and mental illness. *Psychiatric Services*, 56(4), 484-486.

BOOK CHAPTERS

Coyne, L.W., Cheron, D. M., & Ehrenreich, J.T. (2008). Assessment of acceptance and mindfulness concepts in youth. In L. A. Greco, & S. C. Hayes (Eds.), *Acceptance and Mindfulness Interventions for Children, Adolescents and Families*. Oakland, CA: New Harbinger/Context Press.

Eisen, A. R., Pincus, D. B., Hashimi, R., Cheron, D. M., & Santucci, L.C. (2007). Seeking Safety. In A. R. Eisen (Ed.) *Clinical handbook of childhood behavior problems: Case formulation and step-by-step evidenced-based treatment*. New York: Guilford Press.

PROFESSIONAL PRESENTATIONS (selected)

Cheron, D.M. (2018). The MATCH Treatment Model: Training, Consultation, Supervision, and Sustainability. In R. Franks (Chair) *Promoting Evidence-Based Practices in Statewide Systems of Care: The New Hampshire MATCH Learning Collaborative*. Symposium at the 31st Annual Research and Policy Conference on Child, Adolescent, and Young Adult Behavioral Health, Tampa, March 2018.

Stern, H.G., **Cheron, D.M.**, Haber, M. (2017). Outcomes of Modular Psychotherapy in School-Based Settings and Implications for School Performance. Poster presentation at the 51st Annual Convention of the Association for Behavioral and Cognitive Therapies, San Diego, Canada, November 2017.

Tweed, J. L., **Cheron, D.M.**, Herren, J. A., Marriner, V. S., & Weisz, J. R. (2012). *Mental Health Problems and Treatment Needs of Child Welfare Involved Youth in a Randomized Effectiveness Trial of Modular EBP*. Poster presentation at the 59th Annual Convention of the American Academy of Child and Adolescent Psychiatry, San Francisco, CA, October 2012.

Jhe, G., Zoloth, E., **Cheron, D.M.**, Eckshtain, D., Polo, A., & Weisz, J.R. (2011). *Ethnicity and youth-reported obedience as predictors of depression in Asian American youth*. Poster presentation at the 45th Annual Convention of the Association for Behavioral and Cognitive Therapies, Toronto, Canada, November 2011.

Cheron, D. M. & Whitton (2010). *Distress Tolerance and Control in Parenting Anxious Youth: Preliminary Findings*. Poster presented at the 44th Annual Convention of the Association for Behavioral and Cognitive Therapies, San Francisco, November 2010.

Pincus, D. B., Whitton, S. W., Angelosante, A. G., Buzzella, B., **Cheron, D. M.**, Weiner, C. L., et al. (2010). Intensive treatment of adolescents with panic disorder and agoraphobia. In Lars-Göran Ost (Ed.), *Intensive and effective treatment of anxiety disorders*. Paper presented at the 6th World Congress of Behavioral and Cognitive Therapies (WCBCT), Boston, June 2010.

Cheron, D. M., Whitton, S. W., & Pincus, D.B. (2009). *Assessing parental control of child behaviors: Convergent and discriminant validity of the Parent Behavioral Control Scale (PBCS) in a sample of anxious youth*. Poster presented at the 43rd Annual Convention of the Association for Behavioral and Cognitive Therapies, New York, November 2009.

Cheron, D. M., Suarez, L., Trospen, S. E., Wright, L. W., Whitton, S. W. & Pincus, D. B. (2008). Adapting Trauma Systems Therapy for Substance Abusing Adolescents to the community setting. In N. R. Raburn & K. Hepner (Moderators), *Adapting CBT to Community Settings: Strategies and Outcomes*. Panel discussion presented at the 42nd Annual Convention of the Association for Behavioral and Cognitive Therapies, Orlando, Florida, November 2008.

Gallo, K. P., Chow, C. W., **Cheron, D. M.**, Ehrenreich, J. T., & Pincus, D. B. (2008). *Parental experiential avoidance and family functioning: The roles of fathers and mothers*. Poster presented at the 42nd Annual Convention of the Association for Behavioral and Cognitive Therapies, Orlando, Florida, November 2008.

Cheron, D. M., Trospen, S. E., & Ehrenreich, J. T. (2007) *Experiential avoidance in parenting anxious and non-anxious youth: Exploring the utility of the Parental Acceptance and Action Questionnaire (PAAQ)*. Poster presented at the 41st Annual Convention of the Association for Behavioral and Cognitive Therapies, Philadelphia, Pennsylvania, November 2007.

Cheron, D. M., (2006). Assessing parental experiential avoidance: Preliminary psychometric data from the Parental Acceptance and Action Questionnaire (PAAQ). In **D. M. Cheron & J. T. Ehrenreich** (Moderators), *Experiential Avoidance and Mindfulness in Parenting*. Panel discussion presented at the 40th Annual Convention of the Association for Behavioral and Cognitive Therapies, Chicago, Illinois, November 2006.

Landon, T., **Cheron, D. M.**, Wilkins, K., Hourigan, S., Pincus, D. B., & Ehrenreich, J. T. (2006). *Thinking about Thoughts: Metacognitive Processes in Anxious Children*. Poster presented at the Child and Adolescent Anxiety Special Interest Group poster session at the 40th Annual Convention of the Association for Behavioral and Cognitive Therapies, Chicago, Illinois, November 2006.

Cheron, D. M., Ehrenreich, J. T., & Pincus, D. B. (2005) *Assessment of Parental Experiential Avoidance: Development of a Parental Acceptance and Action Questionnaire (PAAQ)*. Poster presented at the 39th Annual Convention of the Association for Advancement of Behavioral Therapy, Washington, D.C., November 2005.

Chapman, R. A., **Cheron, D. M.**, & Shedlack, K. (2004). *Assessing community support staff knowledge of behavioral methods as applied to persons with mental illness and mental retardation*. Poster presented at the 38th Annual Convention of the Association for Advancement of Behavioral Therapy, New Orleans, Louisiana, November 2004.

Bennett, S. M., **Cheron, D. M.**, Fabro, A. R., Pincus, D. B., & Ehrenreich, J. T. (2004). *Frequency of potentially traumatizing events in adolescents diagnosed with anxiety disorders*. Poster presented at the 38th Annual Convention of the Association for Advancement of Behavioral Therapy, New Orleans, Louisiana, November 2004.

UNPUBLISHED PROFESSIONAL WORKS

Suarez, L., **Cheron, D. M.**, & Hourigan, S. (2005). *Weekly Adolescent Substance Use Profile (WASUP)*. Unpublished assessment measure. Center for Anxiety and Related Disorders, Boston University.

National Traumatic Stress Network (2007). [Ed. Suárez, L.] Understanding links between trauma and substance abuse among adolescents: A toolkit for providers. (**Cheron, D.**, Contributing author and graphic designer), Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. [http://www.bu.edu/atssa/Toolkit Data/Linking Trauma and Substance Abuse.pdf](http://www.bu.edu/atssa/Toolkit%20Data/Linking%20Trauma%20and%20Substance%20Abuse.pdf).

Rachel E. Kim, Ph.D.
313 Summit Avenue, #8
Boston, MA 02135
Phone : (413) 218-7464
E-mail : kim.rachel@gmail.com

CURRENT POSITION

**Implementation and Quality Improvement Department
Judge Baker Children's Center
Harvard School of Medicine
Boston, MA**

2018 – present *Implementation Associate, Clinical Fellow*
Duties: Conduct therapist training and consultation for MATCH-ADTC;
coordinate trainings and learning sessions; conduct data analyses to create metric
reports for community partners; conduct program evaluations and write
evaluation reports; develop grant proposals
Supervisors: Daniel Cheron, Ph.D., ABPP, Robert Franks, Ph.D.

**Center for Effective Child Therapy
Judge Baker Children's Center
Harvard School of Medicine**

2018 – present *Staff Clinician*
Duties: Provide outpatient individual therapy using evidence-based practices
(e.g., MATCH) for children; conduct semi-structured diagnostic assessments;
provide supervised supervision for advanced graduate practicum trainees
Supervisors: Daniel Cheron, Ph.D., ABPP

EDUCATION

2011 – 2017 **University of California, Los Angeles**
Department of Psychology, Clinical Area
Doctor of Philosophy, 2017
Dissertation: Delivering on the Promise of Evidence Based Therapy for Youth:
The Importance of Treatment Engagement
Committee members: Bruce F. Chorpita, Ph.D., Anna S. Lau, Ph.D., Annette
Stanton, Ph.D., Kimberly D. Becker, Ph.D.

Master of Arts, 2012
Thesis: Acculturation, Use of Evidence Based Practices, and Treatment
Engagement among Latino Families in Children's Mental Health Services
Advisors: Bruce F. Chorpita, Ph.D. & Anna S. Lau, Ph.D.

2005 – 2009 **Tufts University, Medford, MA**
School of Arts and Sciences
Majors: Clinical Psychology & Spanish, Bachelor of Arts, *magna cum laude*

Fall 2007

Middlebury College School in Spain, Madrid, Spain

POSTGRADUATE TRAINING

**Implementation and Quality Improvement Department
Judge Baker Children's Center
Harvard School of Medicine
Boston, MA**

2017 – 2018

Postdoctoral Fellow, Clinical Fellow in Psychiatry

Duties: Assist in coordinating trainings and learning sessions; conduct data analyses to create metric reports for community partners; conduct program evaluations and write evaluation reports

Supervisors: Daniel Cheron, Ph.D., ABPP

**Center for Effective Child Therapy
Judge Baker Children's Center
Harvard School of Medicine**

2017-2018

Postdoctoral Fellow, Clinical Fellow in Psychiatry

Duties: Provide outpatient individual therapy using evidence-based practices (e.g., MATCH) for children; conduct semi-structured diagnostic assessments; provide supervised supervision for advanced graduate practicum trainees

Supervisors: Daniel Cheron, Ph.D., ABPP; Sue Woodward, Ph.D.

LANGUAGE SKILLS

Oral and written fluency in Spanish

HONORS AND AWARDS

2014

Graduate Summer Research Mentorship, UCLA (\$6,000)

2013

APA Minority Fellowship Program Predoctoral Mental Health and Substance Abuse Services, Honorable Mention

2012

Graduate Summer Research Mentorship, UCLA (\$6,000)

2012

APA Minority Fellowship Program Predoctoral Mental Health and Substance Abuse Services, Alternate

2011-2012

Distinguished University Fellowship, UCLA (\$51,719.89)

2009

The Constantine Ghikas Prize for Romance Languages, Tufts University

2005 – 2008

Dean's List, Tufts University

GRANTS

Center for Mental Health Services in Pediatric Primary Care, Johns Hopkins
Bloomberg School of Public Health

*Engaging Youth and Their Families in Mental Health Services: School Nurses as
the First Point of Contact*

Rachel E. Kim, Co-Principal Investigator

Kimberly D. Becker, Co-Principal Investigator

Bruce F. Chorpita, Co-Principal Investigator

June 2012 – January 2015

Total awarded: \$11,250

RESEARCH EXPERIENCE

Child FIRST Lab

Department of Psychology

University of California, Los Angeles

2011 – 2017

Co-Principal Investigator

Project: Engaging Youth and Their Families in Mental Health Services: School
Nurses as the First Point of Contact

Project Description: The study aimed to investigate the feasibility, acceptability,
and preliminary efficacy of a brief engagement protocol as delivered by school
nurses to connect adolescents to school-based mental health services

Duties: Developed study protocol and training materials; facilitated collaboration
with community partners in the Los Angeles Unified School District; trained
school nurses in engagement protocol; conducted focus group with school
nurses; developed and managed study database; prepared Institutional Review
Board submissions; developed coding system for qualitative focus group data;
conducted data analysis; prepared manuscripts for peer-reviewed journal

Graduate Student Research Assistant

Project: Child Systems and Treatment Enhancement Projects (Child STEPs)

Project Description: The study examined the effectiveness of a modular
cognitive-behavioral intervention for a range of childhood internalizing and
externalizing disorders as delivered by community mental health providers
compared to usual care in Los Angeles County

Duties: Developed observational coding system for engagement practices and
emergent life events in therapy sessions; supervised coding team and research
assistants; examined Latino youth and families engagement in study therapy
sessions; managed study data

Supervisor: Bruce F. Chorpita, Ph.D.

Lau Lab
Department of Psychology
University of California, Los Angeles

2011 – 2013

Graduate Student Research Assistant

Duties: Attended weekly research meetings about increasing cultural competence in mental health services and dissemination of culturally competent practices in school and community settings

Supervisor: Anna S. Lau, Ph.D.

NYU Child Study Center

Anita Saltz Institute for Anxiety and Mood Disorders

New York University School of Medicine, New York, NY

2009 – 2011

Project Assistant

Project: Teaching Positive Coping Skills to Teenagers: A Comparison of Two School-based Programs for Shy Teens (NIMH-Funded; R01)

Project Description: The study examined the effectiveness of a school-based cognitive-behavioral intervention in treating social anxiety disorder in adolescents when delivered by trained school counselors compared to a clinically nonspecific school intervention.

Duties: Coordinated large-scale school screenings; create and manage project database; conducted semi-structured telephone screens; conducted structured diagnostic interviews (ADIS-IV-C/P) in English and Spanish; prepared Institutional Review Board submissions; trained and coordinated volunteer research assistants; assisted in management of client clinical records

Principal Investigators: Carrie Masia Warner, Ph.D. & Rachel G. Klein, Ph.D.

Project Coordinators: Julie L. Ryan, Ph.D. & Daniela B. Colognori, Psy.D.

Project: Treatment of Child Anxiety in Pediatric Medical Settings (NIMH-Funded; R34)

Project Description: The study aimed to develop a cognitive-behavioral intervention for unrecognized anxiety disorders medically-unexplained somatic complaints in pediatric medical settings.

Duties: Conducted data analyses; co-authored manuscript; aided in manuscript preparation and grant writing for larger study; reviewed scholarly articles

Principal Investigator: Carrie Masia Warner, Ph.D.

Project: Strengthening Early Emotional Development (NIMH-Funded; R34)

Project Description: The study aimed to develop an intervention for early onset anxiety in preschoolers consisting of parent training seminars and child therapy groups.

Duties: Conducted child intake assessments; led child therapy groups

Principal Investigator: Carrie Masia Warner, Ph.D.

Project Coordinator: Amy B. Lerner, M.A.

**Center for Anxiety and Related Disorders
Boston University, Boston, MA**

2008 – 2009

Undergraduate Research Assistant

Project: Adolescent Intensive Treatment of Panic Disorder (NIMH-Funded; R01 MH068277)

Project Description: The study examines the efficacy of a brief eight-day intensive cognitive behavioral treatment for adolescents with panic disorder. The aims of the project are to evaluate symptom reduction of panic disorder after treatment, assess long term durability effects of treatment, and assess the advantage of involving parents in treatment.

Duties: Assisted in management of project data; generated recruitment ideas; conducted data collection

Principal Investigators: David Barlow, Ph.D. & Donna Pincus, Ph.D.

Project Director: Sarah Whitton, Ph.D.

Program: Child and Adolescent Fear and Anxiety Treatment Program

Program Description: The Child and Adolescent Fear and Anxiety Treatment Program provides assessment and treatment for children ages 4 -17 with anxiety and related disorders in the Boston area.

Duties: Prepared patient clinical charts; scored measures; conducted data entry and management

Director: Donna Pincus, Ph.D.

PUBLICATIONS

Guan, K., Kim, R.E., Rodas, N.V., Brown, T.E., Gamarra, J.M., Krull, J.L., & Chorpita, B.F. (2018). Emergent life events: An in-depth investigation of characteristics and provider responses during youth evidence-based treatment. *Journal of Consulting and Clinical Psychology*.

Guan, K., Levy, M.C., Kim, R.E., Brown, T.E., Reding, M.E.J., Rith-Najarian, L., Sun, M., Lau, A.S., & Chorpita, B.F. (2017). Managing in-session "surprises": Identifying provider responses to emergent life events during evidence-based treatment implementation. *Administration and Policy in Mental Health and Mental Health Services Research*, 44, 164-176.

Kim, R. E., Lau, A. S., & Chorpita, B. F. (2016). Cultural effects and treatment type on on-going treatment engagement in Latino families: An examination of within-group variability. *Journal of Child and Family Studies*, 25, 891-901.

Kim, R. E., Becker, K. D., Stephan, S. H., Hakimian, S., Apodaca, D., Escudero, P. V., & Chorpita, B. F. (2015). Connecting Students to Mental Health Care: Pilot Findings from an Engagement Program for School Nurses. *Advances in School Mental Health Promotion*, 8, 87-103.

Stanick, C., Yoman, J., Gallo, K., Trent, L., Reding, M., **Kim, R.**, Guan, K., & Steinfeld, B. (2015). Dancing with ourselves? Reflections on increasing stakeholder involvement in ABCT. *The Behavior Therapist*, 38, 38-42.

Masia Warner, C., Colognori, D., **Kim, R. E.**, Reigada, L. C., Klein, R. G., Browner-Elhanan, K. J., Saborsky, A., Chhabra, M., Ferreira, Y. B., Phoon, C., Pittman, N., Benkov, K. (2011). Cognitive-behavioral treatment of medically unexplained somatic symptoms and pediatric anxiety: An initial controlled trial. *Depression & Anxiety*, 28, 551-559.

MANUALS

Becker, K. D., Martinez, J. I., **Kim, R. E.**, & Chorpita, B. F. (2013). Therapy engagement observational coding manual. (Unpublished manual). University of Maryland School of Medicine & UCLA Department of Psychology.

PRESENTATIONS

Vieira, C., & **Kim, R. E.** (2018). Tools and methods to implement EBPs with good outcomes: The New Hampshire MATCH-ADTC Learning Collaborative. Symposium presented at the Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health, Tampa, FL.

Kim, R. E., Chorpita, B. F., Becker, K. D., & Park, A. L. (2015). Differences in Treatment Engagement Between Modular and Standard Interventions: Findings from the Child STEPs Multisite Effectiveness Trial. Symposium presented at the annual Association for Behavioral and Cognitive Therapist convention, Chicago, IL.

Becker, K. D., **Kim, R.**, Martinez, J., & Chorpita, B. F. (2015). What Strategies Do Providers Use to Engage Youth and Families in Mental Health Services? Symposium presented at the annual Association for Behavioral and Cognitive Therapist convention, Chicago, IL.

Guan, K., **Kim, R.**, Brown, T., Reding, M., Sun, M., Rith-Najarian, L., Levy, M., & Chorpita, B.F. (2014). The impact of emergent life events on treatment integrity in EBT implementation. Symposium presented at the annual Association for Behavioral and Cognitive Therapist convention, Philadelphia, PA.

Kim, R. E., Letamendi, A. M., Lau, A. S., & Chorpita, B. L. (2013). Acculturation, Use of Evidence Based Practices, and Treatment Engagement among Latino Families in Children's Mental Health Services. Symposium presented at the annual Association for Behavioral and Cognitive Therapist convention, Nashville, TN.

Kim, R. E., Becker, K. D., Stephan, S. S., Escudero, P. V., Apocada, D., & Chorpita, B. F. (2013). Increasing the Impact of Evidence-Based Practice: An Engagement-Based Program for School Nurses. Symposium presented at the Center for School Mental Health annual conference, Arlington, VA.

- Hirsch, E., Stewart, C., Lackovic, S., Fox, J. K., Colognori, D., Ryan, J. L., **Kim, R. E.**, Masia Warner, C. (2011). The Fear of Positive Evaluation Scale in a Community Sample of Adolescents: Psychometric Properties and Relationship to Social Anxiety. Poster presented at the annual Association for Behavioral and Cognitive Therapies convention, Toronto, Canada.
- Lackovic, S. F., Stewart, C. E., Hirsch, E., Colognori, D., Fox, J. K., Ryan, J. L., **Kim, R. E.**, Masia Warner, C. (2011). Rates of Service Utilization in Socially Anxious Adolescents: Does severity predict help-seeking? Poster presented at the annual Association for Behavioral and Cognitive Therapies convention, Toronto, Canada.
- Ryan, J. L., Ludwig, K., Colognori, D., **Kim, R. E.**, Masia Warner, C. (2010). Training school counselors to deliver a cognitive-behavioral intervention for adolescents with social anxiety disorder: Process, integrity, and competence. Paper presented at the annual Association for Behavioral and Cognitive Therapies convention, San Francisco, CA.
- Kim, R. E.**, Ochner, E., Sweeney, C., Rialon, R. A., Ryan, J. L., Ludwig, K., Colognori, D., Masia Warner, C. (2010). Training school counselors to deliver a cognitive-behavioral intervention for adolescents with social anxiety disorder. Poster presented at the annual Association for Behavioral and Cognitive Therapies convention, San Francisco, CA.
- Ochner, E., **Kim, R. E.**, Sweeney, C., Rialon, R. A., Ryan, J. L., Ludwig, K., Colognori, D., Masia Warner, C. (2010). The relationship between parental social anxiety and treatment response after a school-based treatment of social anxiety for adolescents. Poster presented at the annual Association for Behavioral and Cognitive Therapies convention, San Francisco, CA.
- Sweeney, C., Ochner, E., Lerner, A. B., Reitman, E., **Kim, R. E.**, Ludwig, K., Ryan, J. L., Masia Warner, C. (2010). Effects of a group CBT intervention for parents of preschool-aged children with anxiety: An open pilot of Strengthening Early Emotional Development (SEED). Poster presented at the annual Association for Behavioral and Cognitive Therapies convention, San Francisco, CA.
- Masia Warner, C., Colognori, D., **Kim, R. E.**, Reigada, L., Saborsky, A., Benkov, K. (2010). Pediatric functional gastrointestinal symptoms and co-occurring anxiety disorders: an initial controlled trial. Paper presented at World Congress of Behavioral and Cognitive Therapies, Boston, MA, and at the annual Association for Behavioral and Cognitive Therapies convention, San Francisco, CA.
- Kim, R. E.**, Rialon, R. A., Adelsberg, S., Marrus, J., Ochner, E., Sweeney, C., Lerner, A. B., Ludwig, K., Ryan, J. L., Masia Warner, C. (2010). Estimates of social anxiety in a community sample of high school students: clinical utility of large school screenings. Poster presented at Anxiety Disorders Association of America convention, Baltimore, MD, and at the World Congress of Behavioral and Cognitive Therapies, Boston, MA.
- Goldstein, C., Buzzella, B., Pian, J., **Kim, R.**, & Pincus, D. (2008). The relationship between diagnostic severity, comorbidity, attrition, and treatment length for child and adolescent anxiety disorders. Poster presented at the annual Association for Behavioral and Cognitive Therapies convention, Orlando, FL.

CLINICAL EXPERIENCE

**Pacific Clinics
Monrovia, CA
2016-2017**

Pre-doctoral Intern

Duties: Provide individual therapy using evidence-based practices (e.g., MAP) for children and adults in a community-based mental health agency; co-facilitate group therapy for children in intensive outpatient program; coordinated care with interdisciplinary staff (e.g., case managers, psychiatrists); provide supervised supervision for clinical psychology doctoral student providing therapy for children with a range of clinical disorders; co-facilitate leadership group in adult wellness program; conduct agency-based research; conduct psychological assessments

Supervisors: Kathryn Pavlik, Psy.D., Scott Fairhurst, Ph.D., Charles Chege, Psy.D., Mark Rosenblatt, Psy.D.

Training Director: Valeria Romero, Ph.D.

**UCLA Child Adult Neurodevelopmental Clinic
University of California, Los Angeles
Los Angeles, CA
2014 – 2016**

Psychology Practicum Trainee

Duties: Conducted standardized assessment batteries for children and adolescents; administer standardized interviews with adults and children's guardians about developmental history and behavioral functioning; provided individual cognitive-behavioral therapy for children with autism spectrum disorders and co-occurring conditions; co-facilitated pivotal response training group therapy for children with autism spectrum disorders; participated in multidisciplinary team consultation meetings

Supervisors: C. Enjey Lin, Ph.D.; Tamar Apelian, Psy.D., Mina Park, Ph.D.

**Children's Institute, Inc.
Torrance, CA
2013 – 2014**

Practicum Student

Duties: Provided individual therapy using MAP and TF-CBT for children with a range of clinical disorders in a trauma-focused community-based mental health agency; facilitated group therapy for children exposed to domestic violence; conducted comprehensive medical and mental health assessments to provide recommendations for ongoing care for youth involved with Department of Child and Family Services

Supervisor: Jacqueline Atkins, Ph.D.

Wood Lab
Graduate School of Education
University of California, Los Angeles
Los Angeles, CA

2012 – 2013

Graduate Student Therapist

Duties: Provided individual and group cognitive behavioral therapy for children with autism spectrum disorders

Supervisor: Jeffrey Wood, Ph.D.

UCLA Psychology Clinic
University of California, Los Angeles
Los Angeles, CA

2015 – 2016

Graduate Student Therapy Supervisor

Duties: Provided supervised supervision to clinical psychology doctoral students providing therapy using MAP protocol for children with a range of clinical disorders

Supervisor: Bruce F. Chorpita, Ph.D.

2015 – 2016

Graduate Student Intake Supervisor

Duties: Supervised clinical psychology doctoral students conducting intake interviews with adults seeking mental health services for a range of clinical disorders

Supervisor: Danielle Keenan-Miller, Ph.D.

2012 – 2016

Graduate Student Therapist

Duties: Provided individual cognitive behavioral therapy for adults with a range of clinical disorders; provide individual therapy using the MAP protocol for children with a range of clinical disorders; provided group therapy for children with social skills difficulties

Supervisors: Bruce Chorpita, Ph.D., Raphael Rose, Ph.D., Jennifer Shultz, Psy.D., Jill Waterman, Ph.D.

2012 – 2013

Graduate Student Intake Clinician

Duties: Participated in an intake team and administer unstructured interviews to youth and adults seeking mental health services for a range of clinical disorders

Supervisors: Annette Swain, Ph.D.

2012 – 2015

Graduate Student Assessor

Duties: Conducted standardized cognitive assessments with children and adults (e.g., WISC-IV, WAIS-III); administered standardized interviews with adults and children's guardians about developmental history and behavioral functioning;

Supervisor: Eric N. Miller, Ph.D.

CLINICAL CERTIFICATIONS

- 2018** **Modular Approach to Treatment for Children with Anxiety, Depression, Trauma Stress, and Conduct (MATCH)** certified therapist
- 2017** **Managing and Adapting Practice (MAP)** certified therapist
- 2016** **Seeking Safety** certified provider

CLINICAL TRAININGS

- 2016** **Aggression Replacement Therapy** (16 hours) presented by Vicki White, LCSW at Pacific Clinics
- Seeking Safety** (8 hours) presented by Brenda Underhill, M.S. at Pacific Clinics
- 2013** **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** (20 hours) presented by Laura Murray, Ph.D. at Children's Institute, Inc.
- 2012** **Managing and Adapting Practice (MAP) and Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)** (40 hours) presented by Bruce F. Chorpita, Ph.D. and Jennifer Podell, Ph.D. at the University of California, Los Angeles
- 2012** **Cognitive Behavioral Therapy** (8 hours) presented by Michelle G. Craske, Ph.D. and Raphael Rose, Ph.D. at the University of California, Los Angeles

EDITORIAL ACTIVITIES

Cognitive and Behavioral Practice, *ad hoc* reviewer
Child and Youth Services Review, *ad hoc* reviewer

TEACHING EXPERIENCE

Psychology Department
University of California, Los Angeles
Los Angeles, CA

9/2012 – 8/2016 *Teaching Assistant, undergraduate level*

PSY162: Psychology of Addictions

Duties: Attend lectures; hold weekly office hours; lead exam review sessions; grade written assignments and exams.

Professors: Daniel Roche, Ph.D., Anita Cservenka, Ph.D.

PSY127A: Abnormal Psychology

Duties: Attend lectures; hold weekly office hours; grade written assignments and exams

Professor: Eynav Accortt, Ph.D.

PSY134B: Applied Developmental Psychology: Preschool/School-Age Care and Education

Duties: Attend lectures; hold weekly office hours; grade written assignments and presentations

Professor: Elisheva Gross, Ph.D.

PSY134A: Applied Developmental Psychology: Infant/Toddler Care and Education

Duties: Attend lectures; hold weekly office hours; lead writing workshops; grade written assignments and exams

Professor: Elisheva Gross, Ph.D.

PSY194A: Internship Seminars: Psychology

Duties: Lead group discussion regarding clinical and ethical issues in fieldwork placements; organize related guest lectures; hold weekly office hours; grade written assignments

Professor: Barbara Knowlton, Ph.D.

PSY10: Introduction to Psychology

Duties: Attend lectures; hold weekly office hours; lead exam review sessions; grade written assignments and exams

Professor: Jared Wong, Ph.D.

PSY100B: Research Methods in Psychology (5 quarters)

Duties: Lead laboratory sections; hold weekly office hours; grade quizzes and written assignments

Professors: Elizabeth L. Bjork, Ph.D., Iris Firstenberg, Ph.D., Elizabeth Darvick, Ph.D.

PSY126: Clinical Psychology Laboratory

Duties: Attend class sessions; lead portion of laboratory sections; develop course materials; facilitate class discussion; hold weekly office hours; grade written assignments

Professor: Michelle G. Craske, Ph.D.

PSY101: General Psychology Laboratory

Duties: Attend lectures and lab sessions; lead portion of laboratory sections; hold weekly office hours; grade quizzes and exams

Professor: Sean P. McAuliffe, Ph.D.

5/2013, 5/2016

Guest Lecturer, undergraduate level

PSY194A: Internship Seminars: Psychology

Lecture: Understanding Treatment Engagement in Youth and Families

PROFESSIONAL AFFILIATIONS

- 2009 – present** Association for Behavioral and Cognitive Therapies (ABCT)
- 2012 - present** Association for Behavioral and Cognitive Therapies, Dissemination and Implementation Science Special Interest Group
- 2013 – present** Association for Behavioral and Cognitive Therapies, Dissemination and Implementation Science Special Interest Group, Stakeholder Liaison Subcommittee
- 2016 – present** Association for Behavioral and Cognitive Therapies, Dissemination and Implementation Science Special Interest Group, Student Work Group
- 2009 – 2010** Anxiety Disorders Association of America

ACTIVITIES

- 2013 – present** *Literature Coder*
PracticeWise, LLC
Utilize an extensive coding procedure developed by PracticeWise to organize information from empirical papers studying psychosocial treatments for youth for the PWEBS evidence-based services literature database, a decision support tool for improving the quality of behavioral health services for youth
- 2011 – 2013** Psychology in Action, University of California, Los Angeles
- 2009 – present** Psi Chi National Honor Society, Tufts University

Charlotte R. Vieira, MPH

Curriculum Vitae

Contact Information:

Judge Baker Children's Center
53 Parker Hill Avenue
Boston, MA 02120
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cvieira@jbcc.harvard.edu

EDUCATION

- 9/13 – 5/15 **Boston University**
MPH School of Public Health, Boston, MA
Master of Public Health, Maternal and Child Health
Thesis: Implementation of a depression prevention intervention within a maternal and child health home visiting program.
Advisor: Patricia Elliot, DrPH
- 9/04 – 05/08 **University of Massachusetts Amherst**
BA College of Humanities and Fine Arts, Amherst, MA
Bachelor of Arts, Dual Major in English and Women's Studies
Advisor: Deborah Carlin, PhD
-

EMPLOYMENT

- 7/18 – present **Implementation and Quality Improvement Associate**
Judge Baker Children's Center, Boston, MA
Responsibilities: Manage multiple implementation and quality improvement initiatives both within Judge Baker Children's Center and with external local and state partners. Provide technical assistance and consultation to diverse teams; develop data collection and reporting procedures, lead quality improvement activities, and train on implementation and quality improvement methodologies. Contribute to the expansion of Judge Baker Children's Center's implementation and improvement science research, training, and dissemination.
Supervisor: Robert Franks, PhD
- 1/17 – 6/18 **Implementation and Quality Improvement Coordinator**
Judge Baker Children's Center, Boston, MA
Responsibilities: Support and enhance implementation of practices and programs, both within Judge Baker Children's Center and with external local, state, and national partners. Assist in expanding Judge Baker Children's Center's implementation science research and training.
Supervisor: Robert Franks, PhD
- 8/14 – 2/17 **Maternal Mental Health Interventionist**
Boston Medical Center, Department of Pediatrics, Boston, MA
Responsibilities: Provide cognitive behavioral problem solving intervention to mothers engaged with Project Solve at Boston Medical Center. Monitor and promote intervention through the maintenance of implementation data, interventionist training and certification, and fidelity assessment.
Supervisors: Yaminette Diaz-Linhart, MSW/MPH, Michael Silverstein, MD

- 8/14 – 2/17 **Project Manager**
 Boston University School of Public Health, Department of Community Health Sciences, Boston, MA
Responsibilities: Manage the evaluation of Boston's Healthy Start in Housing program to improve maternal and child health outcomes among pregnant women experiencing homelessness. Establish and maintain partner relationships, including funders, recruitment sites, program leadership and staff, and research participants with a wide range of complex mental health and medical needs. Maintain research protocols and study approval through the Institutional Review Board. Develop data collection tools, data management systems, and analysis plans. Assess program fidelity and data monitoring and develop quality improvement recommendations. Supervise team of research assistants and student fellows. Support grant writing, progress and outcome report development, and research publication.
Supervisor: Emily Feinberg, ScD, CPNP
- 9/11 – 8/14 **Administrative Assistant**
 Brigham and Women's Hospital, Center for Community Health and Health Equity, Boston, MA
Responsibilities: Facilitate financial tracking, reporting, and contracts management for departmental programs. Manage daily office operations and participated in quality improvement and strategic planning initiatives. Promote the goals and vision of the Department in communications and outreach efforts. Responsible for operations of the BWH SAFE Task Force Education Workgroup to oversee and prioritize research, recommendation, and implementation of hospital based violence prevention/response initiatives.
Supervisor: Shirma Pierre, MPH
- 9/09 – 5/11 **Family Caseworker/Town of Amherst Emergency Fund Manager**
 CHD Family Outreach of Amherst, Amherst, MA
Responsibilities: Implement service plan goals and family stabilization as a contracted Family Caseworker for the Department of Children and Families. Serve as a Therapeutic Mentor in collaboration with local public schools to address individual therapeutic goals for students. Manage and screen applicants for the Town of Amherst Emergency Fund and conducted data management and fiscal reporting to track Fund effectiveness. Co-lead project-based homework club for Amherst Fort River Elementary students.
Supervisor: Laura Reichsman
- 8/09 – 3/10 **Domestic Violence Intervention Project Advocate**
 Northwestern District Attorney, Greenfield, MA
Responsibilities: Member of DA response team charged in collaborating with Hampshire County police departments on issues of domestic disturbance.
Supervisor: Elizabeth Finn

RESEARCH EXPERIENCE

- 8/14 – present **Department of Housing and Urban Development (RP-12-MA-011)** PI: Feinberg, Emily
Improving Health through Housing Stability and Support
Awardee: Boston Medical Center/Boston University School of Public Health
 Manage quasiexperimental study to evaluate the impact of housing and home visiting program on maternal mental health and child health outcomes.
 Role: Project Manager/Research Fellow
- 8/14 – 7/18 **National Institute of Child Health and Human Development (HD072069-01)** PI: Silverstein, Michael
Improving Preterm Outcomes by Safeguarding Maternal Mental Health
Awardee: Boston Medical Center
 Provide problem solving intervention to mothers of infants in the neonatal intensive care unit as part of a randomized control trial testing the effectiveness of the intervention on maternal mental health outcomes. Contribute to data collection and fidelity assessment.
 Role: Interventionist/Problem Solving Education Trainer

8/14 – 1/17 **National Institute of Mental Health (R01MH091871)**
Preventing Maternal Depression in Head Start
Awardee: Boston Medical Center
Provide problem solving intervention to mothers of children in Head Start as part of a randomized control trial testing the effectiveness of the intervention on maternal mental health outcomes. Contribute to data collection and fidelity assessment.
Role: Interventionist/Problem Solving Education Trainer

CONSULTING EXPERIENCE

2/17 – present **Project Solve**
Boston Medical Center, Department of Pediatrics, Boston, MA
Role: Problem Solving Education Trainer

5/14 – 9/14 **Emergency Assistance System Study**
Homes for Families, Boston, MA
Role: System Analyst

PRESENTATIONS

Vieira, C., Young, R., Bellonci, C., Franks, R. (2018). *Building a coalition for improvement: Engagement strategies to support quality improvement in child welfare services*. Poster presented at the 11th Annual Conference on the Science of Dissemination and Implementation in Health, Washington, DC.

Franks, R., Cheron, D., Vieira, C., Kim, R. (2018). *Promoting evidence-based practice in statewide system of care: The New Hampshire MATCH Learning Collaborative*. Symposium presented at the 31st Annual Research and Policy Conference on Child, Adolescent, and Young Adult Behavioral Health, Tampa, FL.

Vieira, C., Diaz-Linhart, Y., Akintobi, L., Chen, N., Allen, D., Feinberg, E. (2016). *Integrating Maternal Mental Health and Home Visiting Services: Evaluating the Implementation of a Problem Solving Intervention within Boston's Healthy Start in Housing Program*. Poster presented at the American Public Health Association Annual Meeting, Denver, CO.

Vieira, C., Ratleff, C., Lashley, L., Andre, C., Chen, N., Allen, D., Feinberg, E. (2015). *Effects of Healthy Start in Housing on Maternal Mental Health Among High-Risk Pregnant Women Experiencing Homelessness: Does Homeless Status Matter?* Poster presented at the American Public Health Association Annual Meeting, Chicago, IL.

UNPUBLISHED PROFESSIONAL WORKS

Feinberg, E., Vieira, C. (2017). *Improving Health through Housing Stability and Support: Learnings from the Healthy Start in Housing Program*. Unpublished research report. Boston Medical Center and Boston University School of Public Health.

Feinberg, E., Vieira, C. (2015). *Healthy Start in Housing Evaluation Report: 2011-2015*. Unpublished evaluation report. Boston University School of Public Health.

PROFESSIONAL AFFILIATIONS

American Public Health Association
BUSPH Center of Excellence in Maternal & Child Health
Maternal and Child Health Access

Grace Carter

EDUCATION

VANDERBILT UNIVERSITY

Nashville, TN

B.S. in Psychology, Child Development, and Political Science, Cum Laude, May 2018

- GPA 3.74 (3.87; 3.85; 3.59 in majors)
- Activities: Vanderbilt College Democrats (Publicity Chair), Delta Delta Delta (Licensing Chair), The Afterschool Program (Tutor), Pencil Projects (Tutor)

UNIVERSITAT POMPEU FABRA

Barcelona, Spain

Study Abroad through CIEE Barcelona, Political Science and Spanish, Spring 2017

DIS COPENHAGEN

Copenhagen, Denmark

Study Abroad, Child Development and Psychology, Summer 2016

HONORS AND AWARDS

Cornelius Vanderbilt Scholarship – Full-tuition merit-based scholarship to Vanderbilt University

High Honors in Psychology and Child Development – Awarded for Senior Honors Thesis

Mortar Board – National honor society

Order of Omega – National Greek leadership honor society

Pi Sigma Alpha – National political science honor society

RESEARCH EXPERIENCE

JUDGE BAKER CHILDREN'S CENTER

Boston, MA

Research Assistant, June 2018-Present

- Assist on a multi-site investigation of the training and dissemination of evidence-based treatments to youth mental health providers
- Collect and compile clinic data onto a database to be used for future research projects
- Proofread and edit grant applications
- Participate in weekly supervision and evidence-based practice meetings
- Prepare materials for MATCH-ADTC Trainings conducted by Judge Baker at community-based mental health centers

VANDERBILT UNIVERSITY PEABODY COLLEGE

Nashville, TN

Research Aide and Honors Thesis Student in David A. Cole lab, October 2015-May 2018

- Trained and supervised new members of the lab
- Assisted in teaching psychology classes to and recruiting local high school students
- Wrote a thesis regarding the effects of time spent using six categories of online spaces on interpersonal and mental/emotional outcomes, examining men and women as distinct groups
- Assisted in studies of online and in-person social support and cyber-victimization in high school students, college students, and adults from conceptualization to paper submission, including the creation of a measure of online social support
- Performed statistical analysis, created surveys, and conducted extensive literature reviews

GEORGE WASHINGTON UNIVERSITY COLUMBIAN COLLEGE**Washington, D.C.**

Research Aide in Huynh-Nhu Le lab, Summer 2017

- Translated interviews of Hispanic men and women both pre- and postpartum from Spanish to English and directed efforts on these translations among four other translators
- Created surveys and managed survey pilot testing among five research aides
- Assisted in studies of the relationship between postpartum depression and sleep, the nature of parental relationships among Hispanic couples before and after a baby is born, and barriers to healthcare delivery in the treatment of postpartum depression
- Conducted extensive literature reviews
- Recruited survey participants at OB/GYN offices

WORK EXPERIENCE**JUDGE BAKER CHILDREN'S CENTER****Boston, MA**

Clinical Assistant at the Center for Effective Child Therapy, June 2018-Present

- Coordinate the intake process for families, including conducting in-depth telephone screenings, answering clinic questions, and managing scheduling
- Supervise clinical volunteers and train post-doctoral fellows and practicum students in procedures
- Manage office operations and handle client and private foundation financial operations
- Administer, score, and interpret standardized assessment questionnaires of children and adolescents ages 6 to 19
- Administer behavioral assessments of emotional and social development during initial evaluation

TEACH FOR AMERICA**Nashville, TN**

Vanderbilt University Ambassador, July 2017-December 2017

- Networked and met with competitive prospective Teach For America (TFA) candidates
- Provided comprehensive support to candidates for application
- Built relationships with university faculty and staff to advance recruitment efforts
- Conducted classroom and student organization presentations
- Planned and executed projects and events of varying scales to enhance the visibility of TFA
- Represented TFA at campus events and career fairs
- Mobilized and built community among students accepted to TFA

ST. PAUL'S EPISCOPAL CHURCH SUMMER ENRICHMENT**Winston-Salem, NC**

Day Camp Counselor, Summers 2012-2016

- Worked as a counselor for 25+ disadvantaged African American and Hispanic youths ages 5 to 14 (varying by year) partnered with one male counterpart
- Organized and led daily activities, motivated campers' participation, and applied appropriate behavior management techniques as necessary
- Managed backpack program to provide all campers with food for the weekends

VOLUNTEER EXPERIENCE**THE AFTERSCHOOL PROGRAM, PENCIL PROJECTS****Nashville, TN**

Tutor, September 2014-Present

- Tutored in a variety of contexts in Nashville
- Assisted elementary-aged students with reading one-on-one
- Worked as a teaching assistant in an afterschool kindergarten math class
- Provide one-on-one mentoring and tutoring to students ages 4-14

TEACHING EXPERIENCE

GEORGE WASHINGTON UNIVERSITY

Washington, D.C.

Teaching Assistant of Research Methods class, Summer 2017

PUBLICATIONS

Nick, E. A., Cole, D. A., Smith, D. K., Carter, T. G., & Zerkowicz, R. L. (2018). The Online Social Support Scale: Measure development and validation. *Psychological Assessment*.

Cole, D. A., Nick, E., Pulliam, K., & Carter, T. G. (In press). Is online social activity healthy or not and why? *Journal of Personality and Social Psychology*.

PRESENTATIONS

Nick, E. A., Cole, D. A., Skubel, A. E., Carter, T. G., & Pulliam, K. (2018, April). Social media use as a double-edged sword: Associations with depressive cognitions and symptoms, online victimization, and online social support. Poster accepted to the annual conference of the Anxiety and Depression Association of America, Washington, DC.

Nick, E. A., Cole, D. A., Smith, D. K., & Carter, T. G. (2017, November). Social support offsets effects of victimization on depressive thoughts and self-esteem: Both online and in-person. Poster presented at the Association for Behavioral and Cognitive Therapies, San Diego, CA.

Carter, T. G., Nick, E. A., & Cole, D. A. (2016, September). Time spent online as a predictor of online support and victimization. Poster presented at the Vanderbilt Undergraduate Research Fair, Nashville, TN.

Smith, D. K., Carter, T. G., Nick, E. A., & Cole, D. A. (2016, April). Online and in-person social support and victimization: Effects on self-esteem and depression. Poster presented at the Middle Tennessee Psychological Association Conference, Murfreesboro, TN.

SKILLS

Conversant in Spanish; Proficient in Microsoft Office, SPSS, and Qualtrics

JUDGE BAKER CHILDREN'S CENTER

Key Personnel

Budget Period: FY 3 7/1/2018 through 6/30/2019

Name	Job Title	Salary	% Paid from this Contract *	Amount Paid from this Contract
Robert P. Franks, Ph.D.	Project Director	\$189,600	8%	\$15,168.00
Daniel Cheron	Director of Training	\$126,000	30%	\$37,800.00
Rachel Kim	Implementation Associate	\$72,560	40%	\$29,024.00
Charlotte Vieira	Implementation Coordinator	\$65,000	70%	\$45,342.67
Grace Carter	Implementation Coordinator	\$32,000	10%	\$3,200.00

*Percentage paid from this contract rounded to nearest percent.

Budget Period: FY 4 7/1/2019 through 12/31/2019

Name	Job Title	Salary	% Paid from this Contract *	Amount Paid from this Contract
Robert P. Franks, Ph.D.	Project Director	\$189,600	2%	\$3,792.00
Daniel Cheron	Director of Training	\$126,000	7%	\$8,820.00
Rachel Kim	Implementation Associate	\$72,560	6%	\$4,556.94
Charlotte Vieira	Implementation Coordinator	\$65,000	11%	\$7,150.00

*Percentage paid from this contract rounded to nearest percent.



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

106 PLEASANT STREET, CONCORD, NH 03301
603-271-5000 1-800-852-3345 Ext. 5000
Fax: 603-271-5040 TDD Access: 1-800-735-2964

December 15, 2016

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Mental Health Services to enter into an agreement with Judge Baker Children's Center (Vendor #161221 B001), 53 Parker Hill Avenue, Boston, MA 02120 to provide a training program for Community Mental Health Programs in the application of the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma and Conduct problems (MATCH or MATCH-ADTC) for youth in a scalable model over multiple years, in an amount not to exceed \$540,000, effective upon Governor and Executive Council approval through December 31, 2018. 100% Federal Funds, 0% General Funds.

Funds to support this request are available in State Fiscal Year 2017, State Fiscal Year 2018, and State Fiscal Year 2019 upon availability and continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between State Fiscal Years through the Budget Office without Governor and Executive Council approval, if needed and justified.

05-95-92-920510-7143 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT
OF, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MENTAL HEALTH BLOCK
GRANT

FISCAL YEAR	CLASS	TITLE	ACTIVITY CODE	AMOUNT
2017	102	Contracts for Program Svcs	92207143	\$135,000

05-95-92-922010-4120 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT
OF, HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH
BLOCK GRANT

FISCAL YEAR	CLASS	TITLE	ACTIVITY CODE	AMOUNT
2018	102	Contracts for Program Svcs	92204120	\$270,000
2019	102	Contracts for Program Svcs	92204120	\$135,000
			SubTotal:	\$405,000
		Total for Judge Baker's Children's Center		\$540,000

EXPLANATION

The purpose of this agreement is to provide training services to the Community Mental Health Centers which will enable delivery of an evidence-based treatment approach to eligible children and youth suffering from anxiety, trauma, depression, and conduct disorders. The Modular Approach to Therapy for Children (MATCH) approach is designed to use combinations of the strengths of various treatments, proven to be successful in clinical practice settings and in the community, home, and school environments, to customize treatment to each individual.

A statewide training program will ensure we are meeting the needs of the children and youth clients determined eligible, by established statewide standards, for these services provided by our Community Mental Health providers. MATCH initial and ongoing training and implementation will be provided through a strategy that has been proven to be effective in the twin goals of good treatment outcomes and self-sustainability of the MATCH-inspired improvements to existing mental health treatment programs for these individuals and their families.

This contract was competitively bid. On April 3, 2016 the Department of Health and Human Services issued a Request for Proposals for a trainer for MATCH training services. The Request for Proposals was available on the Department of Health and Human Services website from April 3, 2016. There were two proposals submitted.

The proposals were evaluated based on the criteria published in the Request for Proposals by a team of individuals with the program specific knowledge and expertise. Judge Baker Children's Center was selected. The bid summary is attached. The Department reserves the right to renew the Contract for up to four (4) additional years, subject to the continued availability of funds, satisfactory performance of services, and approval by the Governor and Executive Council, as specified in Exhibit C-1.

The MATCH program will be an element of the New Hampshire System of Care, positively impacting the lives of children and youth, and their families, throughout the New Hampshire child- and youth-serving system. MATCH will be a powerful tool in the the New Hampshire System of Care toolkit, treating youth presenting serious clinical problems, including chronic and violent juvenile offenders, youth in psychiatric crisis (i.e., homicidal, suicidal, and psychotic), as well as maltreating families.

Such youth and families present significant personal and societal costs and high rates of expensive out-of-home placements. Across these clinical populations, the overarching goal of the MATCH treatment model is to decrease rates of antisocial behavior, improve functioning (family relations and school performance), and reduce use of out-of-home placements (incarceration and residential treatment) by increasing the ability of severely emotionally disturbed children to remain at home with family support.

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennium.

Should the Governor and Executive Council determine not to approve this request, the Department would not have the resources to train New Hampshire Community Mental Health Centers to appropriately treat children and youth engaging in severe willful misconduct that places them at risk for out-of-home placement.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

Area served: Statewide

Source of Funds: 100% Federal Funds, 0% General Funds

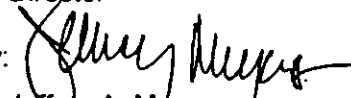
In the event that the federal funds become no longer available, no further general funds will be requested to support this contract.

Respectfully submitted



Katja S. Fox
Director

Approved by:



Jeffrey A. Meyers
Commissioner



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

Modular Approach to Therapy for
Children (MATCH) Trainer

RFP-2016-BMH-08-Modul

RFP Name

RFP Number

Reviewer Names

Bidder Name

1. Judge Baker Children Center
2. Institute on Disability, UNH
3. 0
4. 0
5. 0
6. 0

Pass/Fail	Maximum Points	Actual Points
	220	209
	220	165
	220	0
	220	0
	220	0
	220	0

1. Adele Gallant, Administrator I
2. Elizabeth Fenner-Lukaitis, Prgm Planning & Review Spec.
3. Mark Meister, Program Director
4. Molly Gray, Consumer Advocate
5. Jamie Dall, Director, Program Support
6. Phillip Nadeau, Administrator III
7.
8.



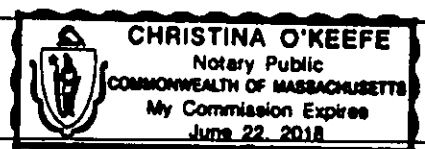


Subject: Modular Approach to Therapy for Children Trainer (MATCH) (RFP-2016-BMH-08-MODUL)

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

AGREEMENT

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

GENERAL PROVISIONS**I. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.2 Contractor Name Judge Baker Children's Center		1.4 Contractor Address 53 Parker Hill Avenue Boston MA 02120	
1.5 Contractor Phone Number 617-278-4275	1.6 Account Number	1.7 Completion Date December 31, 2018	1.8 Price Limitation \$540,000
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq. Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Robert P. Franks, President + CEO	
1.13 Acknowledgement: State of <u>MA</u> , County of <u>SUFFOLK</u> On <u>11/30/2016</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 Christina O'Keefe, Notary Public			
1.14 State Agency Signature  Date: <u>12/12/16</u>		1.15 Name and Title of State Agency Signatory <u>Katya S. Fox, Director</u>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>12/14/16</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			


Subject: Modular Approach to Therapy for Children Trainer (MATCH) (REP-2016-BMH-08-MODUL)

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1.2 Contractor Name Judge Baker Children's Center		1.4 Contractor Address 53 Parker Hill Avenue Boston MA 02120	
1.5 Contractor Phone Number 617-278-4275	1.6 Account Number 05-95-92-920510 05-95-92-922010 <i>RA</i>	1.7 Completion Date December 31, 2018	1.8 Price Limitation \$540,000
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq. Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature <i>Robert P. Franks</i>		1.12 Name and Title of Contractor Signatory Robert P. Franks, President + CEO	
1.13 Acknowledgement: State of <i>MA</i> , County of <i>SUFFOLK</i> On <i>11/30/2016</i> , 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 <i>Christina O'Keefe</i> [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Christina O'Keefe, Notary Public</i>			
1.14 State Agency Signature <i>Katya S. Fix</i> Date: <i>12/12/16</i>		1.15 Name and Title of State Agency Signatory <i>Katya S. Fix, Director</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <i>[Signature]</i> On: <i>12/14/16</i>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. The Contractor shall provide contract services to Clinicians and supervisors in Community Mental Health Centers, as well as Department staff, statewide who provide services to children and youth between the ages of 6 and 18 who:
 - 1.3.1. Meet state eligibility criteria for a Serious Emotional Disturbance (SED) or Serious Emotional Disturbance – Interagency (SED-IA) through use of the Child and Adolescent Needs and Strengths Assessment (CANS).
 - 1.3.2. Present with symptoms of depression, anxiety, specific phobias or panic disorders, trauma, or conduct disorder.

2. Scope of Services

- 2.1. The Contractor shall train Community Mental Health Center (CMHC) staff, statewide, in the application of Modular Approach to Therapy for Children (MATCH) in cases involving children experiencing:
 - 2.1.1. Anxiety; or
 - 2.1.2. Depression; or
 - 2.1.3. Trauma; and
 - 2.1.4. Conduct problems.
- 2.2. The Contractor shall ensure CMHC staff are trained in fidelity to the MATCH model by utilizing training methods that include, but are not limited to:
 - 2.2.1. Presenting professional development curriculum for each of the thirty-three (33) MATCH modules and core competencies in EBPs, in detail.
 - 2.2.2. Providing a minimum of thirty-five (35) hours of didactic presentations over five (5) days.
 - 2.2.3. Utilizing adult learning principles that include, but are not limited to:
 - 2.2.3.1. Didactic training.
 - 2.2.3.2. Audio and video presentations of case vignettes.
 - 2.2.3.3. Opportunities to utilize information presented in day-to-day client work in between training sessions (action periods).



- 2.2.3.4. Immediate feedback on practiced skills.
 - 2.2.4. Providing each trainee with a MATCH Professional Development Portfolio, which:
 - 2.2.4.1. Includes, but is not limited to a syllabus of the Concepts, Resources and Applications (Flowcharts, Session Management, and Supplemental Materials).
 - 2.2.4.2. Shall be used by trainees to track their developing expertise throughout the active learning phase.
 - 2.2.5. Providing each trainee with on-going, case-specific consultation from MATCH trainers.
 - 2.2.6. Training clinicians on the use of assessment, including the Child and Adolescent Needs and Strengths Assessment (CANS), and treatment procedures as well as MATCH's continuous measurement feedback system, Treatment Response Assessment for Children (TRAC)
- 2.3. The Contractor shall provide concrete guidance to participating agencies in the use of empirically-supported, multi-method, multi-informant assessment procedures that assist clinicians to better understand the children they treat and the family, school and community context. The Contractor shall:
- 2.3.1. Ensure trainees are trained in the collection of diagnostic clinical interview information and standardized questionnaire data from the child, caregivers, and collateral informants, using assessment procedures, to include the CANS, appropriate to the cultural, linguistic, and clinical needs of the provider and the populations they serve.
 - 2.3.2. Ensure trainees are trained to utilize results from comprehensive assessments to determine which target interventions from the MATCH protocol are most appropriate for initial utilization.
 - 2.3.3. Ensure trainers are trained to determine best protocols based on evaluation of symptom presentation, interference and motivation to change, in collaboration with the treatment team, which includes but is not limited to:
 - 2.3.3.1. Therapists;
 - 2.3.3.2. Family; and
 - 2.3.3.3. MATCH consultants.
 - 2.3.4. Ensure clinicians and supervisors are trained in the use of the Top Problems Assessment, which is an idiographic, psychometrically sound, consumer-driven assessment approach that uses the exact language and words of the child and family to capture their view of the most important problems to target in treatment.
- 2.4. The Contractor shall collaborate with the Department and selected agencies to enhance existing screening and assessment procedures. The Contractor shall:



- 2.4.1. Ensure initial inquiries for services are screened using a brief eleven (11)-item screening tool to assess the main target clusters for application of MATCH, which include but are not limited to:
 - 2.4.1.1. Anxiety;
 - 2.4.1.2. Depression;
 - 2.4.1.3. Trauma; and
 - 2.4.1.4. Conduct problems.
- 2.4.2. Have a trained MATCH clinician begin treatment for individuals screening positive for a target cluster after the initial comprehensive assessment, dependent on:
 - 2.4.2.1. Service availability within the agency/community;
 - 2.4.2.2. The child's age;
 - 2.4.2.3. Diagnosis geographic location; and
 - 2.4.2.4. The family's culture.
- 2.5. The Contractor shall provide a multi-phased implementation program that includes, but is not limited to:
 - 2.5.1. A tailored and specialized pre-implementation activities that lay the foundation for successful installation of MATCH in Community Mental health Programs (CMHPs).
 - 2.5.2. Active implementation activities, which include, but are not limited to:
 - 2.5.2.1. MATCH training.
 - 2.5.2.2. Clinical consultation.
 - 2.5.2.3. Ongoing implementation support.
 - 2.5.3. Ongoing continuous quality improvement and sustainability activities in order to sustain the progress made during the active implementation phase.

3. Scope of Services (Training Implementation Program)

- 3.1. The Contractor shall conduct pre-implementation activities, which shall include, but not be limited to:
 - 3.1.1. Establishing a multidisciplinary interagency MATCH Steering Team that will meet quarterly over the course of the contract project date to discuss implementation progress, barriers and successes to ensure ongoing success of the MATCH implementation, which shall include, but not be limited to:
 - 3.1.1.1. Department staff;
 - 3.1.1.2. Provider agencies;
 - 3.1.1.3. Consumer representatives; and
 - 3.1.1.4. Contractor staff.
- 3.2. Select CMHPs to participate in the MATCH Learning Collaborative (LC). The Contractor shall :
 - 3.2.1. Collaborate with the Department to create and disseminate a Request for Qualifications (RFQ) to all Community Mental Health Programs (CMHPs), statewide, that details:



- 3.2.1.1. The MATCH Learning Collaborative (LC) model, including training, implementation and consultations;
- 3.2.1.2. The overall purpose of the MATCH LC;
- 3.2.1.3. The target population;
- 3.2.1.4. The CMHP selection criteria; and
- 3.2.1.5. RFQ timeline.
- 3.2.2. Require CMHPs interested in applying for MATCH training to assemble an application that addresses:
 - 3.2.2.1. Organizational history;
 - 3.2.2.2. Rationale for receiving MATCH training;
 - 3.2.2.3. Service population;
 - 3.2.2.4. Experience with implementing evidence-based practices (EBPs);
 - 3.2.2.5. Organizational capacity to implement MATCH;
 - 3.2.2.6. Proposed organizational mechanisms to support staff delivery;
 - 3.2.2.7. Fidelity to MATCH;
 - 3.2.2.8. A description of the organization's plan to assure practices meet the cultural and linguistic needs of the target population; and
 - 3.2.2.9. A table of proposed clinicians to be trained in MATCH.
- 3.2.3. Host an applicants' conference call, collect and publish questions to the RFQ, coordinate the scoring of responses based upon a pre-determined rubric, and notify organizations of their selection to participate in the MATCH LC.
- 3.3. The Contractor shall select clinicians and supervisors at each selected CMHP to participate in the MATCH LC. The Contractor shall:
 - 3.3.1. Distribute a 'Welcome Packet' to each potential clinician prior to conducting an in-person site visit, which includes but is not limited to information regarding MATCH LC activities, commitment expectations and anticipated outcomes.
 - 3.3.2. Conduct in-person informational outreach site visits to describe the MATCH LC to potential clinicians at each selected CMHPs in order to develop buy-in from frontline staff, answer questions, and provide sufficient information that allows clinicians to assess their desire and motivation to participate in the MATCH LC.
 - 3.3.3. Ensure interested clinicians complete a pre-training survey (EBPAS-50) to assess:
 - 3.3.3.1. Experience.
 - 3.3.3.2. Prior training.
 - 3.3.3.3. Attitudes and motivation in adopting an EBP.
 - 3.3.4. Provide feedback on survey results to CMHP senior leaders to inform CHP agency selection of clinicians to participate in the MATCH LC.
- 3.4. The Contractor shall conduct organizational readiness assessments at participating CMHPs. The Contractor shall:



- 3.4.1. Utilize an organizational readiness assessment tool that assesses key domains, including, but not limited to:
 - 3.4.1.1. Organizational culture;
 - 3.4.1.2. Climate;
 - 3.4.1.3. Leadership;
 - 3.4.1.4. Resource utilization;
 - 3.4.1.5. Process and staff capacities;
 - 3.4.1.6. Observability; and
 - 3.4.1.7. Priority of MATCH within provider organizations.
- 3.4.2. Collaborate with the Department and CMHP senior leaders to develop and implement tailored strategies that address relative weaknesses in capacity and/or motivation in order to facilitate the successful implementation of MATCH as a sustainable practice within the CMHP settings.
- 3.4.3. Conduct the Organizational Readiness Assessment (ORA) to address implementation barriers; ensure successful MATCH implementation; and measure any changes in motivation and/or capacity:
 - 3.4.3.1. Prior to MATCH training;
 - 3.4.3.2. Half-way through the LC year; and
 - 3.4.3.3. At the end of implementation.
- 3.5. The Contractor shall develop local work groups (LWGs) at each CMHP that respond to the unique needs of the local populations, to community contextual factors, and to changes in the system of care. The Contractor shall:
 - 3.5.1. Ensure work groups are composed of five (5) to eight (8) key representatives from the CMHP site including clinicians, supervisors, family partners, and other key staff as needed.
 - 3.5.2. Ensure work groups are responsible for :
 - 3.5.2.1. A successful implementation process;
 - 3.5.2.2. Identifying key stakeholders in the community; and
 - 3.5.2.3. Engaging stakeholders in the implementation process.
 - 3.5.3. Ensure senior leaders and/or project liaisons oversee the LWGs.
 - 3.5.4. Develop Local Work Plans (LWPs) that shall be shared with the Department in order to track site progress toward implementation and long term success that are informed by:
 - 3.5.4.1. Ongoing implementation consultation;
 - 3.5.4.2. Readiness assessment; and
 - 3.5.4.3. Metric data.
 - 3.5.5. Collaborate with and train the CMHPs on how to develop a proactive, simple and transparent document for all members of the local work group that articulates key activities for each main component of the program. The Contractor shall ensure each activity has:
 - 3.5.5.1. An associated timeline;



- 3.5.5.2. An identified person/group responsible for each activity;
and
- 3.5.5.3. Resources to accomplish each activity.
- 3.6. The Contractor shall adapt training materials based on identified contextual factors in order to meet the cultural and linguistic needs of the communities ensuring no changes to core intervention components while ensuring fidelity to the model. The Contractor adaptations may include, but are not limited to:
 - 3.6.1. Adapting clinical examples;
 - 3.6.2. Adapting role plays; and
 - 3.6.3. Adapting learning activities consistent with the target populations served by the CMHP.

4. Scope of Services (Active Implementation Activities)

- 4.1. The Contractor shall conduct active implementation activities, which include but are not limited to:
 - 4.1.1. MATCH clinician training and clinical consultation;
 - 4.1.2. Technical assistance and implementation consultation;
 - 4.1.3. Data systems development; and
 - 4.1.4. Continuous quality improvement initiatives.
- 4.2. The Contractor shall establish a data system in collaboration with CMHP workgroups and the Department in order to develop a measurement model and identify and pilot the necessary measures for MATCH implementation. The Contractor shall:
 - 4.2.1. Modify the TRAC system and/or develop additional data collection tools as needed to address identified data and measurement needs.
 - 4.2.2. Monitor and provide ongoing feedback to CMHP workgroups on the use of the TRAC system to collect clinical outcome and implementation data, ensuring data quality issues are identified and remedied promptly.
- 4.3. The Contractor shall provide a minimum of thirty (35) hours of MATCH in-person didactic training to clinical staff over a minimum of five (5) days. The Contractor shall ensure:
 - 4.3.1. Each MATCH trainee:
 - 4.3.1.1. Receives a printed copy of the MATCH manual;
 - 4.3.1.2. Has electronic access to an interactive, web-based copy of the MATCH manual that can be accessed from any computer;
 - 4.3.1.3. Is provided with lectures as part of the training program;
 - 4.3.1.4. Has access to modeling and video demonstrations of MATCH scenarios;
 - 4.3.1.5. Has the opportunity to participate in role-playing;
 - 4.3.1.6. Receives frequent feedback; and
 - 4.3.1.7. Is assigned between-session homework.

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- 4.3.2. Clinicians participating in MATCH training, receive training to:
 - 4.3.2.1. Collect information used to construct the Top Problems Assessment (TPA).
 - 4.3.2.2. Use information gathered at the assessment to select a primary MATCH protocol for the client.
 - 4.3.2.3. Use the accompanying measure feedback system TRAC.
- 4.4. The Contractor shall provide a minimum of twenty-five (25) clinical consultation calls over twelve (12) months to clinicians who have completed MATCH training and are currently using MATCH in active cases. The Contractor shall:
 - 4.4.1. Ensure the topics of consultation calls include, but are not limited to:
 - 4.4.1.1. How to get the most out of consultation calls;
 - 4.4.1.2. Co-creating supplemental material;
 - 4.4.1.3. Understanding how to use the TRAC system to plan treatment;
 - 4.4.1.4. Selecting appropriate intervention modules for cases;
 - 4.4.1.5. Managing crises in MATCH treatment;
 - 4.4.1.6. Using session agendas to stay on track; and
 - 4.4.1.7. Trainee-requested themes.
 - 4.4.2. Conduct consultation calls via internet-based video conferencing software to enable consultants to:
 - 4.4.2.1. Share documents and visual materials in real time with trainees.
 - 4.4.2.2. Participate while logged into the TRAC system in order to view case-by-case progress.
 - 4.4.3. Review all TRAC dashboards prior to conducting a consultation call in order to prioritize clients that are making less clinical progress for group review.
 - 4.4.4. Ensure consultation calls occur on a weekly basis for fifteen consecutive weeks, then biweekly thereafter.
- 4.5. The Contractor shall provide a minimum of three (3) 1-day learning sessions throughout the course of each MATCH LC training cycle that focus on advanced topics as selected in collaboration with senior leaders and clinician trainees, which may include but are not limited to:
 - 4.5.1. Case presentations;
 - 4.5.2. Advanced clinical issues;
 - 4.5.3. Enhanced methods for engaging and/or training family partners to support MATCH implementation;
 - 4.5.4. Additional training on screening and referrals;
 - 4.5.5. Data-driven clinical decision-making;
 - 4.5.6. The use of CQI tools to help identify, prioritize, carry out, and evaluate continuous quality improvement initiatives, also known as MATCH Plan-Do-Study-Act);

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- 4.5.7. Facilitating interagency learning and collaboration through outreach training; and
- 4.5.8. Coordinating "affinity groups" that allow staff from multiple agencies to break out by role and engage in focused discussions aimed at increasing shared knowledge.
- 4.6. The Contractor shall ensure MATCH certification is available to clinicians. The Contractor shall:
 - 4.6.1. Ensure certification is available to clinicians who:
 - 4.6.1.1. Attend all five (5) days of the in-person MATCH training.
 - 4.6.1.2. Participate in at least 85% of the consultation calls.
 - 4.6.1.3. Complete at least two (2) cases with two (2) different MATCH protocols, utilizing a combined total of at least sixteen (16) modules over a minimum of ten (10) sessions per client.
 - 4.6.1.4. Utilize MATCH resources, including, but not limited to:
 - 4.6.1.4.1. Flowcharts.
 - 4.6.1.4.2. Supplemental materials.
 - 4.6.1.5. Collect regular treatment progress data via TRAC.
 - 4.6.1.6. Utilize the MATCH Professional Development Portfolio to track their developing expertise through the active learning period.
 - 4.6.1.7. Demonstrate the required level of experience and expertise across their entire MATCH Professional Development Portfolio.
 - 4.6.1.8. Submit their portfolio.
 - 4.6.1.9. Submit the TRAC dashboard for their two qualifying cases.
 - 4.6.1.10. Submit a brief narrative case discussion to the Contractor Master Trainer.
 - 4.6.2. Review submitted material.
 - 4.6.3. Determine certification status for all clinicians, ensuring that:
 - 4.6.3.1. Successful applicants are provided with MATCH certification.
 - 4.6.3.2. Unsuccessful applicants are provided feedback on the necessary experience and expertise still needed to reach certification status.
 - 4.6.4. Work with Department staff to establish a recertification process, outlining necessary reviews and documentation for recertification.
- 4.7. The Contractor shall ensure CMHP workgroups have the ability to continue CQI activities post-MATCH implementation. The Contractor shall:
 - 4.7.1. Establish foundational tools and processes necessary to conduct data-driven decision-making, in order to scaffold CQI activities so that the CMHP workgroups can continue them independently.

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- 4.7.2. Develop performance targets and specific CQI goals and objectives in collaboration with LWGs, the Department, CMHP administrators, and senior leaders.
- 4.7.3. Conduct both video-based and in-person consultation visits with CMHPs to review quarterly progress and provide reports as described in the Reporting section in order to support progress towards the goals in Section 4.7.1 and 4.7.2, and inform the implementation process.
- 4.8. The Contractor shall provide ongoing technical assistance to CMHP senior leaders and supervisors:
 - 4.8.1. In order to assist with identifying and troubleshooting barriers to implementation as they arise.
 - 4.8.2. That is tailored to the needs of each participating agency.

5. Scope of Services (Quality Improvement and Sustainability)

- 5.1. The Contractor shall ensure the MATCH LC promotes sustainability through:
 - 5.1.1. Engaging senior leaders.
 - 5.1.2. Building local provider capacity and infrastructure.
 - 5.1.3. Training providers to utilize data for outcome monitoring and CQI.
 - 5.1.4. Building internal capacities of providers that will allow them to sustain MATCH through internal training and coaching.
- 5.2. The Contractor President/CEO (Dr. Robert Franks) shall host a senior leader call series to foster leadership at participating agencies and promote ongoing sustainability of MATCH. The Contractor shall:
 - 5.2.1. Ensure monthly calls focus senior leader roles in developing MATCH sustainability through:
 - 5.2.1.1. Administrative processes and supports.
 - 5.2.1.2. Policy development that senior leaders can develop to facilitate the sustainability of MATCH.
 - 5.2.2. Ensure monthly calls provide an opportunity to:
 - 5.2.2.1. Review implementation and outcome data.
 - 5.2.2.2. Identify any barriers to implementation.
 - 5.2.3. Ensure the senior leader call group has the opportunity to share successes and challenges and identify shared strategies for successful implementation of MATCH.
 - 5.2.4. Address topics that may include, but are not limited to:
 - 5.2.4.1. Addressing administrative barriers to implementation, which may include but are not limited to loss in productivity during training activities?
 - 5.2.4.2. Incentivizing providers to use MATCH in their clinical practice.
 - 5.2.4.3. Establishing peer supervision groups to support the continuation of the model.

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- 5.3. The Contractor shall facilitate and implement a CQI process in order to support CMHPs in developing local CQI capacity to ensure agencies have the motivation, knowledge, skills, tools and processes to own and take over the CQI process. The Contractor shall:
- 5.3.1. Utilize a CQI process that is consistent with the Results Based Accountability (RBA) Framework, which includes, but is not limited to:
 - 5.3.1.1. Utilizing user-friendly continuous data feedback loops that allow for accountability at the project, provider, site and clinician levels.
 - 5.3.1.2. Utilizing data at all levels and continuous monitoring and adjustment of processes.
 - 5.3.2. Utilize the RBA framework to work with each of the LWGs to develop performance measures and dashboard indicators in order to track progress towards implementing MATCH. The Contractor shall conduct activities that may include, but are not limited to:
 - 5.3.2.1. Providing booster trainings on CQI methodology and tools.
 - 5.3.2.2. Reviewing policies and procedures to institutionalize support for MATCH.
 - 5.3.2.3. Providing access to TRAC.
 - 5.3.2.4. Providing ongoing consultation and technical assistance.
 - 5.3.2.5. Collaborating with local work groups to develop a sustainability plan.
 - 5.3.2.6. Developing an outcomes report based on the CANS and related measures.
 - 5.3.2.7. Conducting focus groups and/or key informant interviews for :
 - 5.3.2.7.1. Lessons learned;
 - 5.3.2.7.2. Implementation challenges and successes.
 - 5.3.2.7.3. Program satisfaction.

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6. Program Timeline

- 6.1. The following program timeline is applicable in accordance with the contract effective date. Year 3 activities identified in the table below are contingent upon available funds and the Department's decision to renew contract services.

Table 2. MATCH Learning Collaborative Timeline & Training Plan	Cohort 1				Cohort 2			
	Year 1				Year 2			
	1	2	3	4	1	2	3	4
Phase 1: Pre-Implementation Activities								
1a. Establish an interagency MATCH Steering Team	X							
1b. Select CMHPs to participate	X				X			
1c. Select clinicians and supervisors to participate	X				X			
1d. Conduct organizational readiness assessments	X				X			
1e. Develop local CMHP workgroups & plans	X				X			
1f. Adapt training materials.	X				X			
Phase 2: Active Implementation Phase								
2a. Establish data systems	X				X			
2b. MATCH in-person clinical training		X				X		
2c. MATCH clinical consultation calls		X	X	X		X	X	X
2d. MATCH learning sessions			X	X	X		X	X
2e. MATCH certification & re-certification				X			X	
2f. Initiate CQI			X				X	
2g. Technical assistance & implementation consultation	X	X	X			X	X	X
Phase 3: Quality Improvement & Sustainability								
3a. Senior Leader call series			X	X	X		X	X
3b. Enhance CQI					X	X		X
3c. MATCH supervisor training & consultation calls				X	X	X		X

- 6.2. The Contractor shall be responsible for deliverables identified in Year 3 only upon successful contract renewal.

7. Scope of Services (MATCH Supervisor Training/Train-the-Trainer/Provision Applicable to Contract Extensions)

- 7.1. The Contractor shall provide specialized MATCH supervisor training if the Department selects to renew contract services. The Contractor shall:
- 7.1.1. Provide training to internal CMHP internal supervisors in the second and third years of contract services using a Train-the-Trainer model to ensure sustainability of the MATCH program and accommodate staff turnover.
 - 7.1.2. Ensure MATCH Supervisors have the capacity to:
 - 7.1.2.1. Independently provide ongoing consultation to MATCH therapists and trainees within their organization.



- 7.1.2.2. Train new clinicians in the didactic components of the MATCH protocol so they can begin the therapist certification process.
- 7.1.2.3. Assist trainees with preparation of trainee portfolios and submission of certification materials to the Contractor for review of certification materials and award or denial of MATCH certification.

8. Staffing

- 8.1. The Contractor shall ensure sufficient qualified staff to provide contract services, which may include, but are not be limited to:
 - 8.1.1. **Project Director**, Robert Franks, Ph.D., shall provide oversight of all learning collaborative activities; provide expert consultation on training and implementation; manage financial and personnel resources; provide supervision to Contractor staff; manage relations with the Department, CMHP senior leaders, and partners; and ensure all goals and objectives are met.
 - 8.1.2. **Implementation Director**, TBD., shall oversee all implementation activities; lead pre-implementation activities; collaborate with providers to develop implementation plans; collaborate with providers to develop workgroups; provide oversight on all data collection, analysis, and reporting; develop CQI system for providers.
 - 8.1.3. **Training Director**, Daniel Cheron, Ph.D., ABPP, shall provide five (5)-day MATCH training for providers; prepare all materials for five (5)-day MATCH clinical training; provide twenty-five (25) hours of MATCH consultation for clinicians; provide two (2)-day MATCH Supervisor Training; provide twenty-five (25) hours of MATCH consultation for supervisors.
 - 8.1.4. **Clinical Director**, Sue Woodward, Ph.D., shall provide five (5)-day MATCH training for providers; prepare all materials for five (5)-day MATCH clinical training; provide twenty-five (25) hours of MATCH consultation for clinicians; provide two (2)-day MATCH Supervisor Training; provide twenty-five (25) hours of MATCH consultation for supervisors.
 - 8.1.5. **Project and Data Coordinator**, shall manage initiative activities; manage coordination of all Learning collaborative activities; act as liaison to CMHPs and stakeholders; provide technical assistance; assist Directors on TRAC enhancement and modifications; lead data collection, analysis, and reporting; troubleshoot with provider organizations on data collection; conduct data cleaning and compiling data from providers; assist in preparation and dissemination of products; assist in developing monthly implementation reports; assist in developing outcome reports; develop a CQI system for providers; and provide assistance to the Implementation Director.
 - 8.1.6. **Administrative Coordinator**, shall copy and assemble training and implementation materials; coordinate scheduling of training and

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Date 11/30/16



consultations calls and Learning Collaborative activities; coordinate in-person site visits and other meetings; identify and secure training space; manage and order supplies as needed for the Learning Collaborative; and support the Director as needed.

- 8.2. The Contractor shall notify the Department, in writing of any permanent or temporary changes to or deletions from the Contractor's management, supervisory, and key professional personnel, who directly impact the provision of required services.

9. Reporting

- 9.1. The Contractor shall provide regular reports to the Department and agency leadership, supervisors, and clinicians that are tailored to each stakeholder level of need and interest. The Contractor shall provide monthly implementation status reports that include, but are not limited to:

- 9.1.1. The number of MATCH trainings provided during the previous month.
- 9.1.2. Barriers to training and plans to address barriers to training that have been identified.
- 9.1.3. Adaptations of MATCH training materials to meet the cultural and linguistic needs of the communities.
- 9.1.4. Staff (identified by name, FTE, current position and degree/credential/highest license attained) who work for the CMHP and are MATCH certified.
- 9.1.5. A summary of case consultation calls.
- 9.1.6. TRAC outcomes and implementation data reports to clearly describe progress, and gain input regarding other indicators that will be important to track, and to inform decision-making for the upcoming quarter.

- 9.2. The Contractor shall submit written quarterly reports to the Department that include, but are not limited, to pre- and post-reports of results from measures of:

- 9.2.1. Organizational readiness.
- 9.2.2. Provider attitudes towards EBPs.
- 9.2.3. Aggregated clinical progress.
- 9.2.4. Fidelity to MATCH.

- 9.3. The Contractor shall submit written annual reports that include, but are not limited to:

- 9.3.1. An assessment of the fit, transferability, and sustainability of MATCH within NH CMHP settings.
- 9.3.2. Lessons learned from the first year of the project on how MATCH could be brought to scale to other NH CMHP providers.
- 9.3.3. Pre-and post-analyses of symptom, out-of-home placement, education, substance use, and juvenile justice outcomes (at baseline, and at three (3), six (6), nine (9), twelve (12), eighteen (18), and



twenty-four (24) months post-enrollment) through application of the CANS and other measures.

10. Deliverables

- 10.1. The Contractor shall provide an implementation rollout timeline for contract activities no later than ten (10) days from the contract effective date.
- 10.2. The Contractor shall begin implementation of Section 3 no later than sixty (60) days prior to providing hands-on training described in Section 4.
- 10.3. The Contractor shall provide an overview of Section 3 and Section 4 format requirements no later than thirty (30) days prior to implementing Section 3.
- 10.4. The Contractor shall provide all curriculums that supplement trainings no later than fourteen (14) days prior to commencement of activities in Section 3.
- 10.5. The Contractor shall provide formal and detailed certification requirements to the Department and First Episode Psychosis teams at the CMHP within fifteen (15) days of the contract effective date.

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Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (<https://www.cfda.gov>) #93.778 US Department of Health & Human Services, Centers for Medicare and Medicaid Services.
3. The Contractor shall use and apply all contract funds for authorized direct and indirect costs to provide services in Exhibit A, Scope of Services, in accordance with Exhibit B-1 Budget.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for services provided in accordance with Exhibit A, Scope of Services, shall be made as follows:
 - 5.1. Payments shall be made on cost reimbursement basis only, for allowable expenses and in accordance with Exhibits B-1, Budget through Exhibit B-2, Budget.
 - 5.2. Allowable costs and expenses shall include those expenses detailed in Exhibit B-1, Budget through Exhibit B-2, Budget.
 - 5.3. The Contractor shall submit monthly invoices using invoice forms provided by the Department, and will reference contract budget detail on each invoice.
 - 5.4. The Contractor shall submit supporting documentation and required reports in Exhibit A, Scope of Services, Section 4, that support evidence of actual expenditures, in accordance with Exhibit B-1, Budget through Exhibit B-2, Budget for the previous month by the tenth (10th) working of the current month.
 - 5.5. The invoices for services outlined in Exhibit B-1, Budget, through Exhibit B-2 Budget shall be submitted preferably by e-mail on Department approved invoices to:

State Planner or Designee
Department of Health and Human Services
Bureau of Behavioral Health
105 Pleasant Street
Concord, NH 03301
beth.nichols@dhhs.state.nh.us

**New Hampshire Department of Health and Human Services
Modular Approach to Therapy for Children (MATCH) Trainer
Exhibit B**



- 5.6. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 and Exhibit B-2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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

Bidder/Program Name: MATCH-ADTC Learning Collaborative

Budget Request for: RFP-2016-BMH-08-Modul FOR Modular Approach to Therapy for Children (MATCH) Trainer

Budget Period: FY1 - 1/1/2017 through 6/30/2017

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$61,910.41	\$9,905.67	\$71,816.08	\$0.00	\$0.00	\$0.00	\$61,910.41	\$9,905.67	\$71,816.08
2. Employee Benefits	\$16,096.71	\$2,575.47	\$18,672.18	\$0.00	\$0.00	\$0.00	\$16,096.71	\$2,575.47	\$18,672.18
3. Consultants	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Equipment									
Rental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Repair and Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Purchase/Depreciation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Supplies									
Educational	\$14,500.00	\$2,320.00	\$16,820.00	\$0.00	\$0.00	\$0.00	\$14,500.00	\$2,320.00	\$16,820.00
Lab	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pharmacy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office	\$2,822.88	\$451.66	\$3,274.54	\$0.00	\$0.00	\$0.00	\$2,822.88	\$451.66	\$3,274.54
6. Travel	\$3,628.00	\$580.48	\$4,208.48	\$0.00	\$0.00	\$0.00	\$3,628.00	\$580.48	\$4,208.48
7. Occupancy	\$3,877.56	\$620.41	\$4,497.97	\$0.00	\$0.00	\$0.00	\$3,877.56	\$620.41	\$4,497.97
8. Current Expenses									
Telephone	\$1,493.75	\$239.00	\$1,732.75	\$0.00	\$0.00	\$0.00	\$1,493.75	\$239.00	\$1,732.75
Postage	\$50.00	\$8.00	\$58.00	\$0.00	\$0.00	\$0.00	\$50.00	\$8.00	\$58.00
Subscriptions	\$3,000.00	\$480.00	\$3,480.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$480.00	\$3,480.00
Audit and Legal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Board Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. Software	\$7,000.00	\$1,120.00	\$8,120.00	\$0.00	\$0.00	\$0.00	\$7,000.00	\$1,120.00	\$8,120.00
10. Marketing/Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. Staff Education and Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Subcontracts/Agreements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other (specific details mandatory):									
MATCH Training Meeting Space	\$1,400.00	\$224.00	\$1,624.00	\$0.00	\$0.00	\$0.00	\$1,400.00	\$224.00	\$1,624.00
Learning Sessions Meeting Space	\$600.00	\$96.00	\$696.00	\$0.00	\$0.00	\$0.00	\$600.00	\$96.00	\$696.00
TOTAL	\$116,379	\$18,621	\$135,000	\$0	\$0	\$0	\$116,379	\$18,621	\$135,000
Indirect As A Percent of Direct		16%						16%	

Date: 11/5/16

Contractor Initials *RJA*

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

Bidder/Program Name: MATCH-ADTC Learning Collaborative
Budget Request for: RFP-2016-BMH-08-Modul FOR Modular Approach to Therapy for Children (MATCH) Trainer
Budget Period: FY2 - 7/1/2017 through 6/30/2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$120,118.82	\$19,219.01	\$139,337.83	\$0.00	\$0.00	\$0.00	\$120,118.82	\$19,219.01	\$139,337.83
2. Employee Benefits	\$31,230.89	\$4,996.94	\$36,227.84	\$0.00	\$0.00	\$0.00	\$31,230.89	\$4,996.94	\$36,227.84
3. Consultants	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Equipment									
Rental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Repair and Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Purchase/Depreciation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Supplies									
Educational	\$30,000.00	\$4,800.00	\$34,800.00	\$0.00	\$0.00	\$0.00	\$30,000.00	\$4,800.00	\$34,800.00
Lab	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pharmacy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office	\$5,830.50	\$932.88	\$6,763.38	\$0.00	\$0.00	\$0.00	\$5,830.50	\$932.88	\$6,763.38
6. Travel	\$7,256.00	\$1,160.96	\$8,416.96	\$0.00	\$0.00	\$0.00	\$7,256.00	\$1,160.96	\$8,416.96
7. Occupancy	\$7,434.31	\$1,189.49	\$8,623.80	\$0.00	\$0.00	\$0.00	\$7,434.31	\$1,189.49	\$8,623.80
8. Current Expenses									
Telephone	\$4,788.00	\$766.08	\$5,554.08	\$0.00	\$0.00	\$0.00	\$4,788.00	\$766.08	\$5,554.08
Postage	\$100.00	\$16.00	\$116.00	\$0.00	\$0.00	\$0.00	\$100.00	\$16.00	\$116.00
Subscriptions	\$8,000.00	\$1,280.00	\$9,280.00	\$0.00	\$0.00	\$0.00	\$8,000.00	\$1,280.00	\$9,280.00
Audit and Legal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Board Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. Software	\$14,000.00	\$2,240.00	\$16,240.00	\$0.00	\$0.00	\$0.00	\$14,000.00	\$2,240.00	\$16,240.00
10. Marketing/Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. Staff Education and Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Subcontracts/Agreements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other (specific details mandatory):									
MATCH Training Meeting Space	\$2,800.00	\$448.00	\$3,248.00	\$0.00	\$0.00	\$0.00	\$2,800.00	\$448.00	\$3,248.00
Learning Sessions Meeting Space	\$1,200.00	\$192.00	\$1,392.00	\$0.00	\$0.00	\$0.00	\$1,200.00	\$192.00	\$1,392.00
TOTAL	\$232,759	\$37,241	\$270,000	\$0	\$0	\$0	\$232,759	\$37,241	\$270,000
Indirect As A Percent of Direct		16%						16%	

Date: 4/30/16

Contractor Initials RPA

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

Bidder/Program Name: MATCH-ADTC Learning Collaborative

Budget Request for: RFP-2016-BMH-08-Modul FOR Modular Approach to Therapy for Children (MATCH) Trainer

Budget Period: FY3 - 7/1/2018 through 12/31/2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$61,910.41	\$9,905.67	\$71,816.08	\$0.00	\$0.00	\$0.00	\$61,910.41	\$9,905.67	\$71,816.08
2. Employee Benefits	\$16,096.71	\$2,575.47	\$18,672.18	\$0.00	\$0.00	\$0.00	\$16,096.71	\$2,575.47	\$18,672.18
3. Consultants	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Equipment									
Rental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Repair and Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Purchase/Depreciation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Supplies									
Educational	\$14,500.00	\$2,320.00	\$16,820.00	\$0.00	\$0.00	\$0.00	\$14,500.00	\$2,320.00	\$16,820.00
Lab	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pharmacy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office	\$2,822.88	\$451.66	\$3,274.54	\$0.00	\$0.00	\$0.00	\$2,822.88	\$451.66	\$3,274.54
6. Travel	\$3,628.00	\$580.48	\$4,208.48	\$0.00	\$0.00	\$0.00	\$3,628.00	\$580.48	\$4,208.48
7. Occupancy	\$3,877.56	\$620.41	\$4,497.97	\$0.00	\$0.00	\$0.00	\$3,877.56	\$620.41	\$4,497.97
8. Current Expenses									
Telephone	\$1,493.75	\$239.00	\$1,732.75	\$0.00	\$0.00	\$0.00	\$1,493.75	\$239.00	\$1,732.75
Postage	\$50.00	\$8.00	\$58.00	\$0.00	\$0.00	\$0.00	\$50.00	\$8.00	\$58.00
Subscriptions	\$3,000.00	\$480.00	\$3,480.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$480.00	\$3,480.00
Audit and Legal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Board Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. Software	\$7,000.00	\$1,120.00	\$8,120.00	\$0.00	\$0.00	\$0.00	\$7,000.00	\$1,120.00	\$8,120.00
10. Marketing/Communications	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. Staff Education and Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Subcontracts/Agreements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other (specific details mandatory):									
MATCH Training Meeting Space	\$1,400.00	\$224.00	\$1,624.00	\$0.00	\$0.00	\$0.00	\$1,400.00	\$224.00	\$1,624.00
Learning Sessions Meeting Space	\$600.00	\$96.00	\$696.00	\$0.00	\$0.00	\$0.00	\$600.00	\$96.00	\$696.00
TOTAL	\$116,379	\$18,621	\$135,000	\$0	\$0	\$0	\$116,379	\$18,621	\$135,000
Indirect As A Percent of Direct		16%						16%	

Date: 11/30/16

Contractor Initials

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SPECIAL PROVISIONS

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

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

RPT
Date 11/30/16



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

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

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

RPT
Date *11/30/16*



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

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

[Handwritten Signature]



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

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

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

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

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

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

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

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

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

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

[Signature]
11/24/16



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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

[Handwritten Signature]
[Handwritten Date: 11/30/16]



REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 9, of the General Provisions of this contract, Data/Access/Confidentiality/Preservation, subsection 9.2 is replaced as follows:
 - 9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose shall be returned to the State upon demand or upon termination of this Agreement for any reason. Proprietary MATCH MODEL and associated intellectual property shall be retained by the Contractor.
3. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, thirty (30) days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within fifteen (15) days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
4. The Division reserves the right to renew the Contract for up to four (4) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

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11/30/16

New Hampshire Department of Health and Human Services
Exhibit D



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

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

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

Contractor Name: Judge Baker Children's Center

11/30/16
Date

Robert P. Franks
Name: Robert P. Franks
Title: President + EEO



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name: Judge Baker Children's Center

11/30/16
Date

Robert P. Frank
Name: Robert P. Frank
Title: President, CEO



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

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

INSTRUCTIONS FOR CERTIFICATION

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

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

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

PRIMARY COVERED TRANSACTIONS


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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: Judge Baker Children's Center

Date 11/30/16


Name: Robert P. Franks
Title: President + CEO



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

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

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

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

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

Exhibit G

Contractor Initials

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

11/30/16

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name: Judge Baker Children's Center

11/30/16
Date

Robert P. Franks
Name: Robert P. Franks
Title: President + CEO

Exhibit G

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

Contractor Initials RPF

Date 11/30/16



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Judge Baker Children's Center

Date 11/30/16



Name: Robert P. Franks
Title: President + CEO



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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

[Handwritten Signature]
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Exhibit I

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

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

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

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Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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

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Exhibit I

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

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

[Signature]
11/30/16



Exhibit I

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

(4) **Obligations of Covered Entity**

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

(5) **Termination for Cause**

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

(6) **Miscellaneous**

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

RPA
11/30/16



Exhibit I

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

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

NH DHHS
The State

[Signature]
Signature of Authorized Representative

Katya S Fox
Name of Authorized Representative

Director
Title of Authorized Representative

12/12/16
Date

JUDGE BAKER CHILDREN'S CENTER
Name of the Contractor

[Signature]
Signature of Authorized Representative

ROBERT P FRANKS
Name of Authorized Representative

PRESIDENT & CEO
Title of Authorized Representative

11/30/16
Date

[Signature]

11/30/16



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

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

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

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

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

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

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

Contractor Name: Judge Baker Children's Center

Date: 11/30/16

Robert P. Franks
Name: ROBERT P. FRANKS
Title: PRESIDENT & CEO

RF
Date: 11/30/16



FORM A

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

1. The DUNS number for your entity is: 0738249220000
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

☒ NO ☐ YES

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

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

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

☐ NO ☐ YES

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

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

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

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

RAF
11/30/16