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

BUREAU OF BEHAVIORAL HEALTH

Nicholas A. Toumpas  
Acting Commissioner

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-5000 1-800-852-3345 Ext. 5000  
Fax: 603-271-5058 TDD Access: 1-800-735-2964

Nancy L. Rollins  
Associate Commissioner

May 17, 2013

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

100% GENERAL FUNDS

Requested Action

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, to enter into an agreement with NAMI New Hampshire, 85 North State Street, Concord, NH 03301, vendor number 166630, to provide family mutual support and suicide prevention services in an amount not to exceed \$939,180 for the period beginning July 1, 2013, or date of Governor and Council approval, whichever is later, through June 30, 2015. Funds are available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust amounts if needed and justified between State Fiscal Years.

05-95-92-920010-7012 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, FAMILY MUTUAL SUPPORT SERVICES

<u>Fiscal Year</u>	<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>Totals</u>
2014	102-0731	Family Mutual Support Services	92207012	\$ 464,867
2015	102-0731	Family Mutual Support Services	92207012	\$ 474,313
			Total	\$ 939,180

Explanation

NAMI New Hampshire shall provide family mutual support services that include statewide support, education and training activities to families of persons with severe and persistent mental illness, as well as to parents and families of children with serious emotional disturbances. Education and support shall empower families to work with service providers and advocate for appropriate and timely services, and shall be provided to individual families of consumers representing all age groups. Family mutual support training shall also be provided through classes by trained teachers. Family members of persons with severe and persistent mental illness shall acquire the skills and knowledge necessary to facilitate family support groups throughout the state. These family groups shall enhance members' ability to provide self-help support to each other and their mentally ill family members. Participants shall be taught skills to increase their ability to respond to and support families coping with the stress and challenges of having a family member with a serious mental illness. By enhancing families' capacities to support their family member with a serious mental illness in community living, the likelihood of psychiatric hospitalization will be reduced.

NAMI New Hampshire shall provide telephone response and distribution of education materials to individual family members, providers and organizations. They shall also sponsor a statewide anti-stigma campaign and other public presentations on mental illness and recovery.

NAMI New Hampshire shall continue implementing their Frameworks Suicide Prevention Project now named *Connect*. *Connect* is a national best practice program that increases the competence and confidence of professionals and communities to respond to suicide incidents. It focuses on prevention (education about early recognition), intervention (skills for responding to attempts, thoughts, and threats of suicide) and postvention (promoting healing and reducing risk after a suicide).

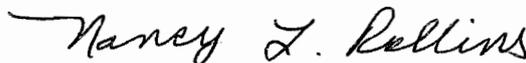
The Bureau of Behavioral Health requested proposals from non-profit organizations for mutual family support and suicide prevention services. The request for proposal was posted on the Department of Health and Human Services website "Request for Proposal Listing". As a result of the request for proposal, one proposal was received: NAMI New Hampshire. The proposal was reviewed by an Evaluation Committee consisting of two staff from the Division of Community Based Care Services, Bureau of Behavioral Health, and one staff from the Developmental Disabilities Council and the proposal was rated on a predetermined formula outlined in the request for proposal. The initial proposal review did not meet the threshold determined satisfactory by the review team. The RFP was re-released and NAMI New Hampshire submitted a second proposal. This proposal was reviewed by the same review team and scored a total of 367 points out of a total possible 400 points, or a score of 92% on a 100-point scale.

If this contract is not approved, there will be no support for families trying to navigate the mental health system. The contract provides one-to-one support for families and mental health consumers across the life span, as well as support groups in multiple communities across the state. This includes families that have experienced mental illness, but are not in the mental health system; families that have experienced mental illness, but are having difficulty accessing services; and families that have experienced a suicide as the result of mental illness. These are all supports not available through community mental health centers; yet provide connections to mental health services statewide. This contract also provides training to lay persons to identify and connect to available resources for suicide prevention. The training will benefit persons who have contact with individuals who are at risk of suicide and have not reached out for help.

Area served: statewide.

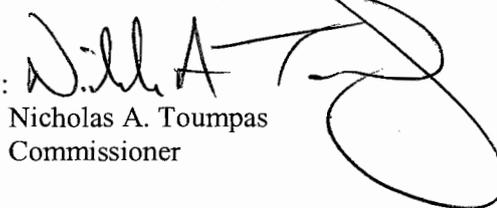
Source of funds: 100% General Funds.

Respectfully submitted,



Nancy L. Rollins  
Associate Commissioner

Approved by:



Nicholas A. Toumpas  
Commissioner

NLR/PBR/sl  
FY14-15/FMS-SP/NAMI NH

Enclosures

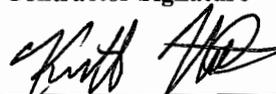
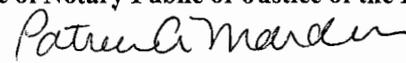
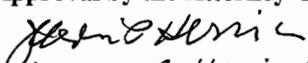
Subject: To Provide Mental Health Services

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

<b>1.1 State Agency Name</b> NH DHHS-Division of Community Based Services Bureau of Behavioral Health		<b>1.2 State Agency Address</b> 105 Pleasant Street, Main Bldg. Concord, NH 03301	
<b>1.3 Contractor Name</b> NAMI New Hampshire		<b>1.4 Contractor Address</b> 85 North State Street Concord, NH 03301	
<b>1.5 Contractor Phone Number</b> 603-225-5359	<b>1.6 Account Number</b> Various State Accounts. See List in Exhibit B.	<b>1.7 Completion Date</b> 06-30-15	<b>1.8 Price Limitation</b> \$939,180.
<b>1.9 Contracting Officer for State Agency</b> Nancy L. Rollins, Associate Commissioner		<b>1.10 State Agency Telephone Number</b> (603)271-5000	
<b>1.11 Contractor Signature</b> 		<b>1.12 Name and Title of Contractor Signatory</b> Kenneth Norton, Executive Director	
<b>1.13 Acknowledgement:</b> State of <u>New Hampshire</u> , County of <u>Merrimack</u> On 05/21/13, 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.			
<b>1.13.1 Signature of Notary Public or Justice of the Peace</b>  [Seal]		<b>PATRICIA A. MARDEN, Notary Public</b> My Commission Expires August 8, 2017	
<b>1.13.2 Name and Title of Notary or Justice of the Peace</b>			
<b>1.14 State Agency Signature</b> 		<b>1.15 Name and Title of State Agency Signatory</b> Nancy L. Rollins, Assoc. Comm., Div. Community Based Svs	
<b>1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)</b> By:		Director, On:	
<b>1.17 Approval by the Attorney General (Form, Substance and Execution)</b> By:  Jeanne P. Herick, Attorney		On: 4 June 2013	
<b>1.18 Approval by the Governor and Executive Council</b> 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, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("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. 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 consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written 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 \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance 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 fifteen (15) 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

Contractor Initials: RM  
Date: 5/21/13

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) 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.

**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.

# CERTIFICATE OF VOTE

I, Chester Batchelder, do hereby certify that:

1. I am the duly elected Treasurer of NAMI New Hampshire.
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on May 21, 2013.

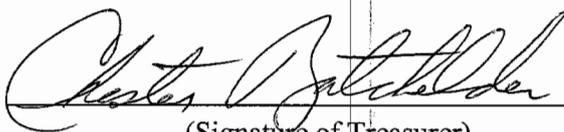
**RESOLVED:** That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, concerning the following matter:

**To Provide: Family Mutual Support Services and Suicide Prevention Services.**

**RESOLVED:** That the Executive Director hereby is authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as (s)he may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended and remain in full force and effect as of May 21, 2013.
4. Kenneth C. Norton is the duly elected Executive Director of the Corporation.

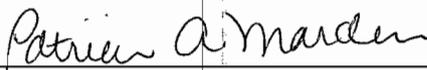
(Seal)  
(Corporation)



(Signature of Treasurer)

State of New Hampshire  
County of Merrimack

The foregoing instrument was acknowledged before me this 21<sup>st</sup> day of May, 2013.  
by Chester Batchelder.



Name: Patricia A. Marden  
Title: Notary Public/Justice of the Peace

(Seal)  
(Notary Public)

Commission Expires: August 8, 2017

**EXHIBIT A**  
**SCOPE OF WORK**

1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or Federal or State court orders may impact on the services described herein, the State has the right to modify service priorities and expenditure requirements under the Agreement so as to achieve compliance therewith.
2. Except as otherwise specifically provided for herein, the Contractor shall perform the Services in the State of New Hampshire.
3. The Contractor shall pursue any and all appropriate sources of funds that are applicable to funding of the service(s). Appropriate records shall be maintained by the Contractor to document actual funds received or denials of funding from such sources of funds.
4. The Contractor shall select and employ staff utilizing practices and procedures as proposed by the Contractor and approved by the Bureau of Behavioral Health (BBH). The Contractor shall assure that offers of employment are made in writing and include, salary, start date, hours to be worked and job responsibilities. Prior employment references shall be obtained and verified.
5. The Contractor shall assure that any person who is in regular contact with clients and who becomes employed by the Contractor or its Sub-Contractor after the effective date of this Agreement shall be screened for criminal convictions in accordance with RSA 106-B:14 which allows any public or private agency to request and receive a copy of the criminal conviction record of another who has provided authorization in writing, duly notarized, explicitly allowing the requester to receive such information.
6. The Contractor shall not add, delete, defund, or transfer among program staff positions without prior written permission from BBH. Failure of BBH to respond to a written request from the Contractor within two (2) weeks from receipt of the request shall constitute permission.
7. The Contractor shall provide the services outlined in the "Family Mutual Supports & Suicide Prevention Scope of Services & Statistical Projections Form" which immediately follows this Exhibit.
8. At the discretion of BBH, financial, data and program audits shall be conducted by BBH-approved personnel to assure fiduciary and programmatic compliance with the Agreement.
  - 8.1. The Contractor shall accept BBH-approved consultation, technical assistance, training, and support as identified and specified by BBH resulting from audit recommendations to fulfill all requirements of the Agreement.
  - 8.2. BBH may require that corrective actions be completed within specific time frames.
10. For the purpose of this Agreement the phrase "funds provided pursuant to this Agreement", "State funds" or other similar phrases throughout this Agreement and the exhibits thereto shall include State funds provided to the Contractor by BBH, along with prior year excess funds which were deferred until the current year and all other revenue generated within or allocated to programs funded by this Agreement and Federal funds allocated to programs funded by this Agreement except that no Federal block grant funding shall be used to pay for inpatient services.
11. The Contractor's Board of Directors shall have a minimum of nine (9) voting members, a majority of who shall also have had family or personal experience with the mental health system.
  - 11.1. The Contractor shall maintain records of membership for purposes of validation of annual board elections and to support efficient and regular communications with membership regarding Contractor activities. Such records shall be considered confidential and shall not be disclosed to the public but shall be made available to BBH upon request to monitor compliance with this Agreement.
  - 11.2. The Contractor's Board of Directors shall maintain written records of Board meetings to include topics discussed, action steps and votes. Minutes shall also reflect a monthly review of the agency financial status.

Contractor Initials: RM  
Date: 5/21/13

**11.3.** The Contractor's Board of Directors shall have a documented orientation process and manual for Directors.

**11.4.** The Contractor's Board of Directors shall have annual training related to roles and responsibility of Directors including fiduciary responsibilities.

**11.5.** The Contractor's Board of Directors shall assure that the Contractor has an accounting manual specific to the agency. The accounting manual shall include, but not be limited to, the following: Cash Management including cash receipts, cash disbursements, and petty cash; Accounts Payable/Receivable Procedures, payroll, and fixed assets; Internal Control Procedures; and Expense Reimbursement and Advance Policy.

**12.** The Contractor shall employ personnel as indicated in Budget Form B. Changes in personnel, individual salaries, or amounts of time employed, specified in Budget Form B shall be submitted to, and approved by, BBH before implementation.

**13.** The Contractor shall require that all employees, members, or volunteers who drive Contractor owned vehicles sign a State of New Hampshire release of individual motor vehicle driver records form, that those records indicate a safe driving record, and that the driver participate in a National Safety Council Defensive Driving course offered through a State of New Hampshire approved agency.

**14.** The commencement date of this Agreement shall be the Effective Date, that is July 1, 2013, or date of Governor and Council of the State of New Hampshire approval, whichever is later. The Contractor shall not be paid for any services that may be provided prior to the Effective Date.

FY14-15 Exhibit A FMS/SP

Contractor Initials: RM  
Date: 5/21/13

# FAMILY MUTUAL SUPPORTS: SCOPE OF SERVICES FY2014

Agency: **NAMI New Hampshire**  
 Fiscal Period: 7/1/2013 – 6/30/2014

Date Prepared: **4/26/2013**  
 Prepared By: **Kenneth Norton**

INDIVIDUAL FAMILY-TO-FAMILY MUTUAL SUPPORT:	Indicate if proposed	Numerical Goals	DESCRIPTION
<p>1. Time limited 1:1 age appropriate support and education                      Responsible Staff: Susan Allen-Samuel                      Claudia Ferber, Annette Carbonneau, Rebecca McEnany</p>	Yes	65 Families ADULTS	Provide 1:1 support and education to families across the life span so they may learn and develop skills to navigate the mental health system, learn effective advocacy skills and manage the stressors that families affected by mental illness experience.
<p>2. Time limited 1:1 age appropriate support and education                      Responsible Staff: Susan Allen-Samuel                      Claudia Ferber, Rebecca McEnany</p>	Yes	50 Families CHILDREN	Provide 1:1 support and education to families across the life span so they may learn and develop skills to navigate the mental health system, learn effective advocacy skills and manage the stressors that families affected by mental illness experience.
<p>3. Time limited 1:1 age appropriate support and education                      Responsible Staff: Bernedette Seifert, Rebecca McEnany</p>	Yes	35 Families OLDER ADULTS	Provide 1:1 support and education to families across the life span so they may learn and develop skills to navigate the mental health system, learn effective advocacy skills and manage the stressors that families affected by mental illness experience.
<p>4. Information and Resource (I&amp;R): Phone, email and walk-in response; distribution of educational materials to individual family members, providers, and organizations.                      Responsible Staff: Susan Allen-Samuel                      Claudia Ferber, Annette Carbonneau, Bernedette Seifert, Ellen Malloy, Patrick Roberts, Diane Gedney, Landis Donaghy, Julie Dunham, Rebecca McEnany, Other Qualified staff</p>	Yes	Respond to 1,000 phone/email/walk-in inquiries.	Respond to requests for specific information from individual callers, through emails, and from walk-in's to our office.
<p>5. Maintain NAMI NH and Connect Websites                      Responsible Staff:                      Patrick Roberts, Diane Gedney, Landis Donaghy</p>	Yes	Quarterly average of 5,500 unique visitors/20,000 page views at NAMI NH's website and 2,000/7,000 respectively to Connect Program Website.	Maintain websites with accurate resources, class schedules, support groups, testimony and letters in response to current legislation, overview and updates on the Ten Year Plan, Managed Care, the Affordable Care Act, social networking opportunities for teens and young adults, complete listing of Community Mental Health Services and Peer Support Agencies and more detailed mental health/mental illness/suicide prevention including use of multi-media on – <a href="http://www.naminh.org">www.naminh.org</a> – and <a href="http://www.theconnectprogram.org">www.theconnectprogram.org</a> (which are linked to each other.)
<p>6. Use web-based media, including podcasts, Facebook, NAMI NH Blog and Twitter to convey information and promote help seeking messages.                      Responsible Staff:                      Patrick Roberts, Annette Carbonneau, Other Qualified Staff</p>	Yes	6 podcasts, links to educational videos/webinars, 50 new Facebook Friends, Enews distributed twice a	NAMI NH will post 6 podcasts on topics relevant to family education/support, suicide prevention and/or supports to those bereaved by suicide, The 10 Year Plan, Managed Care and the Affordable Care Act. We will provide links to educational videos and webinars produced locally and nationally on topics of interest to families and consumers; provide information, support and

			month, 2 Blog posts per week, 50 new Twitter followers	networking to families and individuals on the NAMI NH Facebook, Blog and Twitter pages. Priority will be given to providing information and updates on NH's Ten Year Plan, Managed Care and Stigma reduction.
<b>7. Mental Health Resource Center</b> <b>Responsible Staff:</b> <b>Diane Gedney, Landis Donaghy, Julie Dunham, Claudia Ferber, Other Qualified Staff</b>	Yes	Distribute education materials: 120 in Spanish language; 6,000 in English.		Provide science based materials, resources, referrals to consumer and family support/education programs, and survivor of suicide loss resources. Distribute science-based printed materials.
<b>8. Next of Kin Resource Packets</b> <b>Responsible Staff:</b> <b>Rebecca McEnany, Diane Gedney, Landis Donaghy, Julie Dunham</b>	Yes	200 Packets		Provide current science based information/best practices, on grief, suicide loss, warning signs for suicide, resources, and connections to Survivors of Suicide Loss support and education programs. Reduce risk and stigma/isolation and increase help seeking behavior.
<b>9. Track the satisfaction and outcome of the interventions (above)</b> <b>Responsible Staff: Patrick Roberts</b>	Yes	Data will be collected from the cohort.		Send electronic survey semi-annually to all individuals who contacted I&R and received 1:1 services during the previous 2 quarters and provided valid contact information. Generate report annually. Anticipated response rate is 10%.
<b>STATEWIDE EDUCATION &amp; TRAINING FOR FAMILY MUTUAL SUPPORT:</b>				
<b>1. Provide Parents Meeting the Challenge (PMC) education program by trained teachers (8 sessions each class)</b> <b>Responsible Staff:</b> <b>Susan Allen-Samuel, Claudia Ferber, Diane Gedney, Landis Donaghy, Patrick Roberts</b>	Yes	1 class = 10 participants		Participants who are primary caregivers of children and adolescents with serious emotional disorders will be educated to identify family needs, manage stressors, access supports and engage in service planning and coordination. Promote class through child and family serving networks that serve the priority population of children/youth with SED. Provide post class follow up and support to participants of the PMC course.
<b>2. Provide Family-to-Family (F2F) classes by trained teachers (12 sessions each class)</b> <b>Responsible Staff:</b> <b>Susan Allen-Samuel, Ellen Malloy, Annette Carbonneau, Landis Donaghy, Diane Gedney</b>	Yes	6 classes (x 20 =) 140 participants		Classes to be held in locations throughout NH including 1 new region. Participants, who have an adult family member with a mental illness will gain knowledge and skills that enable them to understand mental illness, manage their own stressors, engage in and support their loved one's treatment and recovery process and advocate for timely and appropriate services. Promote classes through CMHC's and systems serving the priority population of adults with SMI/SPMI.
<b>3. Family-to-Family (F2F) for Military Families</b> <b>Responsible Staff: Susan Allen-Samuel, Ellen Malloy, Annette Carbonneau, Landis Donaghy, Diane Gedney</b>	Yes	1 class (x15=) 15 participants		Class to be held at VA facility and focus on specific needs of military families.
<b>4. Provide Side-By-Side (SbS), older adult family education modules</b> <b>Responsible Staff:</b> <b>Bernadette Seifert, Landis Donaghy, Diane Gedney</b>	Yes	18 modules (x10 =) 180 participants		Classes to be held in locations throughout NH. Participants are primarily family members of older adults with mental illness, but may also include consumers and paraprofessionals who work with older adults. The 6 psycho-educational modules offered in this program helps participants better understand mental illness in

<p>combination with other age related issues. It encourages family members and other caregivers to access supports and become more effective in their involvement of care with older adults, and it empowers older adults with mental illness to take a more active role in the plan for their own care. Promote classes through geriatric health and mental health providers.</p>			<p>Family Support groups are located in communities around the state to provide support and education to families across the life span that are affected by SMI/SPMI/SED. Group meetings provide participants a safe place to share concerns and develop coping skills, gain knowledge and learn about community resources. Groups also provide opportunities for family members to gain confidence, learn leadership skills and move into advocacy. These advocates are then well prepared to assume active roles on state and local boards and committees focused on mental health related issues and participate in the promotion of NH's Ten Year Plan.</p>
<p>15 Facilitated Support Groups</p>	<p>Yes</p>	<p>5. Provide Family support groups by trained facilitators Responsible Staff: Susan-Allen Samuel, Annette Carbonneau, Ellen Malloy, Landis Donaghy, Diane Gedney</p>	
<p>12 Families</p>	<p>Yes</p>	<p>6. Connect 1:1 with families at NHH Responsible Staff: Susan Allen-Samuel, Ellen Malloy, Claudia Ferber</p>	<p>Work with NHH staff and recruit and provide technical assistance to family volunteers to connect with and support family members of individuals with Serious Mental Illness and Serious Emotional Disturbances at the hospital.</p>
<p>Information provided to 15 existing Family Support Groups</p>	<p>Yes</p>	<p>7. Provide Support Groups with overview on initiatives to improve NH's Mental Health Delivery System. Responsible Staff: Susan Allen-Samuel, Ellen Malloy, Annette Carbonneau</p>	<p>Family Support groups will be provided a comprehensive overview of The 10 year Plan, Managed Care, Quality Improvement Initiatives such as BIP and SIMS and the Affordable Care Act that can be utilized to inform their members.</p>
<p>Recruit 15 Advocacy Leaders</p>	<p>Yes</p>	<p>8. Recruit Advocacy Leaders Responsible Staff: Susan Allen-Samuel, Ellen Malloy, Annette Carbonneau</p>	<p>We will recruit a volunteer from each group to take on the role as the Advocacy Leader for the group. Staff would provide on-going updates on these topics to the groups through the Advocacy Leader.</p>
<p>4 Regional Information Meetings</p>	<p>Yes</p>	<p>9. Regional Meetings with Support Groups on initiatives to improve NH's Mental Health Delivery System. Responsible Staff: Executive Director Susan Allen-Samuel Annette Carbonneau Patrick Roberts Landis Donaghy</p>	<p>NAMI NH staff will hold 4 regional meetings with support groups in those regions to provide a detailed presentation on the current mental health system improvement initiatives including The 10 Year Plan, Managed Care, the Affordable Care Act and the DRC lawsuit. These presentations will be videotaped to be available for all groups to view.</p>

<p><b>10. Provide Connection support groups for people with a mental illness.</b>  <b>Responsible Staff:</b>  <b>Deborah Karr-Francis</b>  <b>Landis Donaghy</b></p>	<p>Yes</p>	<p>4 Facilitated Connection Groups</p>	<p>Connection groups are located in communities around the state and provide support and education to people who have a mental illness. In this recovery support group model, persons with mental illness come together to learn from and support each other, sharing the challenges and successes of coping with mental illness. Comprehensive Information regarding the implementation of NH's Ten Year Plan, Managed Care, and the Affordable Care Act will be provided to groups. Connection groups will be invited to attend regional information meetings.</p>
<p><b>11. Online Parents Meeting the Challenge Support Group</b>  <b>Responsible Staff:</b>  <b>Susan Allen-Samuel</b>  <b>Claudia Ferber</b></p>	<p>Yes</p>	<p>15 Members Online Support Group</p>	<p>To provide families and caregivers of children and adolescents with emotional disorders with peer support, education and resources when they are unable to physically attend a NAMI NH family support group because of factors such as health, transportation, child care or lack of a support group in their community. On line groups will be led by a trained NAMI NH Support Group Facilitator.</p>
<p><b>12. Parents Meeting the Challenge Online Message Board</b>  <b>Responsible Staff:</b>  <b>Susan Allen-Samuel</b>  <b>Claudia Ferber</b></p>	<p>Yes</p>	<p>Message Board</p>	<p>To provide young families and caregivers of children and adolescents with serious emotional disorders the opportunity to be part of a supportive community through an online message board, where families can support each other through sharing of challenges and strategies for overcoming them. Access is 24/7 and moderated by NAMI NH family support staff member.</p>
<p><b>13. Online Family-to-Family Support Group</b>  <b>Responsible Staff:</b>  <b>Ellen Malloy</b>  <b>Annette Carbonneau</b></p>	<p>Yes</p>	<p>25 Members Online Support Group</p>	<p>To provide families and caregivers of adults and older adults with mental illness with peer support, education and resources when they are unable to physically attend a NAMI NH family support group because of factors such as health, transportation, ill family members or lack of a support group in their community. On line groups will be led by a trained NAMI NH Support Group Facilitator.</p>
<p><b>14. Family-to-Family Online Message Board</b>  <b>Responsible Staff:</b>  <b>Ellen Malloy</b>  <b>Annette Carbonneau</b></p>	<p>Yes</p>	<p>Message Board</p>	<p>To provide families with an adult in their life with mental illness, the opportunity to communicate with other illness experienced families to gain support and learn coping strategies and resources. Access is 24/7 and moderated by NAMI NH family support staff.</p>
<p><b>15. Educational webinars</b>  <b>Responsible Staff:</b>  <b>Annette Carbonneau</b>  <b>Claudia Ferber</b>  <b>Bernadette Seifert</b></p>	<p>Yes</p>	<p>5 Webinars</p>	<p>NAMI NH will develop five educational webinars one each focused youth, adults, older adults, persons with mental illness and Advocacy. Topics to include: Youth Leadership; Assertive Community Treatment; Substance Abuse in Older Adults and The Affordable Care Act. Work with OCFA to develop webinar for persons with mental illness.</p>

<p><b>16. Provide consumer and family education conference</b> Responsible Staff: Claudia Ferber All Staff</p>	<p>Yes</p>	<p>125 attendees</p>	<p>Conference will provide education and resources to consumers, transitional age youth, families, providers and interested members of the public, on various mental health topics/issues across the lifespan including promotion of NH's Ten Year Plan. NAMI NH staff will assemble a Conference Planning Committee including key stakeholders and family members.</p>
<p><b>17. Evaluate the effectiveness of programs</b> Responsible Staff: Patrick Roberts</p>	<p>Yes</p>	<p>Data will be collected from the cohort</p>	<p>Data collected semi-annually and analyzed to measure level of competence and confidence of group's participants, with an anticipated response rate of 10%. Course evaluations will be distributed at a minimum of 25% of trainings, with an anticipated response rate of 75 to 100 percent for those evaluated trainings/presentations.</p>
<p><b>FAMILY AND YOUTH LEADERSHIP DEVELOPMENT:</b></p>			
<p><b>1. Teen/Young Adult resources on Facebook and NAMI NH Website</b> Responsible Staff: Claudia Ferber Patrick Roberts</p>	<p>Yes</p>	<p>15 new youth participants</p>	<p>"Life Under Construction" a youth leadership social networking site (accessed through the NAMI NH website) created for and by youth (ages 14-21) whose lives are affected by emotional disorders/mental illness and are transitioning to adulthood. This interactive site provides a place to support each other, share ideas, concerns and questions about planning their future. Information is provided about opportunities available to youth and young adults to get involved in helping to create a better mental health system. This site is facilitated by a young adult with an emotional disorder.</p>
<p><b>2. Youth M.O.V.E.</b> Responsible Staff: Claudia Ferber</p>	<p>Yes</p>	<p>Promote Youth M.O.V.E. NH</p>	<p>Work in collaboration with the System of Care Contractor who is in charge of Youth M.O.V.E. in NH. We will promote Youth M.O.V.E. through our website and Life Under Construction Facebook page.</p>
<p><b>3. Provide Teacher/Leadership training for Parents Meeting the Challenge</b> Responsible Staff: Claudia Ferber Susan Allen-Samuel Landis Donaghy</p>	<p>Yes</p>	<p>Training for 6 teachers</p>	<p>This training program prepares family and/or caregivers of children and adolescents with serious emotional disorders to take on leadership responsibilities of delivering the PMC program in their community. The training provides a working knowledge of the PMC program objectives, the "how to's" of presenting the course materials, classroom strategies and guidance in how to effectively manage group dynamics. SOC</p>
<p><b>4. Provide Teacher/Leadership re-training for Parents Meeting the Challenge.</b> Responsible Staff: Claudia Ferber Susan Allen-Samuel Landis Donaghy</p>	<p>Yes</p>	<p>Re-Training for 8 teachers</p>	<p>Retraining supports PMC teachers in their leadership role and provides ongoing instruction to address course implementation challenges, improve understanding of course content, access the most current updates on state and community initiatives and resources including: System of Care, the implementation of NH's Ten Year Plan, Managed Care and the Affordable Care Act. Inform teachers of opportunities to serve on state and local boards and committees that focus on mental health related issues relative to children and youth.</p>

<p><b>5. Provide Teacher/Leadership re-training for Family-to-Family.</b>  <b>Responsible Staff:</b>  Annette Carbonneau  Ellen Malloy  Landis Donaghy  Diane Gedney</p>	<p>Yes</p>	<p>Re-Training for 8 teachers</p>	<p>Retraining of teachers to address course implementation challenges, improve understanding of course content, provide opportunity for networking and receive the most current updates on state and community initiatives and resources including: the implementation of NH's Ten Year Plan, Managed Care and the Affordable Care Act. Inform teachers of opportunities to serve on state and local boards and committees that focus on mental health related issues.</p>
<p><b>6. Support Group Facilitator (SGF)/Leadership retraining.</b>  <b>Responsible Staff:</b>  Annette Carbonneau  Ellen Malloy  Landis Donaghy  Diane Gedney</p>	<p>Yes</p>	<p>Retraining for 10 facilitators</p>	<p>Retraining of leaders to refresh skills, share learned experiences and receive the most current updates on state and community initiatives and resources including: the implementation of NH's Ten Year Plan, Managed Care and the Affordable Care Act. Inform teachers of opportunities to serve on state and local boards and committees that focus on mental health related issues.</p>
<p><b>7. NAMI Connection Facilitator/Leadership Training</b>  <b>Responsible Staff:</b>  Deborah Karr-Francis  Diane Gedney</p>	<p>Yes</p>	<p>Training for 6 facilitators</p>	<p>Training of leaders who are consumers in recovery trained in a specific national support group model bringing consumers together to learn from and support one another in their recovery journey. Groups offer a casual and relaxed approach to sharing the challenges and successes of coping with mental illness.</p>
<p><b>8. In Our Own Voice (IOOV) presenter training and retraining</b>  <b>Responsible Staff:</b>  Deborah Karr-Francis  Diane Gedney</p>	<p>Yes</p>	<p>Training for 8 presenters</p>	<p>As a result of participating in this structured training, consumers gain confidence and are empowered to deliver their personal recovery story. The curriculum provides them with the tools to write a compelling story, enhance their public speaking skills and provides an opportunity for them to practice telling their story within a learning and safe environment. The program is co-taught by consumers who have completed the NAMI nationally recognized training program. Efforts will be made to engage new speakers from diverse backgrounds.</p>
<p><b>9. Public Policy leadership training</b>  <b>Responsible Staff:</b>  Annette Carbonneau  Diane Gedney  Landis Donaghy</p>	<p>Yes</p>	<p>2 Trainings for (2x 24) = 48 advocates</p>	<p>Training is provided to help individuals to become advocates by learning effective communication and messaging skills; gaining an understanding of NH state government and increasing their knowledge of current mental health policy issues. These newly learned skills enable advocates to educate key stakeholders and Legislators about the importance of mental health issues across the lifespan and to participate on policy committees. Participants will be provided with current information on the Ten Year Plan and ways they can help promote the plan.</p>
<p><b>10. Technical assistance: Education, support and leadership programs. Parents Meeting The Challenge, Side by Side, Support Group Facilitation, In Our Own Voice, Life Interrupted, Survivors of Suicide Loss, and Public Policy trained presenters, teachers, leaders and advocates, NHH family support volunteers</b>  <b>Responsible Staff:</b>  Annette Carbonneau</p>	<p>Yes</p>	<p>2400 hours - mean contacts per contract period</p>	<p>Provide regular communications to, and contact with, trained leaders, teachers, presenters and advocates to support them in their leadership (volunteer) roles, address their concerns, problem solve, and provide current mental health updates and resources including available opportunities for families to participate on statewide quality improvement initiatives such as BIP or SIMS and relevant updates on Managed Care, the implementation of the 10 Year Plan and the Affordable Care Act.</p>

<p>Deborah Karr-Francis  Claudia Ferber  Ellen Malloy  Susan Allen-Samuel  Rebecca McEnany  Bernadette Seifert  Patrick Roberts</p>	<p>11. Evaluate effectiveness of training and retraining  Responsible Staff:  Patrick Roberts</p>	<p>Yes</p>	<p>A sample of 10% of the participants will be asked to complete an on-line survey</p>	<p>Data collected semi-annually via on-line survey and analyzed to measure level of competence and confidence of the participants using training tools developed for program evaluation. Training evaluations will be distributed at a minimum of 25% of trainings, with an anticipated response rate of 75 to 100 percent for those evaluated trainings/presentations.</p>
<p><b>PUBLIC EDUCATION:</b></p>				
<p>1. Provide Anti-Stigma Messaging and respond to public statements that are prejudicial and discriminatory  Responsible Staff:  Kenneth Norton  Annette Carbonneau  Claudia Ferber  Ellen Malloy  Patrick Roberts  Diane Gedney  Landis Donaghy</p>	<p>Yes</p>	<p>12 – Enews Anti-stigma articles;  MIAW activities;  Media response; Anti-stigma poster distribution - 500;  NAMI NH Walk – 600 participants</p>	<p>Use of newspaper, radio, TV, and electronic/social media to reduce stigma related to mental illness. Plan will include dissemination of anti-stigma campaign materials. NAMI NH WALK (October 6, 2013) with 600 participants is the opening event in observance of Mental Illness Awareness Week (MIAW); NAMI NH collaborates and partners with many agencies, including schools, CMHC's, and NH Hospital, to provide numerous activities Use of NAMI NH web based tools to promote positive images associated with mental illness.</p>	
<p>2. Provide In Our Own Voice presentations  Responsible Staff:  Deborah Karr-Francis</p>	<p>Yes</p>	<p>48 presentations (x20  =) 960 audience</p>	<p>IOOV presentations break down the walls of stigma that surround mental illness as the presenters tell their personal stories of Dark Days, Acceptance, Coping Skills, Treatment, Successes, Hopes and Dreams. IOOV presentations are delivered statewide to a diverse audience across the lifespan. Presentations will be made to targeted audiences such as Peer Support Centers, Mental Health and Health Care Providers, Colleges, Military and Law Enforcement.</p>	
<p>3. Provide Life Interrupted presentations  Responsible Staff:  Annette Carbonneau  Ellen Malloy</p>	<p>Yes</p>	<p>15 presentations (x15  =) 225 audience</p>	<p>Provide presentations throughout NH to educate the public about the impact of mental illness on families the benefits of family support and education and the importance of eliminating stigma associated with mental illness. Presentations will be made to targeted audiences such as Family and Peer Support groups, Mental Health and Health Care Providers, Colleges, Military, and Criminal Justice.</p>	

<p><b>4. Provide Public Presentations</b>  <b>Responsible Staff:</b>  Kenneth Norton  Diane Gedney  Landis Donaghy  All Staff</p>	<p>Yes</p>	<p>20 presentations (x20  =) 400 audience to  include 2 Regional  Awareness Events</p>	<p>NAMI NH provides the general public with presentations on a variety of topics related to promoting awareness about treatment and recovery of mental illness and serious emotional disorders. Requests for the topics of these presentations range from very specific such as presenting on a particular disorder or diagnosis to very general presentations. NAMI NH also will display at conferences, health fairs and other events for specific, targeted audiences. Through these events, NAMI NH disseminates a great deal of information about mental illness and serious emotional disturbances and provides staff and volunteers to answer questions and serve as a resource for information. Stigma reduction messaging is a component of all public presentations. Regional meetings will be held to increase awareness of anticipated improvements to the mental health delivery system with focus on ACT, Supported Housing and inpatient care.  Evaluations will be distributed at a minimum of 25% of trainings/presentations, with an anticipated response rate of 75 to 100 percent for those evaluated trainings/presentations.</p>
<p><b>3. Evaluate effectiveness of Presentations</b>  <b>Responsible Staff:</b>  Patrick Roberts</p>	<p>Yes</p>	<p>75 to 100 % response for evaluated trainings/presentations</p>	
<p><b>SUICIDE PREVENTION &amp; INTERVENTION TRAINING</b></p>			
<p><b>1. Education and Awareness Events</b>  <b>Responsible Staff:</b>  Elaine de Mello  Ann Duckless  Rebecca McEnany  Diane Gedney  Patrick Roberts</p>	<p>Yes</p>	<p>4 Events (1-2 hours each)</p>	<p>NAMI NH will collaborate with public and private organizations; coalitions; state bureaus; consumer and family organizations; and Community Mental Health Centers to increase awareness of suicide as a public health issue and to promote help seeking and early intervention for persons at risk of mental illness and substance use disorders as well as other risk factors that lead to suicide.  Increase knowledge of basic information about suicide, risk factors, protective factors and warning signs. Increase ability to recognize at-risk individuals and connect them to qualified health professionals. Target audiences will include persons with SMI, and family members of persons with SMI. One event will be held for the deaf community in collaboration with N.E. Deaf and Hard of Hearing Services.</p>
<p><b>2. Prevention/Intervention Training for key service providers</b>  <b>Responsible Staff:</b>  Ann Duckless  Rebecca McEnany  Elaine de Mello  Kenneth Norton  Diane Gedney</p>	<p>Yes</p>	<p>2 Trainings (4 to 6 hours each)(x 20=)40 Participants</p>	<p>Training for key service providers includes training in the Connect Best Practice protocols for how key service providers should respond to a suicide incident and how they integrate their specific roles with other providers to assure that gaps are closed and there is a coordinated community response. Reduce the risk of suicide by promoting early recognition of mental illness, substance abuse disorder and warning signs for suicide, reduce stigmatizing attitudes, promote help seeking and improve relationships between key service providers and the service delivery system. One training will be held for the deaf community in collaboration with N.E.</p>

<p><b>3. TA and conference calls to support volunteer Connect Trainers who train in their local region</b>  <b>Responsible Staff:</b>  Elaine de Mello  Ann Duckless  Rebecca McEnany  Patrick Roberts</p>	<p>Yes</p>	<p>50 hours</p>	<p>Deaf and Hard of Hearing Services.  Provide TA and support to volunteer pool of Connect trainers to insure that they have updated information, to assist with scheduling training and to insure fidelity to the model</p>
<p><b>4. CALM trainings</b>  <b>Responsible Staff:</b>  Diane Gedney</p>	<p>Yes</p>	<p>2 Trainings (x15=) 30 Participants</p>	<p>Targeted audiences for CALM training will include first responders, health care providers, and family members of persons with SMI. Will also promote the CALM on-line training to broad audiences in NH.  Trainers will be certified to lead trainings as described above.</p>
<p><b>5. Prevention Train the Trainer for sustainability of trainings throughout the state</b>  <b>Responsible Staff:</b>  Ann Duckless  Elaine de Mello  Rebecca McEnany</p>	<p>Yes</p>	<p>Train-the-Trainer for 12 participants</p>	<p>Trainers will be certified to lead trainings as described above.</p>
<p><b>6. Evaluate effectiveness of training</b>  <b>Responsible Staff:</b>  Patrick Roberts</p>	<p>Yes</p>	<p>75 to 100 % response for evaluated trainings/presentations</p>	<p>Pre- and Post-tests of training will be conducted and analyzed to determine changes in skill, knowledge and confidence.</p>

**SUICIDE POSTVENTION TRAINING**

<p><b>1. Postvention Training to key service providers</b>  <b>Responsible Staff:</b>  Ann Duckless  Rebecca McEnany  Elaine de Mello  Kenneth Norton  Diane Gedney</p>	<p>Yes</p>	<p>2 Trainings (x 40 =) 80 Participants</p>	<p>Provide training in Connect best practice protocols for postvention to key service providers to reduce the risk of contagion, and provide information about warning signs for suicide that will increase help seeking behavior and the sensitivity and cultural responsiveness of service providers to those bereaved by suicide. Provide current science based information/best practices, on grief, suicide loss, resources, and connections to Survivors of Suicide Loss.</p>
<p><b>2. Evaluate effectiveness of training</b>  <b>Responsible Staff:</b>  Patrick Roberts</p>	<p>Yes</p>	<p>75 to 100 % response for evaluated trainings/presentations</p>	<p>Data collected semi-annually and analyzed to measure level of competence and confidence of the participants using tools developed for training program evaluation.</p>
<p><b>3. Responding to Suicide Incidents</b>  <b>Responsible Staff:</b>  Ann Duckless  Rebecca McEnany  Elaine de Mello  Kenneth Norton  Patrick Roberts</p>	<p>Yes</p>	<p>72 Hours</p>	<p>NAMI NH staff will provide consultation and technical assistance to guide key service providers and community members in the use of the Connect best practice protocols following a suicide death where effective response is key to reducing risk and promoting healing.</p>

**SUPPORTS TO SURVIVORS OF SUICIDE**

<p><b>1. Supports to Survivors of Suicide Loss Networks</b>  <b>Responsible Staff:</b>                  Rebecca McEnany                  Ann Duckless</p>	<p>Yes</p>	<p>24 hours</p>	<p>Provide support and technical assistance to the network for survivors of suicide loss who provide support, helpful resources and a connection to other families who have lost a family member to suicide. This network has been able to promote healing and reduce risk through activities funded under the Community Health and Healing Fund.</p>
<p><b>2. Survivor of Suicide Loss Support Group</b>  <b>Responsible Staff:</b>                  Rebecca McEnany                  Ann Duckless</p>	<p>Yes</p>	<p>8 Groups</p>	<p>Provide technical assistance and support to SOSL group facilitators, assists with screening individuals interested in attending the groups, and helps facilitators locate and maintain appropriate meeting locations.</p>
<p><b>3. Coordinate Survivor Voices Speakers Bureau</b>  <b>Responsible Staff:</b>                  Rebecca McEnany</p>	<p>Yes</p>	<p>8 Presentations</p>	<p>Provide technical assistance to trained speakers, assistance in locating presentation sites, distribution of audience materials – including a program evaluation. Presentations will be provided throughout NH to educate the public about the impact of suicide loss on families and the need for early intervention on mental illness and substance abuse disorders and better recognition of the warning signs for suicide. The program also is intended to increase awareness and reduce the isolation of those bereaved by suicide and to reduce the shame and stigma experienced by families following a suicide death.</p>
<p><b>4. Individual Survivor Support</b>  <b>Responsible Staff:</b>                  Rebecca McEnany</p>	<p>Yes</p>	<p>100 Hours</p>	<p>Provide individual support to Survivors of Suicide Loss to connect them with support groups and other survivor resources on the Connect and NAMI NH websites. Assist survivors in organizing and coordinating mutual support and activities to promote awareness about mental illness, suicide prevention, reduction of risk and stigma, as well as promoting healing and help seeking for participants.</p>
<p><b>5. Community Health and Healing Fund (CHH)</b>  <b>Responsible Staff:</b>                  Rebecca McEnany</p>	<p>Yes</p>	<p>Estimate 10 Requests/                      50 Participants                      AFSP - Estimate 7                      Sites/130 Participants</p>	<p>Activities supported by this fund help to promote healing and reduce risk following a suicide death. Requests for support are accepted from communities, individuals and organizations and are typically processed within 48 hours. Examples of funded activities:</p> <ul style="list-style-type: none"> <li>• Sending NH survivors to be trained as Survivor of Suicide (SOS) support group facilitators nationally</li> <li>• AFSP Annual Survivors of Suicide Teleconference</li> <li>• Provide scholarships for survivors to attend NH Suicide Prevention Conference</li> </ul>

# FAMILY MUTUAL SUPPORTS: SCOPE OF SERVICES FY2015

Agency: **NAMI New Hampshire**  
 Fiscal Period: 7/1/2014 – 6/30/2015

Date Prepared: **4/26/13**  
 Prepared By: **Kenneth Norton**

	Indicate if proposed	Numerical Goals	DESCRIPTION
<b>INDIVIDUAL FAMILY-TO-FAMILY MUTUAL SUPPORT:</b>			
<b>1. Time limited 1:1 age appropriate support and education</b> Responsible Staff: Susan Allen-Samuel Claudia Ferber, Annette Carbonneau, Rebecca McEnany	Yes	65 Families ADULTS	Provide 1:1 support and education to families across the life span so they may learn and develop skills to navigate the mental health system, learn effective advocacy skills and manage the stressors that families affected by mental illness experience.
<b>2. Time limited 1:1 age appropriate support and education</b> Responsible Staff: Susan Allen-Samuel Claudia Ferber, Rebecca McEnany	Yes	50 Families CHILDREN	Provide 1:1 support and education to families across the life span so they may learn and develop skills to navigate the mental health system, learn effective advocacy skills and manage the stressors that families affected by mental illness experience.
<b>3. Time limited 1:1 age appropriate support and education</b> Responsible Staff: Bernedette Seifert, Rebecca McEnany	Yes	35 Families OLDER ADULTS	Provide 1:1 support and education to families across the life span so they may learn and develop skills to navigate the mental health system, learn effective advocacy skills and manage the stressors that families affected by mental illness experience.
<b>4. Information and Resource (I&amp;R): Phone, email and walk-in response; distribution of educational materials to individual family members, providers, and organizations.</b> Responsible Staff: Susan Allen-Samuel Claudia Ferber, Annette Carbonneau, Bernedette Seifert, Ellen Malloy, Patrick Roberts, Diane Gedney, Landis Donaghy, Julie Dunham, Rebecca McEnany, Other Qualified staff	Yes	Respond to 1,000 phone/email/walk-in inquiries.	Respond to requests for specific information from individual callers, through emails, and from walk-in's to our office.
<b>5. Maintain NAMI NH and Connect Websites</b> Responsible Staff: Patrick Roberts, Diane Gedney, Landis Donaghy	Yes	Quarterly average of 5,500 unique visitors/20,000 page views at NAMI NH's website and 2,000/7,000 respectively to Connect Program Website.	Maintain websites with accurate resources, class schedules, support groups, testimony and letters in response to current legislation, overview and updates on the Ten Year Plan, Managed Care, the Affordable Care Act, social networking opportunities for teens and young adults, complete listing of Community Mental Health Services and Peer Support Agencies and more detailed mental health/mental illness/suicide prevention including use of multi-media on - <a href="http://www.naminh.org">www.naminh.org</a> - and <a href="http://www.theconnectprogram.org">www.theconnectprogram.org</a> (which are linked to each other.)
<b>6. Use web based media, including podcasts and Facebook, to convey information and promote help seeking messages.</b> Responsible Staff: Patrick Roberts, Annette Carbonneau, Other Qualified Staff	Yes	6 podcasts, links to educational videos/webinars, 100 new Facebook Friends, Enews distributed twice a month, 2 Blog	NAMI NH will also post 6 podcasts on topics relevant to family education/support, suicide prevention and/or supports to those bereaved by suicide, The 10 Year Plan, Managed Care and the Affordable Care Act. We will provide links to educational videos and webinars produced locally and nationally on topics of interest to families and consumers. Provide information, support and networking to families and individuals on the NAMI NH Facebook

	<p>page. Blog and Twitter pages. Priority will be given to providing information and updates on NH's Ten Year Plan, Managed Care and Stigma Reduction.</p>	<p>postings per week, 50 new Twitter followers</p>	
<p><b>7. Mental Health Resource Center</b> Responsible Staff: Diane Gedney, Landis Donaghy, Julie Dunham, Claudia Ferber, Other Qualified Staff</p>	<p>Yes</p> <p>Distribute education materials: 120 in Spanish language; 6,000 in English.</p>	<p>Yes</p>	
<p><b>8. Next of Kin Resource Packets</b> Responsible Staff: Rebecca McEnany, Diane Gedney, Landis Donaghy, Julie Dunham</p>	<p>200 Packets</p> <p>Provide current science based information/best practices, on grief, suicide loss, warning signs for suicide, resources, and connections to Survivors of Suicide Loss support and education programs. Reduce risk and stigma/isolation and increase help seeking behavior.</p>	<p>Yes</p>	
<p><b>9. Track the satisfaction and outcome of the interventions (above)</b> Responsible Staff: Patrick Roberts</p>	<p>Data will be collected from the cohort.</p> <p>Send electronic survey semi-annually to all individuals who contacted I&amp;R and received 1:1 services during the previous 2 quarters and provided valid contact information. Generate report annually. Anticipated response rate is 10%</p>	<p>Yes</p>	
<p><b>STATEWIDE EDUCATION &amp; TRAINING FOR FAMILY MUTUAL SUPPORT:</b></p>			
<p><b>1. Provide Parents Meeting the Challenge (PMC) education program by trained teachers (8 sessions each class)</b> Responsible Staff: Susan Allen-Samuel, Claudia Ferber, Diane Gedney, Landis Donaghy, Patrick Roberts</p>	<p>Classes to be held in locations throughout NH. Participants who are primary caregivers of children and adolescents with serious emotional disorders will be educated to identify family needs, manage stressors, access supports and engage in service planning and coordination. Promote classes through child and family networks that serve the priority population of children/youth with SED. Provide post class follow up and support to participants of the PMC course.</p>	<p>Yes</p> <p>1 class = 10 participants</p>	
<p><b>2. Provide Family-to-Family (F2F) classes by trained teachers (12 sessions each class)</b> Responsible Staff: Susan Allen-Samuel, Ellen Malloy, Annette Carbonneau, Landis Donaghy, Diane Gedney</p>	<p>Classes to be held in locations throughout NH including 1 new region. Participants, who have an adult family member with a mental illness will gain knowledge and skills that enable them to understand mental illness, manage their own stressors, engage in and support their loved one's treatment and recovery process and advocate for timely and appropriate services. Promote classes through CMHC's CMHC's and systems serving the priority population of adults with SMI/SPMI.</p>	<p>Yes</p> <p>8 classes (x 20 =) 160 participants</p>	
<p><b>3. Provide Side-By-Side (SbS), older adult family education modules</b> Responsible Staff: Bernadette Seifert, Landis Donaghy, Diane Gedney</p>	<p>Classes to be held in locations throughout NH. Participants are primarily family members of older adults with mental illness, but may also include consumers and paraprofessionals who work with older adults. The 6 psycho-educational modules offered in this program helps participants better understand mental illness in combination with other age related issues. It encourages family members and other caregivers to access supports and become more effective in their involvement of care with older adults, and it empowers older adults with mental illness to take a more active role in the plan for their own care. Promote classes through</p>	<p>Yes</p> <p>18 modules (x 10 =) 180 participants</p>	

	geriatric health and mental health providers.	
<p>4. Provide support groups by trained facilitators Responsible Staff: Susan-Allen Samuel, Annette Carbonneau, Ellen Malloy, Landis Donaghy, Diane Gedney</p>	<p>15 Facilitated Support Groups</p> <p>Yes</p>	<p>Family Support groups are located in communities around the state to provide support and education to families across the life span that are affected by mental illness and/or serious emotional disorders. Group meetings provide participants a safe place to share concerns and develop coping skills, gain knowledge and learn about community resources. Groups also provide opportunities for family members to gain confidence, learn leadership skills and move into advocacy. These advocates are then well prepared to assume active roles on state and local boards and committees focused on mental health related issues and participate in the promotion of NH's Ten Year Plan.</p>
<p>5. Connect 1:1 with families at NHH Responsible Staff: Susan Allen-Samuel, Ellen Malloy, Claudia Ferber</p>	<p>12 Families</p> <p>Yes</p>	<p>Work with NHH staff and recruit and provide technical assistance to family volunteers to connect with and support family members of individuals with Serious Mental Illness and Serious Emotional Disturbances at the hospital.</p>
<p>6. Provide Support Groups with overview on initiatives to improve NH's Mental Health Delivery System. Responsible Staff: Susan Allen-Samuel, Ellen Malloy, Annette Carbonneau</p>	<p>Information provided to 15 existing Family Support Groups</p> <p>Yes</p>	<p>Family Support groups will be provided comprehensive updates and an overview of progress made on implementation of The 10 year Plan, Managed Care, Quality Improvement Initiatives such as BIP and SIMS and the Affordable Care Act that can be utilized to inform their members.</p>
<p>7-Advocacy Leaders Responsible Staff: Susan Allen-Samuel, Ellen Malloy, Annette Carbonneau</p>	<p>15 Advocacy Leaders</p> <p>Yes</p>	<p>On-going recruitment if necessary. A Conference Call will be held with Advocacy volunteers to review current status on priority initiatives, to learn what actions groups have taken and to answer questions. Staff will continue to provide on-going updates on priority topics to the groups through the Advocacy Leader.</p>
<p>8. Regional Meetings on initiatives to improve NH's Mental Health Delivery System. Responsible Staff: Executive Director Susan Allen-Samuel Annette Carbonneau Patrick Roberts Landis Donaghy</p>	<p>4 Regional Information Meetings</p> <p>Yes</p>	<p>NAMI NH staff will hold 4 regional meetings with support groups in those regions to provide a detailed presentation on the current mental health system improvement initiatives including The 10 Year Plan, Managed Care, the Affordable Care Act and the DRC lawsuit. These presentations will be videotaped to be available for all groups to view.</p>
<p>9. Provide Connection support groups for people with a mental illness. Responsible Staff: Deborah Karr-Francis Landis Donaghy</p>	<p>4 Facilitated Connection Groups</p> <p>Yes</p>	<p>Connection groups are located in communities around the state and provide support and education to people who have a mental illness. In this recovery support group model, persons with mental illness come together to learn from and support each other, sharing the challenges and successes of coping with mental illness. Comprehensive Information regarding: the implementation of NH's Ten Year Plan, Managed Care, and the Affordable Care Act will be provided to groups. Connection groups will be invited to attend regional information meetings.</p>

<p><b>10. Online Parents Meeting the Challenge Support Group</b> Responsible Staff: Susan Allen-Samuel Claudia Ferber</p>	<p>Yes</p>	<p>25 Members Online Support Group</p>	<p>To provide families and caregivers of children and adolescents with emotional disorders with peer support, education and resources when they are unable to physically attend a NAMI NH family support group because of factors such as health, transportation, child care or lack of a support group in their community. On line groups will be led by a trained NAMI NH Support Group Facilitator.</p>
<p><b>11. Parents Meeting the Challenge Online Message Board</b> Responsible Staff: Susan Allen-Samuel Claudia Ferber</p>	<p>Yes</p>	<p>Message Board</p>	<p>To provide young families and caregivers of children with serious emotional disorders the opportunity to be part of a supportive community through an online message board, where families can support each other through sharing of challenges and strategies for overcoming them. Access is 24/7 and moderated by NAMI NH family support staff member.</p>
<p><b>12. Online Family to Family Support Group</b> Responsible Staff: Ellen Malloy Annette Carbonneau</p>	<p>Yes</p>	<p>25 Members Online Support Group</p>	<p>To provide families and caregivers of adults and older adults with mental illness with peer support, education and resources when they are unable to physically attend a NAMI NH family support group because of factors such as health, transportation, ill family members, or lack of a support group in their community. On line groups will be led by a trained NAMI NH Support Group Facilitator.</p>
<p><b>13. Family to Family Online Message Board</b> Responsible Staff: Ellen Malloy Annette Carbonneau</p>	<p>Yes</p>	<p>Message Board</p>	<p>To provide families with an adult in their life with mental illness, the opportunity to communicate with other illness experienced families to gain support and learn coping strategies and resources. Access is 24/7 and moderated by NAMI NH family support staff.</p>
<p><b>14. Educational webinars</b> Responsible Staff: Annette Carbonneau Claudia Ferber Bernadette Seifert</p>	<p>Yes</p>	<p>5 Webinars</p>	<p>NAMI NH will develop five educational webinars one each focused on youth, adults, older adults, persons with mental illness and Advocacy. Work with OCFA to develop webinar for persons with mental illness.</p>
<p><b>15. Provide consumer and family education conference</b> Responsible Staff: Claudia Ferber All Staff</p>	<p>Yes</p>	<p>125 attendees</p>	<p>Conference will provide education and resources to consumers, transitional age youth, families, providers and interested members of the public, on various mental health topics/issues across the lifespan (e.g., health homes), advocacy and leadership and approaches towards an integrated system of care. NAMI NH staff will assemble a Conference Planning Committee including key stakeholders and family members.</p>
<p><b>16. Evaluate the effectiveness of programs</b> Responsible Staff: Patrick Roberts</p>	<p>Yes</p>	<p>Data will be collected from the cohort</p>	<p>Data collected semi-annually and analyzed to measure level of competence and confidence of group's participants, with an anticipated response rate of 10%. Course evaluations will be distributed at a minimum of 25% of trainings, with an anticipated response rate of 75 to 100 percent for those evaluated trainings/presentations.</p>

FAMILY AND YOUTH LEADERSHIP DEVELOPMENT			
<p><b>1. Teen/Young Adult resources on Facebook and NAMI NH Website</b>  <b>Responsible Staff:</b>  Claudia Ferber  Patrick Roberts</p>	<p>Yes</p>	<p>25 new youth participants</p>	<p>"Life Under Construction" a youth leadership social networking site (accessed through the NAMI NH website) created for and by youth (ages 14-21) whose lives are affected by emotional disorders/mental illness and are transitioning to adulthood. This interactive site provides a place to support each other, share ideas, concerns and questions about planning their future. Information is provided about opportunities available to youth and young adults to get involved in helping to create a better mental health system. This site is facilitated by a young adult with an emotional disorder.</p> <p>Work in collaboration with the System of Care Contractor who is in charge of Youth M.O.V.E. in NH. We will promote Youth M.O.V.E. through our website and Life Under Construction Facebook page.</p>
<p><b>2. Youth M.O.V.E.</b>  <b>Responsible Staff:</b>  Claudia Ferber</p>	<p>Yes</p>	<p>Promote Youth M.O.V.E. NH</p>	<p>Retraining supports PMC teachers in their leadership role and provides ongoing instruction to address course implementation challenges, improve understanding of course content, access the most current updates on state and community initiatives and resources including: System of Care, the implementation of NH's Ten Year Plan, Managed Care and the Affordable Care Act.</p> <p>Inform teachers of opportunities to serve on state and local boards and committees that focus on mental health related issues relative to children and youth.</p>
<p><b>3. Provide Teacher/Leadership Retraining for Parents Meeting the Challenge.</b>  <b>Responsible Staff:</b>  Claudia Ferber  Susan Allen-Samuel  Landis Donaghy</p>	<p>Yes</p>	<p>Re-Training for 6 teachers</p>	<p>Family members of an adult with a mental illness are trained to deliver the F2F program objectives, present course materials and manage group dynamics. In addition teachers will be provided updates on current public policy issues such as Managed Care, the Affordable Care Act and State quality improvement initiatives such as SIMS and BIP and opportunities to participate in moving these initiatives forward and asked to share this information with their classes.</p>
<p><b>4. Provide Teacher/Leadership Training for Family-to-Family</b>  <b>Responsible Staff:</b>  Annette Carbonneau  Ellen Malloy  Landis Donaghy  Diane Gedney</p>	<p>Yes</p>	<p>Training for 10 teachers</p>	<p>Retraining of teachers to address course implementation challenges, improve understanding of course content, provide opportunity for networking and receive the most current updates on state and community initiatives and resources including: the implementation of NH's Ten Year Plan, Managed Care and the Affordable Care Act. Inform teachers of opportunities to serve on state and local boards and committees that focus on mental health related issues.</p>
<p><b>5. Provide Teacher/Leadership Retraining for Family-to-Family.</b>  <b>Responsible Staff:</b>  Annette Carbonneau  Ellen Malloy  Landis Donaghy  Diane Gedney</p>	<p>Yes</p>	<p>Re-Training for 10 teachers</p>	<p>Family members of a person with SMI/SPMI/SED are trained in a specific model to be able to effectively facilitate and lead a NAMI NH family support group.</p>
<p><b>6. Support Group Facilitator (SGF)/Leadership training</b>  <b>Responsible Staff:</b> Annette Carbonneau  Ellen Malloy, Landis Donaghy, Diane Gedney</p> <p><b>7. Support Group Facilitator (SGF)/Leadership</b></p>	<p>Yes</p>	<p>Training for 8 facilitators</p> <p>Re-Training for 10</p>	<p>Retraining of leaders to refresh skills, share learned experiences</p>

<p>retraining. Responsible Staff: Annette Carbonneau Ellen Malloy Landis Donaghy Diane Gedney</p>		<p>facilitators</p>	<p>and receive the most current updates on state and community initiatives and resources including: the implementation of NH's Ten Year Plan, Managed Care and the Affordable Care Act. Inform teachers of opportunities to serve on state and local boards and committees that focus on mental health related issues.</p>
<p>8. In Our Own Voice (IOOV) Presenter Training and Retraining Responsible Staff: Deborah Karr-Francis Diane Gedney</p>	<p>Yes</p>	<p>Training for 8 presenters</p>	<p>As a result of participating in this structured training, consumers gain confidence and are empowered to deliver their personal recovery story. The curriculum provides them with the tools to write a compelling story, enhance their public speaking skills and provides an opportunity for them to practice telling their story within a learning and safe environment. The program is co-taught by consumers who have completed the NAMI nationally recognized training program. Efforts will be made to engage new speakers from diverse backgrounds.</p>
<p>9. Life Interrupted (LI) Presenter Training and Retraining Responsible Staff: Annette Carbonneau Ellen Malloy Landis Donaghy</p>	<p>Yes</p>	<p>Training for 8 presenters</p>	<p>Family member presenter training is designed to help individual family members of any age, who have a loved one with a mental illness and/or serious emotional disorder to develop their Life Interrupted presentation which includes their family recovery story, specific facts about mental health and important anti-stigma messaging. Participants gain confidence through instruction on public speaking and presentation techniques.</p>
<p>10. Public Policy Leadership Training Responsible Staff: Annette Carbonneau Diane Gedney Landis Donaghy</p>	<p>Yes</p>	<p>2 Trainings for (2x 24) = 48 advocates</p>	<p>Training is provided to help individuals to become advocates by learning effective communication and messaging skills; gaining an understanding of NH state government and increasing their knowledge of current mental health policy issues. These newly learned skills enable advocates to educate key stakeholders and Legislators about the importance of mental health issues across the lifespan and to participate on policy committees. Participants will be provided with current information on the Ten Year Plan and ways they can help promote the plan.</p>
<p>11. Technical assistance: Education, Support and Leadership Programs. Parents Meeting The Challenge, Side by Side, Support Group Facilitation, In Our Own Voice, Life Interrupted, Survivors of Suicide Loss, and Public Policy trained presenters, teachers, leaders and advocates, NHH family support volunteers Responsible Staff: Annette Carbonneau Deborah Karr-Francis Claudia Ferber Ellen Malloy Susan Allen-Samuel Rebecca McEnany Bernadette Seifert Patrick Roberts</p>	<p>Yes</p>	<p>2400 hours - mean contacts per contract period</p>	<p>Provide regular communications to, and contact with, trained leaders, teachers, presenters and advocates to support them in their leadership (volunteer) roles, address their concerns, problem solve, and provide current mental health updates and resources including available opportunities for families to participate on statewide quality improvement initiatives such as BIP or SIMS and relevant updates on Managed Care, the implementation of the 10Year Plan and the Affordable Care Act.</p>

<p><b>12. Evaluate effectiveness of training and retraining</b>  <b>Responsible Staff: Patrick Roberts</b></p>	<p>Yes</p>	<p>A Sample of 10% of the participants will be asked to complete an on-line survey</p>	<p>Data collected semi-annually via on-line survey and analyzed to measure level of competence and confidence of the participants using training tools developed for program evaluation. Training evaluations will be distributed at a minimum of 25% of trainings, with an anticipated response rate of 75 to 100% for those evaluated trainings/presentations.</p>
<p><b>PUBLIC EDUCATION:</b></p>			
<p><b>1. Provide Anti-Stigma Messaging and respond to public statements that are prejudicial and discriminatory</b>  <b>Responsible Staff:</b>  Kenneth Norton  Annette Carbonneau  Claudia Ferber  Ellen Malloy  Patrick Roberts  Diane Gedney  Landis Donaghy</p>	<p>Yes</p>	<p>12 – Enews Anti-stigma articles;  MIAW activities;  Media response; Anti-stigma poster  distribution - 500;  NAMI NH Walk – 650 participants</p>	<p>Use of newspaper, radio, TV, and electronic/social media to reduce stigma related to mental illness. Plan will include dissemination of anti-stigma campaign materials. NAMI NH WALK (October 5, 2014) with 650 participants is the opening event in observance of Mental Illness Awareness Week (MIAW); NAMI NH collaborates and partners with many agencies, including schools, CMHC's, and NH Hospital, to provide numerous activities. Use of NAMI NH web based tools to promote positive images associated with mental illness.</p>
<p><b>2. Provide In Our Own Voice presentations</b>  <b>Responsible Staff:</b>  Deborah Karr-Francis</p>	<p>Yes</p>	<p>48 presentations (x20  =) 960 audience</p>	<p>IOOV presentations break down the walls of stigma that surround mental illness as the presenters tell their personal stories of Dark Days, Acceptance, Coping Skills, Treatment, Successes, Hopes and Dreams. IOOV presentations are delivered statewide to a diverse audience across the lifespan. Presentations will be made to targeted audiences such as Peer Support Centers, Mental Health and Health Care Providers, Colleges, Military and Law Enforcement. New audiences will be pursued.</p>
<p><b>3. Provide Life Interrupted presentations</b>  <b>Responsible Staff:</b>  Annette Carbonneau  Ellen Malloy</p>	<p>Yes</p>	<p>20 presentations (x15  =) 300 audience</p>	<p>Provide presentations throughout NH to educate the public about the impact of mental illness on families the benefits of family support and education and the importance of eliminating stigma associated with mental illness. Presentations will be made to targeted audiences such as Family and Peer Support groups, Mental Health and Health Care Providers, Colleges, Military and Criminal Justice. New audiences will be pursued.</p>
<p><b>4. Provide Public Presentations</b>  <b>Responsible Staff:</b>  Kenneth Norton  Diane Gedney  Landis Donaghy  All Staff</p>	<p>Yes</p>	<p>20 presentations (x20  =) 400 audience to include 2 Regional Awareness Events</p>	<p>NAMI NH provides the general public with presentations on a variety of topics related to promoting awareness about treatment and recovery of mental illness and serious emotional disorders. Requests for the topics of these presentations range from very specific such as presenting on a particular disorder or diagnosis to very general presentations. NAMI NH also will display at</p>

			<p>conferences, health fairs and other events for specific, targeted audiences. Through these events, NAMI NH disseminates a great deal of information about mental illness and serious emotional disturbances and provides staff and volunteers to answer questions and serve as a resource for information. Stigma reduction messaging is a component of all public presentations. Regional meetings will be held to increase awareness of anticipated improvements to the mental health delivery system under the Ten Year Plan.</p>
<p><b>5. Evaluate effectiveness of Presentations</b> Responsible Staff: Patrick Roberts</p>	<p>75 to 100 % response for evaluated trainings/presentations</p>	<p>Yes</p>	<p>Evaluations will be distributed at a minimum of 25% of trainings/presentations, with an anticipated response rate of 75 to 100 percent for those evaluated trainings/presentations.</p>
<b>SUICIDE PREVENTION &amp; INTERVENTION TRAINING</b>			
<p><b>1. Education and Awareness Events</b> Responsible Staff: Elaine de Mello Ann Duckless Rebecca McEnany Diane Gedney Patrick Roberts</p>	<p>4 Events (1-2 hours each)</p>	<p>Yes</p>	<p>NAMI NH will collaborate with public and private organizations; coalitions; state bureaus; consumer and family organizations; and Community Mental Health Centers to increase awareness of suicide as a public health issue and to promote help seeking and early intervention for persons at risk of mental illness and substance use disorders as well as other risk factors that lead to suicide. Increase knowledge of basic information about suicide, risk factors, protective factors and warning signs. Increase ability to recognize at-risk individuals and connect them to qualified health professionals. Target audiences will include persons with SMI, and family members of persons with SMI.</p>
<p><b>2. Prevention/Intervention Training for key service providers</b> Responsible Staff: Ann Duckless Rebecca McEnany Elaine de Mello Kenneth Norton Diane Gedney</p>	<p>2 Trainings 4 to 6 hours each (x20=) 40 Participants</p>	<p>Yes</p>	<p>Training for key service providers includes training in the Connect Best Practice protocols for how key service providers should respond to a suicide incident and how they integrate their specific roles with other providers to assure that gaps are closed and there is a coordinated community response. Reduce the risk of suicide by promoting early recognition of mental illness, substance abuse disorder and warning signs for suicide, reduce stigmatizing attitudes, promote help seeking and improve relationships between key service providers and the service delivery system.</p>
<p><b>3. CALM trainings</b> Responsible Staff: Diane Gedney</p>	<p>2 Trainings (x15=) 30 Participants</p>	<p>Yes</p>	<p>Targeted audiences for CALM training will include first responders, health care providers, and family members of persons with SMI. Will also promote the CALM on-line training to broad audiences in NH.</p>
<p><b>4. One booster training for CALM</b> Responsible Staff: Diane Gedney</p>	<p>1 Training for 20 participants</p>	<p>Yes</p>	<p>Personnel trained in CALM will be offered a booster session each year to reinforce skills, encourage further training, ensure fidelity to the model and promote sustainability.</p>

<p><b>5. AMSR Training</b> Responsible Staff: Elaine de Mello Diane Gedney</p>	<p>Yes</p>	<p>1 Training for 25 Participants</p>	<p>AMSR, a national best practice, will be sustained in NH through existing trainers and will bolster the assessment skills of clinicians in the state. Target audience will be clinicians working with individuals with SMI and other high risk populations. Pre- and Post-tests of training will be conducted and analyzed to determine changes in skill, knowledge and confidence.</p>
<p><b>6. Evaluate effectiveness of training</b> Responsible Staff: Patrick Roberts</p>	<p>Yes</p>	<p>75 to 100 % response for evaluated trainings/presentations</p>	

**SUICIDE POST-VENTION TRAINING**

<p><b>1. Postvention Training</b> Responsible Staff: Ann Duckless Rebecca McEnany Elaine de Mello Kenneth Norton Diane Gedney</p>	<p>Yes</p>	<p>2 Trainings (x 40 ⇒) 80 Participants</p>	<p>Provide training in Connect best practice protocols for post-vention to key service providers to reduce the risk of contagion, and provide information about warning signs for suicide that will increase help seeking behavior and the sensitivity and cultural responsiveness of service providers to those bereaved by suicide. Provide current science-based information/best practices, on grief, suicide loss, resources, and connections to Survivors of Suicide Loss.</p>
<p><b>2. Youth Peer Leader Training</b> Responsible Staff: Ann Duckless Diane Gedney</p>	<p>Yes</p>	<p>1 Trainings/15 Participants</p>	<p>Peer Leader Training to promote partnership and sustainability of suicide prevention efforts with high school aged youth. These leadership skills will help to reduce stigma and engage youth in leadership activities. Youth are trained to train their peers with a trained adult co-facilitator</p>
<p><b>3. Responding to Suicide Incidents</b> Responsible Staff: Ann Duckless Rebecca McEnany Elaine de Mello Kenneth Norton Patrick Roberts</p>	<p>Yes</p>	<p>72 Hours</p>	<p>NAMI NH staff will provide consultation and technical assistance to guide key service providers and community members in the use of the Connect best practice protocols following a suicide death where effective response is key to reducing risk and promoting healing.</p>
<p><b>4. Evaluate effectiveness of training</b> Responsible Staff: Patrick Roberts</p>	<p>Yes</p>	<p>75 to 100 % response for evaluated trainings/presentations</p>	<p>Data collected semi-annually and analyzed to measure level of competence and confidence of the participants using tools developed for training program evaluation.</p>

**SUPPORTS TO SURVIVORS OF SUICIDE**

<p><b>1. Supports to Survivors of Suicide Loss Networks</b> Responsible Staff: Rebecca McEnany Ann Duckless</p>	<p>Yes</p>	<p>24 hours</p>	<p>Provide support and technical assistance to the network for survivors of suicide loss who provide support, helpful resources and a connection to other families who have lost a family member to suicide. This network has been able to promote healing and reduce risk through activities funded under the Community Health and Healing Fund.</p>
<p><b>2. Survivor of Suicide Loss Support Groups</b> Responsible Staff:</p>	<p>Yes</p>	<p>8 Groups</p>	<p>Provide technical assistance and support to SOSL group facilitators, assists with screening individuals interested in</p>

<p>Rebecca McEnany Ann Duckless</p>	<p>attending the groups, and helps facilitators locate and maintain appropriate meeting locations.</p>			<p>3,000 Newsletters</p>	<p>Provide newsletter throughout NH to educate service providers, the public, and those bereaved by suicide, about the impact of suicide loss on families and communities. The newsletter also is intended to increase awareness of available resources and supports and reduce the isolation and shame of those bereaved by suicide.</p>
<p>3. Survivor Newsletter Responsible Staff: Rebecca McEnany Ann Duckless Diane Gedney</p>	<p>Yes</p>	<p>8 Presentations</p>	<p>Yes</p>	<p>Provide technical assistance to trained speakers, assistance in locating presentation sites, distribution of audience materials – including a program evaluation. Presentations will be provided throughout NH to educate the public about the impact of suicide loss on families and the need for early intervention on mental illness and substance abuse disorders and better recognition of the warning signs for suicide. The program also is intended to increase awareness and reduce the isolation of those bereaved by suicide and to reduce the shame and stigma experienced by families following a suicide death.</p>	<p>Provide SOSL speakers bureau participants with updates on current research trends in suicide prevention, safe communication and NH's Ten year plan. Provide opportunity to process challenges and stigma encountered and how to address.</p>
<p>4. Coordinate Survivors of Suicide Loss Speakers Bureau Responsible Staff: Rebecca McEnany</p>	<p>Yes</p>	<p>15</p>	<p>Yes</p>	<p>100 Hours</p>	<p>Provide individual support to Survivors of Suicide Loss to connect them with support groups and other survivor resources on the Connect and NAMI-NH websites. Assist survivors in organizing and coordinating mutual support and activities to promote awareness about mental illness, suicide prevention, reduction of risk and stigma, as well as promoting healing and help seeking for participants.</p>
<p>5. Survivor of Suicide Loss Speakers re-training Responsible Staff: Rebecca McEnany</p>	<p>Yes</p>	<p>Estimate 10 Requests/ 50 Participants AFSP – Estimate 7 sites/130 Participants</p>	<p>Yes</p>	<p>Activities supported by this fund help to promote healing and reduce risk following a suicide death. Requests for support are accepted from communities, individuals and organizations and are typically processed within 48 hours. Examples of funded activities:</p> <ul style="list-style-type: none"> <li>• Sending NH survivors to be trained as Survivor of Suicide (SOS) support group facilitators nationally</li> <li>• AFSP Annual Survivors of Suicide Teleconference</li> <li>• Provide scholarships for survivors to attend NH Suicide Prevention Conference</li> </ul>	<p>Provide individual support to Survivors of Suicide Loss to connect them with support groups and other survivor resources on the Connect and NAMI-NH websites. Assist survivors in organizing and coordinating mutual support and activities to promote awareness about mental illness, suicide prevention, reduction of risk and stigma, as well as promoting healing and help seeking for participants.</p>
<p>6. Individual Survivor Support Responsible Staff: Rebecca McEnany</p>	<p>Yes</p>	<p>Estimate 10 Requests/ 50 Participants AFSP – Estimate 7 sites/130 Participants</p>	<p>Yes</p>	<p>Activities supported by this fund help to promote healing and reduce risk following a suicide death. Requests for support are accepted from communities, individuals and organizations and are typically processed within 48 hours. Examples of funded activities:</p> <ul style="list-style-type: none"> <li>• Sending NH survivors to be trained as Survivor of Suicide (SOS) support group facilitators nationally</li> <li>• AFSP Annual Survivors of Suicide Teleconference</li> <li>• Provide scholarships for survivors to attend NH Suicide Prevention Conference</li> </ul>	<p>Provide individual support to Survivors of Suicide Loss to connect them with support groups and other survivor resources on the Connect and NAMI-NH websites. Assist survivors in organizing and coordinating mutual support and activities to promote awareness about mental illness, suicide prevention, reduction of risk and stigma, as well as promoting healing and help seeking for participants.</p>
<p>7. Community Health and Healing Fund (CHH) Responsible Staff: Rebecca McEnany</p>	<p>Yes</p>	<p>Estimate 10 Requests/ 50 Participants AFSP – Estimate 7 sites/130 Participants</p>	<p>Yes</p>	<p>Activities supported by this fund help to promote healing and reduce risk following a suicide death. Requests for support are accepted from communities, individuals and organizations and are typically processed within 48 hours. Examples of funded activities:</p> <ul style="list-style-type: none"> <li>• Sending NH survivors to be trained as Survivor of Suicide (SOS) support group facilitators nationally</li> <li>• AFSP Annual Survivors of Suicide Teleconference</li> <li>• Provide scholarships for survivors to attend NH Suicide Prevention Conference</li> </ul>	<p>Provide individual support to Survivors of Suicide Loss to connect them with support groups and other survivor resources on the Connect and NAMI-NH websites. Assist survivors in organizing and coordinating mutual support and activities to promote awareness about mental illness, suicide prevention, reduction of risk and stigma, as well as promoting healing and help seeking for participants.</p>

**EXHIBIT B**  
**METHODS OF PAYMENT**

1. Subject to the availability of State and Federal funds, and in consideration for the satisfactory completion of the services to be performed under this Agreement, the Bureau of Behavioral Health (BBH) agrees to fund the Contractor for services as set forth in Exhibit A.

2. In addition to prior written permission of BBH required in Exhibit C, Paragraphs 20.6 and 20.7, the following State funds shall not be expended by the Contractor without prior approval by the BBH. Failure to expend Program funds as directed, may, at the discretion of BBH, result in financial penalties not greater than the amount of the directed expenditure:

FY14 Family Mutual Support		\$378,354
FY14 Suicide Prevention		\$ 86,513
	Total	\$464,867

FY15 Family Mutual Support		\$389,868
FY15 Suicide Prevention		\$ 84,445
	Total	\$474,313

3. Promptly after the Effective Date of this Agreement, BBH shall make an initial payment to the Contractor of an amount determined by BBH to be necessary to initiate services. Thereafter, the BBH shall make monthly payments to the Contractor of either pro rata portions of the balance of the maximum price limitation or, based upon documented cash needs as submitted by the Contractor and approved by BBH, such other amounts as BBH determines are necessary to maintain services. In no event shall the total of initial and monthly payments exceed the maximum price limitation in Subparagraph 1.8. of the General Provisions of this Agreement. Monthly payments shall be adjusted for expenditures set forth in Paragraph 2. above and amounts paid to initiate services.

4. Excess program funds are funds available within programs funded pursuant to this Agreement resulting from either revenue generated in excess of, or expenditures below, amounts originally budgeted. BBH may approve or require such funds be retained by the Contractor for expenditures in a subsequent year, spent in the current year on BBH-approved activities, or may allow such funds to be expended at the Contractor's discretion to increase or improve service delivery within the program in which the funds were generated, except that such expenditures shall not increase the annualized operating cost of such programs without written prior approval of BBH.

5. BBH reserves the right to recover any funds not used, in whole or in part, for the purposes stated in Exhibit A, from the Contractor within ninety (90) days of the Completion Date.

6. Any expenditure not in accordance with budgeted amounts shall be reported to BBH in the Summary of Revenues and Expenditures report for the time period. Funds shall not be transferred between programs funded pursuant to this Agreement and programs not so funded nor shall funds be used to increase the full-time equivalent staffing as agreed to in Personnel Form B or transferred into or out of capital expenditures without prior written authorization from BBH. Any expenditure that exceeds the approved budgets shall be solely the financial responsibility of the Contractor; however, such excess expenditures may be covered by the transfer of other funds where such transfer is permissible by this Agreement. In any event, the Contractor shall make no adjustments so as to incur additional expenses in programs funded pursuant to this Agreement in subsequent years without prior written authorization from BBH. The Contractor agrees that revenues shall be allocated by source strictly in accordance with the approved budget.

7. The Contractor shall deposit funds identified as depreciation in the Contract Budget Form A into a restricted account, in an amount not to exceed the equivalent of the depreciation of real and non-real property capital items, for replacement, repairs/maintenance of same. This provision shall survive the termination of this Agreement.

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8. BBH may withhold, in whole or in part, any Agreement payment for the ensuing Agreement period if:
- 8.1. A quality assurance monitoring, or BBH financial review finds corrective actions for financial reviews or Contractor's quality assurance plan has not been implemented.
  - 8.2. The Contractor fails to demonstrate to BBH's satisfaction that sufficient steps were taken to correct identified findings.

9. All reports required pursuant to Exhibit C are due to BBH within thirty (30) days after the end of the quarter. BBH shall withhold, in whole or in part, any Agreement payment for the ensuing Agreement period until the Contractor submits reports to BBH's satisfaction, unless a waiver has been granted.

10. After the first three (3) months, six (6) months, and nine (9) months of the Agreement have elapsed, the Contractor may request a renegotiation of performance requirements in programs receiving funds pursuant to this Agreement as specified according to statistical pages immediately following Exhibit A are not being met.

10.1. The Contractor shall request such renegotiations of the performance requirements by submitting to BBH within thirty (30) days after the end of the first three (3) months, six (6) months, or nine (9) months of this Agreement, a written statement explaining the reasons for deviating from the Agreement terms, and a proposal for revised performance requirements. If appropriate, a request for a renegotiation of any of the following: the list of activities to be provided, staff employed, monthly educational events, monthly newsletter, telephone support, linkages with other local organizations, and facilities which provide opportunities for mutual aid.

10.2. BBH shall recommend action on a request pursuant to Paragraph 10.1., the Administrator shall review the written proposal submitted and BBH recommendation and shall either approve, request modification of, or deny the written proposal.

10.3. BBH agrees that unusual events that are beyond the control of the Contractor and which may impact upon the Contractor's ability to satisfy the terms of this Agreement shall be given due consideration.

11. If the Contractor's performance of the scope of services falls ten percent (10% ) or more below of the Agreement amount specified for a particular service funded pursuant to this Agreement and the Contractor does not provide a proposal for revised performance requirements within the required time frames, or if the proposal submitted is not approved by BBH in accordance with Paragraph 10.2. of this Exhibit, BBH shall have the option to withhold payment from the Contractor in an amount determined by BBH.

12. This Contract is funded by the New Hampshire General Fund and by federal funds made available under the Catalog of Federal Domestic Assistance (CFDA), as follows:

<u>NH General Fund:</u>	FY14	\$464,867
	FY15	\$474,313

Federal Funds: \$ 0

13. List of State account numbers as referenced in Block 1.6. of the General Provisions form P-37:

05-95-92-920010-7012-102

FY14-15 Exhibit B FMS/SP

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**EXHIBIT C**  
**SPECIAL PROVISIONS**

1. Add the following to Paragraph 1.:

**1.3.1.** The term "Contractor" includes all persons, natural or fictional, which are controlled by, under common ownership with, or are an affiliate of or are affiliated with an affiliate of the entity identified as the Contractor in Paragraph 1.3. of the General Provisions of this Agreement.

2. Add the following to Paragraph 4.:

**4.1.** Notwithstanding anything to the contrary contained in this Agreement or in any other document, Agreement or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for any services provided to any individual prior to the Effective Date of this Agreement 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.

**4.2.** Notwithstanding anything to the contrary contained in this Agreement or in any other document, Agreement or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for any costs incurred for any purposes prior to the Effective Date of the Agreement.

3. Add the following to Paragraph 6.:

**6.4.** The Contractor shall comply with Title II. of P.L. 101-336 - the Americans with Disabilities Act of 1990 and all applicable Federal and State laws.

**6.5.** The Contractor shall comply with proposed treatment and prevention rules.

4. Add the following to Paragraph 7.:

**7.4.** Personnel records and background information relating to each employee's qualifications for his or her position shall be maintained by the Contractor for a period of seven (7) years after the Completion Date and shall be made available to BBH upon request.

**7.5.** No officer, director or employee of the Contractor, and no representative, officer or employee of BBH shall participate in any decision relating to this Agreement or any other activity pursuant to this Agreement which directly affects his or her personal or pecuniary interest, or the interest of any corporation, partnership or association in which he or she is directly or indirectly interested, even though the transaction may also seem to benefit any party to this Agreement, including the Contractor or BBH. This provision does not prohibit an employee of the Contractor from engaging in negotiations with the Contractor relative to the salary and wages that he or she receives in the context of his or her employment.

**7.5.1.** Officers and directors shall act in accord with their duty of loyalty to the organizations they represent and shall avoid self-dealing and shall participate in no financial transactions or decisions that violate their duty not to profit.

**7.5.2.** Officers and directors shall act in accord with their fiduciary duties and shall actively participate in the affairs of their organization in carrying out the provisions of this Agreement.

**7.5.3.** All financial transactions between board members and the organization they represent shall conform to applicable New Hampshire law.

5. Replace Subparagraphs 8.1. through 8.1.3. with the following:

**8.1.** Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

**8.1.1.** Failure to perform the services satisfactorily or on schedule during the Agreement term.

**8.1.2.** Failure to submit any report or data within requested time frames or comply with any record keeping requirements as specified in this Agreement.

**8.1.3.** Failure to impose fees, to establish collection methods for such fees or to make a reasonable effort to collect such fees.

**8.1.4.** Failure to either justify or correct material findings noted in a BBH financial review.

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- 8.1.5.** Failure to comply with any applicable rules of the Department.
- 8.1.6.** Failure to expend funds in accordance with the provisions of this Agreement.
- 8.1.7.** Failure to comply with any covenants or conditions in this Agreement.
- 8.1.8.** Failure to correct or justify to BBH's satisfaction deficiencies noted in a quality assurance report.
- 8.1.9.** Failure to obtain written approval in accordance with General Provisions, Paragraph 12. before executing a Sub-Contract or assignment.
- 8.1.10.** Failure to obtain written approval in accordance with Paragraph 20.6. of the General Provisions before purchasing property which has a cost of ten thousand dollars (\$10,000) or more.

**6.** Add the following to Subparagraph 8.2.:

- 8.2.5.** Reduce or eliminate certain funded services and withhold any funds related to the provision of those services.

**7.** Add the following to Paragraph 8.:

- 8.3.** Upon termination, the Contractor shall return to BBH all unencumbered Agreement funds in its possession. Funds provided pursuant to this Agreement in the possession of the Contractor shall be calculated on a percentage of such funds to the Contractor's total revenue generated during the default period. BBH shall have no further obligation to provide additional funds under this Agreement upon termination.

**8.** Add the following to Paragraph 9.:

- 9.4.** The Contractor shall submit to BBH all reports as requested by BBH on such schedule and in such paper or electronic format that BBH shall request.
- 9.5.** The Contractor shall submit on paper quarterly financial and statistical reports thirty (30) days from the end of each quarter. Quarterly financial reports include a Corporate Balance Sheet, an Income Statement (Profit & Loss), and a Budget-to-Actual Revenue and Expense report (Form A). The Income Statement shall be based on the accrual method of accounting, and Form A shall be based on the cash method of accounting. Financial reports shall include the Contractor's total revenue and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement.
- 9.6.** The Contractor shall cooperate with requests for data from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Federal Public Health Service.
- 9.7.** The Contractor shall maintain detailed member records, attendance records and staff attendance records, specifying the actual services rendered and the categorization of that service into a program/service as defined in the budget instructions and accounting guidelines and statistical reporting instructions as specified in Exhibits A and C.
- 9.8.** The Contractor shall maintain detailed fiscal records meeting all the requirements set out in the budget instructions and accounting guidelines. Such fiscal records shall be supported by program reports. Fiscal records shall be retained for seven (7) years after the completion date and thereafter if audit observations have not been resolved to the State's satisfaction.
- 9.9.** On or before the date set forth in Section 1.7. of these General Provisions, the Contractor shall deliver to the State, at the address set forth in Section 1.2. of these General Provisions, an independent audit performed by a Certified Public Accountant, of the Contractor, including the funds received under this Agreement. If the Federal funds expended under this or any other Agreement from any and all sources exceeds \$500,000 in the aggregate in a one (1) year fiscal period the required audit shall be performed in accordance with the provisions of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for fiscal years ending on or after December 31, 2003.
- 9.10.** Upon request the Contractor shall submit to BBH financial statements following the guidelines of the American Institute of Certified Public Accountants together with a management letter, if issued, by a Certified Public Accountant for any approved Sub-Contractor, or any person, natural or fictional, which is controlled by, under common ownership with or an affiliate of the Contractor. In the event that the said audited financial statement and management letter is unavailable or incomplete, the Contractor shall have ninety (90) days to complete and submit said statement and letter to BBH.

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9. Renumber Paragraph 10. as 10.1. and add the following to Paragraph 10.:

**10.2.** In the event of termination under Paragraph 10. of these General Provisions, the approval of a Termination Report by BBH shall entitle the Contractor to receive that portion of the Price Limitation earned to and including the date of termination. The Contractor's obligation to continue to provide services under this Agreement shall cease upon termination by BBH.

**10.3.** In the event of termination under Paragraph 10. of the General Provisions of this Agreement, the approval of a Termination Report by BBH shall in no event relieve the Contractor from any and all liability for damages sustained or incurred by BBH as a result of the Contractor's breach of its' obligations hereunder.

10. Replace Paragraph 12. with the following:

**ASSIGNMENTS, SUB-CONTRACTS, MERGER AND SALE.**

**12.1.** The Contractor shall not delegate or transfer any or all of its' interest in this Agreement or enter into any Sub-Contract for direct services to clients, or any Sub-Contract for services rendered in connection with maintenance, upkeep, renovation or improvement of any facility operated by the Contractor in an amount exceeding ten thousand dollars (\$10,000) without the prior written consent of BBH. As used in this Paragraph, "Sub-Contract" includes any oral or written Agreement entered into between the Contractor and a third party that obligates any State funds provided pursuant to this Agreement to the Contractor under this Agreement. BBH approval of the Contractor's proposed budget shall not relieve the Contractor from the obligation of obtaining BBH's written approval where any assignment or Sub-Contract has not been included in the Contractor's proposed budget. The Contractor shall submit the written Sub-Contract or assignment to BBH for approval and obtain the BBH's written approval before executing the Sub-Contract assignment. This approval requirement shall also apply where the Contractor's total Sub-Contracts with an individual or entity equal, or exceed ten thousand dollars (\$10,000) in the aggregate. Failure of BBH to respond to the approval request within twenty (20) days shall be deemed approval.

**12.2.** If leasehold improvement(s) exceed ten thousand dollars (\$10,000) in the aggregate, the Contractor or approved Sub-Contractor shall demonstrate adequate protection of such expenditure in the event of expiration or termination of the lease. Furthermore, the Contractor or approved Sub-Contractor shall give BBH such security interest in the leasehold improvements or interest in the lease as BBH may require consistent with the funds expended pursuant to this Agreement.

**12.3.** The Contractor further agrees that no Sub-Contract or assignment, approved by BBH in accordance with this Paragraph, shall relieve the Contractor of any of its obligations under this Agreement and the Contractor shall be solely responsible for ensuring, by Agreement or otherwise, the performance by any Sub-Contractor or assignee of all the Contractor's obligations hereunder.

**12.4.** The purchase of the Contractor by a third party, or the purchase of all or substantially all of the Contractor's assets by a third party, or any other substantial change in ownership, shall render this Agreement null and void unless, prior to the sale of the Contractor, or sale of all or substantially all of the Contractor's assets, or other substantial change in ownership, BBH approves in writing the assignment of this Agreement to the third party. In the event that, prior to the sale of the Contractor, BBH approves the assignment of the Agreement, the third party shall be bound by all of the provisions of this Agreement to the same extent and in the same manner, as was the Contractor.

**12.5.** Any merger of the Contractor with a third party shall render this Agreement null and void unless, prior to the merger, BBH approves in writing the assignment of this Agreement to the merged entity. In the event that, prior to the merger of the Contractor with the third party, BBH approves the assignment of the Agreement, the merged entity shall be bound by all of the provisions of this Agreement to the same extent and in the same manner, as was the Contractor.

**12.6.** In the event that through sale, merger or any other means the Contractor should become a subsidiary corporation to another corporation or other entity, this Agreement shall become null and void unless, prior to such sale, merger or other means, BBH shall agree in writing to maintain the Agreement with the Contractor. Should BBH agree to maintain the Agreement the Contractor shall continue to be bound by all of the provisions of the Agreement.

11. Renumber Paragraph 13. as 13.1. and add the following to Paragraph 13.:

**13.2.** The Contractor shall promptly notify the Director of BBH of any and all actions or claims brought against the Contractor, or any Sub-Contractor approved under Paragraph 12. of the General Provisions, or its officers or employees, on account of, based on, resulting from, arising out of or which may be claimed to arise out of their acts or omissions.

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- 12.** If the price limit in Paragraph 1.8., Price Limitation of the General Provisions is less than \$500,000, replace Paragraph 14.1.1. with the following:
- 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 claim or occurrence and \$2,000,000 in the aggregate; and
- 13.** Add the following to Paragraph 14.:
- 14.1.3.** A fidelity bond, covering the activities of all the Contractor's employees or agents with authority to control or have access to any funds provided under this Agreement in an amount equal to 1/12th of the price limitation in Paragraph 1.8. of the General Provisions plus 1/12th of the Contractor's budgeted Medicaid revenue.
  - 14.1.4.** Statutory workers' compensation and employees' liability insurance for all employees engaged in the performance of the services set forth in Exhibit A.
  - 14.1.5.** Tenant's or homeowner's insurance coverage for all housing owned or operated by the Contractor for claims of personal injury or death or damage to property in reasonable amounts satisfactory to BBH and any mortgagee.
- 14.3.** The maintenance of insurance by the Contractor pursuant to this Paragraph shall not be construed in any manner as a waiver of sovereign immunity by the State, its officers and employees in any regard, nor is the existence of said insurance to be construed as conferring or intending to confer any benefit upon a third person or persons not party to this Agreement.
- 14.** Add the following to Paragraph 20.:
- 20.1.** The Federal block grant funds shall not be used to provide inpatient services; to make cash payments to intended recipients of health services; to purchase or improve land, purchase, construct or permanently improve (other than minor remodeling) any building or other facility, to purchase any major medical equipment or to satisfy any requirement for the expenditure of non-Federal funds as a condition of a receipt of Federal funds, provide financial assistance to any entity other than a public or private not for profit entity.
  - 20.2.** Community Support Program (CSP) funds are to be used for:
    - 20.2.1.** Salaries, wages, and benefits of non-clinical, professional and other supporting staff engaged in the program. CSP support for salaries and wages of staff that are not engaged full-time in the program shall not exceed the compensation for the fraction of their time in activities within the scope of the approved project.
    - 20.2.2.** Travel directly related to carrying out activities under the approved project.
    - 20.2.3.** Supplies, communications and office space directly related to activities under the approved project. Notwithstanding the above allowable costs, CSP funds shall not to be used for alterations and renovations of existing buildings, construction of buildings or for acquisition of land or buildings.
  - 20.3.** Federal funds to assist Homeless Mentally Ill Persons (PATH) shall not be used:
    - 20.3.1.** To provide inpatient services.
    - 20.3.2.** To make cash payments to intended recipients of health services.
    - 20.3.3.** To purchase or improve land, purchase, construct or permanently improve (other than minor remodeling) any building or other facility or purchase any major medical equipment.
    - 20.3.4.** To satisfy any requirement for the expenditure of non Federal funds as a condition of a receipt of Federal funds; or
    - 20.3.5.** To provide services to persons at local jails or any correctional facility.
  - 20.4.** If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with the provisions of Section 319 of the Public Law 101-121, Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions; with the provisions of Executive Order 12549 and 45 CFR Subpart A, B, C, D, and E Section 76 regarding Debarment, Suspension and Other Responsibility Matters, and shall complete and submit to the State the appropriate certificates of compliance upon approval of the Agreement by the Governor and Council.
  - 20.5.** In accordance with the requirements of P.L. 103-333, none of the funds appropriated for the National Institutes of Health and the Substance Abuse and Mental Health Services Administration shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of \$125,000 per year.

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**20.6.** Any real property or tangible personal property such as furniture, furnishings or equipment that is purchased in whole or in part with funds pursuant to this Agreement shall be subject to the following conditions:

**20.6.1.** All such property purchased entirely with funds provided under this Agreement shall be used solely to provide services to eligible clients as defined in rules of the Department. If property is purchased with funds provided pursuant to this Agreement and other funds, the property shall be used within programs funded under this Agreement for the proportion of time at least equal to the proportion of costs allocated to such programs.

**20.6.2.** The Contractor shall not sell, lease, donate or otherwise dispose of any property purchased with funds obtained pursuant to this Agreement, valued at more than ten thousand dollars (\$10,000) at time of purchase, without prior written permission of BBH. The term and conditions of this section survive the term or expiration of this Agreement.

**20.6.3.** Upon sale, conveyance or a change in use of the property, the Contractor or approved Sub-Contractor may be required to reimburse BBH for all or a portion of the funds advanced. Any BBH interest identified in said notice shall be subordinate to all rights, title and interest of the senior lender if applicable. In no event, however, shall the Contractor or approved Sub-Contractor be required to reimburse BBH for amount in excess of the value of the property, as reduced by any outstanding loans having priority over BBH's interest. The amount and terms of the loan, including the rights upon termination of this Agreement, shall be agreeable to BBH. Upon request of the Contractor, BBH may, at its discretion, agree to subordinate its loan interest. The term and conditions of this section survive the term or expiration of this Agreement.

**20.6.4.** In the event real property is to be purchased or leased by the Contractor or by an approved Sub-Contractor with funds provided in whole or in part under this Agreement, unless the expenditure was included in the Contractor's approved budget, the Contractor shall submit a detailed statement of the proposed financing arrangement and other documents pertaining to such financing to BBH and obtain BBH's written approval before purchasing or leasing such real property.

**20.6.5.** Capital purchases made with funds provided pursuant to this Agreement shall not be expended later than the Agreement Expiration Date without BBH approval.

**20.6.6.** Notwithstanding the foregoing, any real or personal property acquired by the Contractor with funds other than those provided under this Agreement shall vest in the Contractor, its successors or assignees, and title to such assets shall not be subjected to divestiture in favor of BBH or otherwise.

**20.6.7.** Any interest BBH may have in property, real or personal, as set forth in this Paragraph, shall be subordinate to any interest required by the United States Department of Housing and Urban Development in consideration of funds supplied by that agency to be used by the Contractor in the performance of this Agreement. BBH shall take any steps necessary to effect the subordination of any security interest perfected prior to the perfection of any security interest required by the United States Department of Housing and Urban Development.

**20.6.8.** Upon termination or expiration of this Agreement, or when property is no longer to be used as provided for herein, BBH may, at its discretion and within one hundred twenty (120) days thereafter, elect to do one (1) of the following:

**20.6.8.1.** Direct that said property be sold pursuant to an independent appraisal reflecting an acceptable fair market value with the proceeds of the sale retained by BBH according to the percentage of its contribution, or allow the Contractor to use the funds for a BBH-approved purpose; or

**20.6.8.2.** Allow retention of the Contractor upon proportionate payment to BBH of the share contributed by BBH as determined by the fair market value in accordance with an independent appraiser to be selected by BBH and Contractor.

**20.7.** The requirement of Paragraphs 12.1., 20.6.2., 20.6.3., 20.6.4., and 20.6.8., of this exhibit that the Contractor or approved Sub-Contractor shall receive the prior written approval of BBH shall apply only to actions taken which occur subsequent to the Effective Date of this Agreement.

**20.8.** The Contractor agrees that it is a breach of this Agreement 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 Agreement. The State may terminate this Agreement and any Sub-Contractor 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.

Contractor Initials:   
Date: 5/21/13

**20.9.** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services or the Agreement shall include the following statement: "The preparation of this (report, document, etc.) was financed under an Agreement with the State of New Hampshire, Department of Health and Human Services, Division of Behavioral Health, with funds provided in part or in whole by the State of New Hampshire and/or United States Department of Health and Human Services."

**20.10.** The Contractor shall establish and maintain a grievance process whereby a member or consumer may report an issue, problem, or concern. The grievance process shall include mechanisms for grievances, formal investigation of grievances, and notification to a complainant that issues unresolved after investigation by the Contractor's designee may be appealed to the Department of Health & Human Services Administrative Appeals Unit.

FY14-15 NAMI NH Exhibit C FMS/SP

Contractor Initials: RM  
Date: 5/21/13

**NH Department of Health and Human Services**

**STANDARD EXHIBIT D**

**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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) 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;
  - (b) Establishing an ongoing drug-free awareness program to inform employees about
    - (1) The dangers of drug abuse in the workplace;
    - (2) The grantee's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

Contractor Initials: RM  
Date: 5/2/13

- (c) 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);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
  - (1) Abide by the terms of the statement; and
  - (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;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(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 has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
  - (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
  - (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;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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.

NAMI New Hampshire

From: 7/1/2013 To: 6/30/2015

(Contractor Name)

(Period Covered by this Certification)

KENNETH NORTON EXECUTIVE DIRECTOR

(Name & Title of Authorized Contractor Representative)



(Contractor Representative Signature)

5/21/13

(Date)

Contractor Initials: 

Date: 5/21/13

NH Department of Health and Human Services

STANDARD EXHIBIT E

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
\*Socail 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

Contract Period: 07-01-13 through 06-30-15

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

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

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

[Handwritten signature]

(Contractor Representative Signature)

KENNETH NORTON EXECUTIVE DIRECTOR

(Authorized Contractor Representative Name & Title)

NAMI New Hampshire

(Contractor Name)

5/21/13

(Date)

Contractor Initials: [Handwritten initials]

Date: 5/21/13

**NH Department of Health and Human Services**  
**STANDARD EXHIBIT F**  
**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.

Contractor Initials: RM  
Date: 5/21/13

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 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**

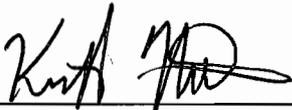
- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) 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;
  - (c) 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 (1)(b) of this certification; and
  - (d) 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.
- (2) 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**

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:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) 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).

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 Representative Signature)

KENNETH NORTON EXECUTIVE DIRECTOR  
 \_\_\_\_\_  
 (Authorized Contractor Representative Name & Title)

NAMI New Hampshire  
 \_\_\_\_\_  
 (Contractor Name)

5/21/13  
 \_\_\_\_\_  
 (Date)

Contractor Initials: KN  
 Date: 5/21/13

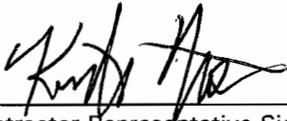
NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING  
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.



(Contractor Representative Signature)

KENNETH NORTON EXECUTIVE DIRECTOR

(Authorized Contractor Representative Name & Title)

NAMI New Hampshire

(Contractor Name)

5/21/13

(Date)

Contractor Initials: ZM

Date: 5/21/13

NH Department of Health and Human Services

STANDARD EXHIBIT H

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 Representative Signature)

KENNETH NORTON EXECUTIVE DIRECTOR  
(Authorized Contractor Representative Name & Title)

NAMI New Hampshire  
(Contractor Name)

5/21/13  
(Date)

## NH Department of Health and Human Services

**STANDARD EXHIBIT I**  
**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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 and those parts of the HITECH Act 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.

**BUSINESS ASSOCIATE AGREEMENT**

**(1) Definitions.**

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR Section 164.501.
- 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, unreasonable, 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) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part 1, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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 standard provision #10 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

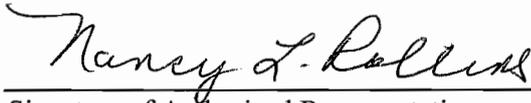
IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

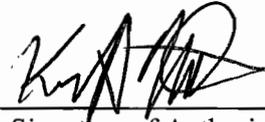
DHHS-Division of Community Based Care Services  
Bureau of Behavioral Health

NAMI New Hampshire

The State Agency Name

Name of the Contractor





Signature of Authorized Representative

Signature of Authorized Representative

Nancy L. Rollins

KENNETH NORTON

Name of Authorized Representative

Name of Authorized Representative

Associate Commissioner

EXECUTIVE DIRECTOR

Title of Authorized Representative

Title of Authorized Representative

31 May 2013

5/21/13

Date

Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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.

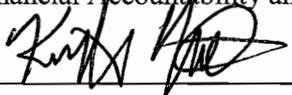
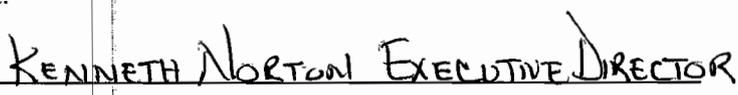
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 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:
  - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
  - b. 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 Representative Signature)	(Authorized Contractor Representative Name & Title)
---------------------------------------	---

NAMI NH	5/21/13
---------	---------

(Contractor Name)	(Date)
-------------------	--------

Contractor initials: KN  
 Date: 5/21/13  
 Page # 15 of Page # 16

NH Department of Health and Human Services

STANDARD EXHIBIT J

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:

883088411

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: \_\_\_\_\_

Contractor initials: RM  
Date: 5/21/13  
Page # 16 of Page # 16

*Marilyn L. Chandler, CPA, PLLC*  
*P.O. Box 583*  
*Contoocook, NH 03229*  
*(603) 848-2448 marilyn@mlchandlercpa.com*

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
NAMI New Hampshire  
Concord, New Hampshire

We have audited the statement of financial position of NAMI New Hampshire (a New Hampshire not-for-profit organization) as of June 30, 2012, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of NAMI New Hampshire's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized financial information has been derived from the NAMI New Hampshire's 2011 financial statements which were audited by a related firm and, in their report dated December 13, 2011 an unqualified opinion was expressed on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of NAMI New Hampshire as of June 30, 2012, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

*Marilyn L. Chandler, CPA, PLLC*

Concord, New Hampshire  
December 30, 2012

NAMI NEW HAMPSHIRE  
STATEMENTS OF FINANCIAL POSITION  
JUNE 30, 2012 AND 2011

**ASSETS**

	<u>2012</u>	<u>2011</u>
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 434,505	\$ 835,240
Accounts receivable	181,689	52,167
Grants receivable		105,039
Prepaid expenses	1,000	
Total current assets	617,194	992,446
<b>PROPERTY AND EQUIPMENT</b>		
Computer equipment and software	26,637	63,856
Furniture and fixtures	604	8,261
Leasehold improvements	17,959	17,959
	45,200	90,076
Less accumulated depreciation	27,713	72,148
Current property and equipment - net	17,487	17,928
Building and improvements-not yet in service	651,144	
Total property and equipment	668,631	17,928
<b>OTHER ASSETS</b>		
Investments	250,423	84,570
Security deposit	3,300	3,300
Total other assets	253,723	87,870
<b>TOTAL ASSETS</b>	<b>\$ 1,539,548</b>	<b>\$ 1,098,244</b>

**LIABILITIES AND NET ASSETS**

<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 61,549	\$ 34,292
Accrued wages and related liabilities	50,539	75,744
Refundable grant	59,866	
Current portion - long term debt	10,483	
Total current liabilities	182,437	110,036
<b>LONG TERM LIABILITIES</b>		
Mortgage payable - net of current portion	335,820	
<b>TOTAL LIABILITIES</b>	518,257	
<b>NET ASSETS</b>		
Unrestricted	320,795	711,393
Unrestricted - invested in property and equipment	322,328	17,928
Unrestricted-Board designated	250,423	84,570
Temporarily restricted	127,745	174,317
<b>TOTAL NET ASSETS</b>	1,021,291	988,208
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 1,539,548</b>	<b>\$ 1,098,244</b>

The accompanying notes are an integral part of the financial statements.

NAMI NEW HAMPSHIRE  
STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDING JUNE 30, 2012  
(With comparative financial information for 2011)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2012 Total</u>	<u>2011</u>
<b>REVENUE AND SUPPORT</b>				
Substance Abuse and Mental Human Services	\$	\$ 349,211	\$ 349,211	\$ 439,692
Department of Health and Human Services				
Family Mutual Support Grant		429,495	429,495	465,413
Dartmouth PRC grant				35,735
Gutin Foundation grant				75,000
Endowment for Health grant	30,000		30,000	29,001
NH Charitable Foundation grant		59,274	59,274	154,650
Other grant income		110,296	110,296	110,451
Contributions	50,320		50,320	52,428
NH Charitable Foundation Endowment income	12,416		12,416	8,171
Membership dues	7,529		7,529	8,279
Fundraising	145,481		145,481	106,561
Non-cash donations	10,715		10,715	11,675
Interest and dividend income	4,813		4,813	2,526
Training services	422,192		422,192	318,487
Conferences and meetings	21,542		21,542	6,130
Miscellaneous income	1,922		1,922	13,624
Loss on asset disposal	(194)		(194)	
Net unrealized gains on investments	11,562		11,562	13,959
Net assets released from restrictions	994,848	(994,848)		
<b>TOTAL REVENUE AND SUPPORT</b>	<u>1,713,146</u>	<u>(46,572)</u>	<u>1,666,574</u>	<u>1,851,782</u>
<b>EXPENSES</b>				
Community and Public Policy Relations	30,704		30,704	58,950
Connect Suicide Prevention Project	719,649		719,649	655,356
Public Education	531,538		531,538	654,796
Management and general	243,042		243,042	252,466
Fundraising and development	108,558		108,558	96,971
<b>TOTAL EXPENSES</b>	<u>1,633,491</u>		<u>1,633,491</u>	<u>1,718,539</u>
<b>CHANGE IN NET ASSETS</b>	79,655	(46,572)	33,083	133,243
<b>NET ASSETS-BEGINNING OF YEAR</b>	<u>813,891</u>	<u>174,317</u>	<u>988,208</u>	<u>854,965</u>
<b>NET ASSETS-END OF YEAR</b>	<u>\$ 893,546</u>	<u>\$ 127,745</u>	<u>\$ 1,021,291</u>	<u>\$ 988,208</u>

The accompanying notes are an integral part of the financial statements.

NAMI NEW HAMPSHIRE

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDING JUNE 30, 2012

(With comparative financial information for 2011)

	Programs				Supporting Services		2012 Total	2011
	Community and Public Policy Relations	Connect Suicide Prevention Project	Public Education	Program Total	Management and General	Fundraising and Development		
Salary and wages	\$ 11,734	\$ 357,099	\$ 302,406	\$ 671,239	\$ 175,017	\$ 37,901	\$ 980,288	
Employee benefits	765	48,246	55,217	104,228	9,600	6,998	123,882	
Payroll taxes	1,932	24,136	24,249	50,317	15,130	2,755	84,596	
	<u>14,431</u>	<u>429,481</u>	<u>381,872</u>	<u>825,784</u>	<u>199,747</u>	<u>47,654</u>	<u>1,188,766</u>	
Accounting	47	1,101	823	1,971	720	2,272	4,836	
Audit fees					4,525		5,350	
Legal fees	50	1,386	230	1,666	5,556	2,357	7,791	
Contracted services	2,596	123,799	31,801	158,196	1,044	19,450	174,400	
Staff development							2,376	
Client services/training	9,248	40,070	63,267	112,585			100,412	
Occupancy	921	21,400	15,937	38,258	7,143	3,380	46,663	
Office supplies	172	4,052	3,039	7,263	1,891	55	9,969	
Maintenance	224	5,273	3,955	9,452	1,714	818	8,105	
Fundraising						5,703	8,255	
Depreciation	67	1,587	1,190	2,844	507	255	5,005	
Food supplies	30	1,590	589	2,209	3,820	6,371	24,587	
Equipment rental	135	3,178	2,445	5,758	1,458	7,216	7,549	
Equipment maintenance	375	1,713	1,382	3,470	2,808	512	6,489	
Advertising		160	45	205		205	1,426	
Printing	30	6,249	636	6,915	96	4,259	4,670	
Telephone and communications	1,668	10,202	8,452	20,322	3,776	1,238	23,870	
Postage and shipping	339	2,979	1,008	4,326	2,344	1,300	7,970	
Staff transportation	256	62,721	12,491	75,468	1,289	1,784	58,637	
Insurance	115	2,708	2,077	4,900	805	435	7,710	
Interest expense					2,896		2,896	
Non-cash supplies					10,715		11,675	
Other			299	299	903	1,202	2,028	
<b>TOTAL EXPENSES 2012</b>	<b>\$ 30,704</b>	<b>\$ 719,649</b>	<b>\$ 531,538</b>	<b>\$ 1,281,891</b>	<b>\$ 243,042</b>	<b>\$ 108,558</b>	<b>\$ 1,633,491</b>	
<b>TOTAL EXPENSES 2011</b>	<b>\$ 58,950</b>	<b>\$ 655,356</b>	<b>\$ 654,796</b>	<b>\$ 1,369,102</b>	<b>\$ 252,466</b>	<b>\$ 96,971</b>	<b>\$ 1,718,539</b>	

The accompanying notes are an integral part of the financial statements

NAMI NEW HAMPSHIRE  
STATEMENTS OF CASH FLOW

FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	2012	2011
<b>Cash flows from operating activities:</b>		
Change in net assets	\$ 33,083	\$ 133,243
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Loss on disposal of assets	194	
Depreciation	3,606	5,005
(Increase) decrease in accounts receivable	(24,483)	43,506
(Increase) in prepaid expenses	(1,000)	
Increase (decrease) in accounts payable and accrued expenses	2,052	37,283
Increase (decrease) in refundable grant	59,866	(131,502)
Net unrealized (gains) on investments	(11,562)	(13,959)
Net cash provided by operating activities	61,756	73,576
<b>Cash flows from investing activities:</b>		
Purchase of investments	(154,293)	(1,688)
Purchase of equipment	(3,357)	
Purchase of building and improvements	(303,144)	
Net cash (used) by investing activities	(460,794)	(1,688)
<b>Cash flows from financing activities:</b>		
Payments on note payable	(1,697)	
Net cash (used) by financing activities	(1,697)	
<b>NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS</b>	(400,735)	71,888
<b>CASH AND CASH EQUIVALENTS-BEGINNING OF YEAR</b>	835,240	763,352
<b>CASH AND CASH EQUIVALENTS-END OF YEAR</b>	\$ 434,505	\$ 835,240
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION</b>		
Cash paid for interest	\$ 2,896	\$ -
Equipment, furniture and fixtures disposed	\$ 48,233	\$ -
<b>NON-CASH INVESTING AND FINANCING ACTIVITIES</b>		
Purchase of building and improvements	\$ (651,144)	\$
Amount financed	348,000	
Cash paid for building and improvements	\$ (303,144)	\$ -

The accompanying notes are an integral part of the financial statements.

# **NAMI New Hampshire**

## **Mission Statement**

The National Alliance on Mental Illness (NAMI) NH, a grassroots organization of families, consumers, professionals and other members dedicated to improving the quality of life of persons of all ages affected by mental illness or serious emotional disorders through education, support and advocacy.

## KEY ADMINISTRATIVE PERSONNEL - FY2014

### NAMI NEW HAMPSHIRE - FAMILY MUTUAL SUPPORT

Postion	Name	FTEs	Salary	Salary contributed from BBH	% of Salary from BBH
Executive Director	Ken Norton	1.00	\$ 79,997.00	\$ 25,233.80	32%
Chief Financial Officer	Tammy Murray	1.00	\$ 70,699.00	\$ 22,300.90	32%

## KEY ADMINISTRATIVE PERSONNEL - FY2015

### NAMI NEW HAMPSHIRE - FAMILY MUTUAL SUPPORT

Postion	Name	FTEs	Salary	Salary contributed from BBH	% of Salary from BBH
Executive Director	Ken Norton	1.00	\$ 79,997.00	\$ 25,604.41	32%
Chief Financial Officer	Tammy Murray	1.00	\$ 70,699.00	\$ 22,628.43	32%

# KENNETH NORTON

## EDUCATION:

UNIVERSITY OF CONNECTICUT, Hartford, CT  
MSW, December 1985, Casework Major, Groupwork Minor

UNIVERSITY OF MAINE, Orono, ME  
BA, May 1980, Philosophy and Sociology - with High Distinction  
BSW in Social Welfare from the Council On Social Work Education (CSWE)

## CERTIFICATIONS:

NEW HAMPSHIRE BOARD OF MENTAL HEALTH PRACTICE  
LICSW – Licensed Independent Clinical Social Worker, November 1995

ACADEMY OF CERTIFIED SOCIAL WORKERS  
ACSW December 1987, Silver Springs, MD

EYE MOVEMENT DESENSITIZATION REPROCESSING (EMDR)  
Specialized Trauma Treatment. Trained in Level I EMDR, Nov. 2000

## WORK:

### EXPERIENCE:

#### EXECUTIVE DIRECTOR

National Alliance on Mental Illness New Hampshire (NAMI NH), Concord NH  
Statewide organization dedicated to improving the lives of those impacted by mental illness and Connect Suicide Prevention Program. Responsible for all aspects of the organization including financial, personnel, program development and implementation, public policy, advocacy, grant writing and fundraising. Reports to the Board of Directors. June 2011-present.

#### DIRECTOR CONNECT SUICIDE PREVENTION PROGRAM

National Alliance on Mental Illness, NAMI NH, Concord, NH  
Responsible for development and implementation of the Connect Suicide Prevention Project including program design, community organization, and developing statewide protocols for responding to suicide incidents. Other duties involve grant writing, marketing, conducting trainings, providing technical assistance to military, communities, coalitions and key stakeholders. Serve as a member of NH Suicide Prevention Council which oversees implementation the NH Suicide Prevention State Plan. January 2003 – present.

#### DIRECTOR OF DEVELOPMENT

FamilyStrength, Concord, NH  
Duties included fund-raising, grant writing, board development, marketing, public relations and publishing newsletter. Other responsibilities included participation on agency management team and program development. March 1999 - January 2003.

#### DIRECTOR OF SUPPORT SERVICES/DIRECTOR OF ADULT SERVICES

Genesis - The Counseling Group, Laconia, NH  
Senior management position involving complete administrative and clinical responsibility for seven programs with a combined thirty five full time staff. Programs included residential, vocational, case management/outreach and office based treatment modalities. Responsibilities included establish and monitor program goals, develop and implement policy and procedures, oversee budget and personnel issues. Also supervised regional 24/7 psychiatric emergency services program covering Belknap and Southern Grafton County. July 1997- March 1999.

## VOLUNTEER EXPERIENCE:

#### STEERING COMMITTEE MEMBER

National Suicide Prevention Lifeline, Mental Health Association of New York City  
Steering Committee members provide the Lifeline's primary administrators with expert guidance on the issues that affect the network. Members provide recommendations and advice that support the Lifeline's mission and work to enhance its capacity to serve persons throughout the US who potentially could be suicidal. October 2008- present

#### NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION:

Member of the Military and Veteran subcommittee examining and making recommendations for how the National Strategy For Suicide Prevention can improve suicide prevention efforts for Service Members and Veterans November 2011- present

**DISASTER BEHAVIORAL RESPONSE TEAM:**

Member of a statewide team providing mental health services in the event of a critical incident or disaster.  
April 2004- present

**SPARRC POSTVENTION WORKGROUP:**

Participated on workgroups through the Defense Centers on Excellence to study and make recommendations to the Department Of Defense regarding policy for responding to suicide deaths.  
February 2010 to June 2010

**FOSTER PARENT:**

New Hampshire Division of Children Youth and Families, Laconia, NH  
Licensed Foster Home. October 1997- July 2008.

**BOARD OF DIRECTORS:**

New Beginnings – A Woman’s Crisis Center, Laconia, NH.

Member of the organizational steering committee, and Board of Directors for agency serving 8victims of domestic violence and sexual assault in Belknap County. Duties included grant writing, membership development, writing press releases, fund raising, and policy development, served as Board Vice Chair.  
December 1990- April 2001.

**PRESENTATIONS:**

- \*Department of Defense/VA Suicide Prevention Conference 6/12, Washington, DC;  
Reducing Risk and Promoting Community Healing after a Suicide
- \*Massachusetts Department of Public Health, 5/12, Worcester, MA; Death with Dignity/  
Physician Assisted Suicide
- \*Scottish Association of Mental Health – Keynote, 9/11, Glasgow, Scotland; Community  
Networks for Suicide Prevention, Intervention and Postvention
- \*National Suicide Prevention Lifeline Crisis Center Conference, 7/11, Baltimore, MD;  
Suicide Prevention and Safe Messaging with Social Networking and News Media
- \*National Alliance on Mental Illness National Conference, 7/11, Chicago, IL; Support  
Our Troops; Suicide Prevention and the Military
- \*Massachusetts Department of Public Health, 5/11 Worcester, MA; Ethics and Suicide  
Prevention Across the Lifespan
- \*American Association of Suicidology Preconference Seminar 4/11 Portland, OR;  
Engaging Communities in Suicide Postvention
- \*American Association of Suicide Panel Discussion 4/11 Portland, OR; Revised Media  
Recommendations for Reporting on Suicide.
- \*Department of Defense/VA Suicide Prevention Conf 3/11, Boston, MA; Reducing  
Risk/Promoting Healing for Warriors, Families & Communities After A Suicide;

**AWARDS:**

**SOCIAL WORKER OF THE YEAR:** National Association of Social Workers NH  
Chapter; For significant contributions to the profession and society. March 2009

**COIN OF EXCELLENCE:** NH National Guard Adjutant General Major Gen. Kenneth  
Clark - Presented for technical assistance and consultation in development of NH  
National Guard Suicide Prevention Program, February 2009

**CASE MANAGER OF THE YEAR - NAMI** NH National Alliance for the Mentally Ill.  
For outstanding service and advocacy for mentally ill consumers and their families, 1991.

**SENIOR SKULL HONOR SOCIETY** – University of Maine for outstanding leadership, scholarship and  
exemplary citizenship, 1979.

**REFERENCES:**

Available upon request.

**BOARD OF DIRECTORS**  
**National Alliance for the Mentally Ill - New Hampshire**  
**April 23, 2013**

**TREASURER**

**BATCHELDER, Chet**

**BELCHER, Frances**

**BROOKS, Mary Ellen**

**BUTENHOF, Ann**

**2<sup>ND</sup> VICE PRESIDENT**

**CANEDY, David**

**CAUBLE, Steven, MD**

**CHEVREFILS, Richard**

**SECRETARY**

**FORRESTALL-NICHOLLS, Mary Ellen**

**FOX, John**

**GILMOUR, Peggy**

**GRANT, Doug**

**1<sup>ST</sup> VICE PRESIDENT**

**GRENNON, Michele**

**GRIFFIN, Suellen**

**JEVNE, Monique**

**JOHNSON, Sheila**

**LITTLEFIELD, Chet**

**MCLEOD, Martha**

**MELBY, Leslie**

**NORTON, Ken**

**PAQUETTE, Linda**

**PRIVE, Karen**

**PRESIDENT**

**ROUTHIER, Jonathan**

**SAWYER, David**

**WHITE, Ron**

**WILSON, Richard**

# State of New Hampshire Department of State

## CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NAMI NEW HAMPSHIRE is a New Hampshire nonprofit corporation formed September 24, 1982. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 25<sup>th</sup> day of April A.D. 2013

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

William M. Gardner  
Secretary of State

Region:  
 NAMI New Hampshire  
 prepared by: Tammy Murray  
 date: 4/23/13  
 FISCAL PERIOD: 7/1/13 - 6/30/14

	Total Agency	Total Administration	INDIVIDUAL FAMILY TO MUTUAL SUPPORT 111a	STATEWIDE EDUCATION & TRAINING FOR FAMILY SUPPORT 211a	FAMILY & YOUTH LEADERSHIP DEVELOPMENT 311a	PUBLIC EDUCATION 411a	SUICIDE PREVENTION 511a	OTHER Non-BBH 111f
<b>400 PROG. SERV. FEES</b>								
401 Net client fees	0	0	0	0	0	0	0	0
402 HMO's	0	0	0	0	0	0	0	0
403 BC/BS	0	0	0	0	0	0	0	0
404 Medicaid	0	0	0	0	0	0	0	0
405 Medicare	0	0	0	0	0	0	0	0
406 Other insurance	0	0	0	0	0	0	0	0
411 Other program fees	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
<b>420 PROG. SALES</b>								
421 Production	0	0	0	0	0	0	0	0
422 Service	0	0	0	0	0	0	0	0
<b>430 PUBLIC SUPPORT</b>								
431 United Way	0	0	0	0	0	0	0	0
432 Local/County Government	0	0	0	0	0	0	0	0
433 Donations/Contributions	167,000	0	0	0	0	0	0	167,000
435 Other public support	444,110	95,000	0	0	0	0	0	349,110
436 DVR	0	0	0	0	0	0	0	0
437 Div. Alc/Drug Abuse Prev & Recovery	0	0	0	0	0	0	0	0
438 DCYF	0	0	0	0	0	0	0	0
439 State Emergency Shelter Grant	0	0	0	0	0	0	0	0
<b>440 FEDERAL FUNDING</b>								
441 Block Grants	0	0	0	0	0	0	0	0
442	0	0	0	0	0	0	0	0
443	0	0	0	0	0	0	0	0
444 HUD	0	0	0	0	0	0	0	0
445 Other federal grants	193,000	0	0	0	0	0	0	193,000
446 PATH	0	0	0	0	0	0	0	0
447	0	0	0	0	0	0	0	0
448 MHSIP	0	0	0	0	0	0	0	0
450 RENTAL INCOME	0	0	0	0	0	0	0	0
460 INTEREST INCOME	12,000	12,000	0	0	0	0	0	0
470 IN-KIND DONATIONS	20,500	0	0	0	0	20,500	0	0
<b>480 BBH</b>								
481 Bureau of Behavioral Health	464,867	0	96,418	150,661	86,459	44,816	86,513	0
482 Community Developmental Services	0	0	0	0	0	0	0	0
490 OTHER REVENUES	172,259	0	0	0	0	0	0	172,259
491 Other BBH (carry over)	0	0	0	0	0	0	0	0
Subtotal	1,473,736	107,000	96,418	150,661	86,459	65,316	86,513	881,369
500 GM Allocation	0	0	0	0	0	0	0	0
<b>TOTAL PROGRAM REVENUES</b>	<b>1,473,736</b>	<b>107,000</b>	<b>96,418</b>	<b>150,661</b>	<b>86,459</b>	<b>65,316</b>	<b>86,513</b>	<b>881,369</b>

Region:  
 NAMI New Hampshire  
 prepared by: Tammy Murray  
 date: 4/23/13  
 FISCAL PERIOD: 7/1/13 - 6/30/14

	Total Agency	Total Administration	INDIVIDUAL FAMILY TO FAMILY MUTUAL SUPPORT 111a	STATEWIDE EDUCATION & TRAINING FOR FAMILY SUPPORT 211a	FAMILY & YOUTH LEADERSHIP DEVELOPMENT 311a	PUBLIC EDUCATION 411a	SUICIDE PREVENTION 511a	OTHER Non-BBH 111f
<b>600 PERSONNEL COSTS</b>								
601 Salary & Wages	668,914	190,250	57,216	81,637	51,853	26,060	53,029	408,869
602 Employee Benefits	180,028	32,916	13,530	19,588	12,015	6,866	10,602	84,511
603 Payroll taxes	66,472	14,554	4,377	6,245	3,967	1,994	4,057	31,278
Subtotal	1,115,414	237,720	75,123	107,471	67,835	34,919	67,687	524,658
610 Client Wages	0	0	0	0	0	0	0	0
<b>620 PROFESSIONAL FEES</b>								
621 Substitute Staff	0	0	0	0	0	0	0	0
622 Client Evaluations/Services	0	0	0	0	0	0	0	0
624 Accounting	4,500	3,000	0	0	0	0	0	1,500
625 Audit Fees	6,000	6,000	0	0	0	0	0	0
626 Legal Fees	4,600	4,000	0	0	0	0	0	600
627 Other Professional Fees/Consult	51,380	1,000	0	1,500	2,000	0	3,500	43,380
<b>630 STAFF DEV &amp; TRNG.</b>								
631 Journals & Publications	0	0	0	0	0	0	0	0
632 In-Service Training	0	0	0	0	0	0	0	0
633 Conferences & Conventions	0	0	0	0	0	0	0	0
634 Other Staff Development	0	0	0	0	0	0	0	0
<b>640 OCCUPANCY COSTS</b>								
641 Rent	0	0	0	0	0	0	0	0
642 Mortgage Payments	27,560	27,560	0	0	0	0	0	0
643 Heating Costs	4,100	4,100	0	0	0	0	0	0
644 Other Utilities	4,524	4,524	0	0	0	0	0	0
645 Maintenance & Repairs	15,000	15,000	0	0	0	0	0	0
646 Taxes	0	0	0	0	0	0	0	0
647 Other Occupancy Costs	0	0	0	0	0	0	0	0
<b>650 CONSUMABLE SUPPLIES</b>								
651 Office	3,500	3,500	0	0	0	0	0	0
652 Building/Household	2,500	2,500	0	0	0	0	0	0
653 Educational/Training	66,086	0	6,850	20,605	2,811	1,890	3,420	30,510
654 Production & Sales	5,000	0	0	0	0	0	0	5,000
655 Food	12,200	4,000	0	0	2,200	0	0	6,000
656 Medical	0	0	0	0	0	0	0	0
657 Other Consumable Supplies	0	0	0	0	0	0	0	0
<b>660 CAPITAL EXPENDITURES</b>								
665 DEPRECIATION	18,000	18,000	0	0	0	0	0	0
670 EQUIPMENT RENTAL	9,500	7,500	0	0	0	0	0	2,000
680 EQUIPMENT MAINTENANCE	8,000	8,000	0	0	0	0	0	0
Subtotal page	1,357,864	346,404	81,973	129,576	74,846	36,809	74,607	613,648

Region:  
 NAMI New Hampshire  
 prepared by: Tammy Murray  
 date: 4/23/13  
 FISCAL PERIOD: 7/1/13 - 6/30/14

	Total Agency	Total Administration	INDIVIDUAL FAMILY TO FAMILY MUTUAL SUPPORT 111a	STATEWIDE EDUCATION & TRAINING FOR FAMILY SUPPORT 211a	FAMILY & YOUTH LEADERSHIP DEVELOPMENT 311a	PUBLIC EDUCATION 411a	SUICIDE PREVENTION 511a	OTHER Non-BBH 111f
Total Carried Forward	1,357,864	346,404	81,973	129,576	74,846	36,809	74,607	613,648
700 ADVERTISING	0	0	0	0	0	0	0	0
710 PRINTING	6,205	0	0	1,565	0	0	0	4,640
720 TELEPHONE/COMMUNICATIONS	25,684	12,700	1,000	900	1,200	650	500	8,734
730 POSTAGE/SHIPPING	5,635	2,800	200	100	50	35	100	2,350
<b>740 TRANSPORTATION</b>								
741 Board Members	0	0	0	0	0	0	0	0
742 Staff	38,629	900	2,915	1,378	500	300	636	32,000
743 Clients	4,220	0	0	1,000	600	2,220	400	0
744 Delivery Products	0	0	0	0	0	0	0	0
<b>750 ASSIST. TO INDIVIDUALS</b>								
751 Client Services	2,500	0	0	0	0	0	1,000	1,500
752 Clothing	0	0	0	0	0	0	0	0
<b>760 INSURANCE</b>								
761 Malpractice & Bonding	1,800	1,800	0	0	0	0	0	0
762 Vehicles	500	500	0	0	0	0	0	0
763 Comprehensive Property & Liability	7,700	7,700	0	0	0	0	0	0
770 MEMBERSHIP DUES	2,000	0	0	0	0	0	0	2,000
800 OTHER EXPENDITURES	500	500	0	0	0	0	0	0
801 INTEREST EXPENSE	0	0	0	0	0	0	0	0
802 IN-KIND EXPENSE	20,500	0	0	0	0	20,500	0	0
TOTAL EXPENSES	1,473,737	373,304	86,088	134,519	77,196	60,514	77,243	664,872
900 ADMINISTRATIVE ALLOCATION	0	(221,852)	10,331	16,142	9,263	4,802	9,269	172,045
<b>TOTAL PROGRAM EXPENSES</b>	1,473,737	151,452	96,418	150,661	86,459	65,316	86,513	836,917
<b>SURPLUS/(DEFICIT)</b>								
Total Revenue - Total Expenses (line 49 - 116)	(0)	(44,452)	0	0	0	0	0	44,452
Verification of Balancing s/b 0	(0)							

Region:  
 NAMI New Hampshire  
 prepared by: Tammy Murray  
 date: 4/23/13  
 FISCAL PERIOD: 7/1/14 - 6/30/15

	Total Agency	Total Administration	INDIVIDUAL FAMILY TO FAMILY MUTUAL SUPPORT 111a	STATEWIDE EDUCATION & TRAINING FOR FAMILY SUPPORT 211a	FAMILY & YOUTH LEADERSHIP DEVELOPMENT 311a	PUBLIC EDUCATION 411a	SUICIDE PREVENTION 511a	OTHER Non-BBH 111f
<b>400 PROG. SERV. FEES</b>								
401 Net client fees	0	0	0	0	0	0	0	0
402 HMO's	0	0	0	0	0	0	0	0
403 BC/BS	0	0	0	0	0	0	0	0
404 Medicaid	0	0	0	0	0	0	0	0
405 Medicare	0	0	0	0	0	0	0	0
406 Other insurance	0	0	0	0	0	0	0	0
411 Other program fees	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
<b>420 PROG. SALES</b>								
421 Production	0	0	0	0	0	0	0	0
422 Service	0	0	0	0	0	0	0	0
<b>430 PUBLIC SUPPORT</b>								
431 United Way	0	0	0	0	0	0	0	0
432 Local/County Government	0	0	0	0	0	0	0	0
433 Donations/Contributions	300,000	0	0	0	0	0	0	300,000
435 Other public support	502,845	95,000	0	0	0	0	0	407,845
436 DVR	0	0	0	0	0	0	0	0
437 Div. Alc/Drug Abuse Prev & Recovery	0	0	0	0	0	0	0	0
438 DCYF	0	0	0	0	0	0	0	0
439 State Emergency Shelter Grant	0	0	0	0	0	0	0	0
<b>440 FEDERAL FUNDING</b>								
441 Block Grants	0	0	0	0	0	0	0	0
442	0	0	0	0	0	0	0	0
443	0	0	0	0	0	0	0	0
444 HUD	0	0	0	0	0	0	0	0
445 Other federal grants	0	0	0	0	0	0	0	0
446 PATH	0	0	0	0	0	0	0	0
447	0	0	0	0	0	0	0	0
448 MHSIP	0	0	0	0	0	0	0	0
450 RENTAL INCOME	0	0	0	0	0	0	0	0
460 INTEREST INCOME	12,000	12,000	0	0	0	0	0	0
470 IN-KIND DONATIONS	20,500	0	0	0	0	20,500	0	0
<b>480 BBH</b>								
481 Bureau of Behavioral Health	474,313	0	97,946	153,946	92,188	45,788	84,445	0
482 Community Developmental Services	0	0	0	0	0	0	0	0
490 OTHER REVENUES	172,259	0	0	0	0	0	0	172,259
491 Other BBH (carry over)	0	0	0	0	0	0	0	0
Subtotal	1,481,917	107,000	97,946	153,946	92,188	66,288	84,445	880,104
500 GM Allocation	0	0	0	0	0	0	0	0
<b>TOTAL PROGRAM REVENUES</b>	1,481,917	107,000	97,946	153,946	92,188	66,288	84,445	880,104

Region:  
 NAMI New Hampshire  
 prepared by: Tammy Murray  
 date: 4/23/13  
 FISCAL PERIOD: 7/1/14 - 6/30/15

	Total Agency	Total Administration	INDIVIDUAL FAMILY TO FAMILY MUTUAL SUPPORT 111a	STATEWIDE EDUCATION & TRAINING FOR FAMILY SUPPORT 211a	FAMILY & YOUTH LEADERSHIP DEVELOPMENT 311a	PUBLIC EDUCATION 411a	SUICIDE PREVENTION 511a	OTHER Non-BBH 111f
<b>600 PERSONNEL COSTS</b>								
601 Salary & Wages	869,475	188,306	57,244	81,918	51,668	26,144	45,447	418,749
602 Employee Benefits	197,779	35,496	14,864	21,519	13,089	7,543	10,427	94,841
603 Payroll taxes	66,515	14,405	4,379	6,267	3,953	2,000	3,477	32,034
Subtotal	1,133,770	238,207	76,487	109,704	68,709	35,687	59,351	545,624
610 Client Wages	0	0	0	0	0	0	0	0
<b>620 PROFESSIONAL FEES</b>								
621 Substitute Staff	0	0	0	0	0	0	0	0
622 Client Evaluations/Services	0	0	0	0	0	0	0	0
624 Accounting	4,500	3,000	0	0	0	0	0	1,500
625 Audit Fees	6,000	6,000	0	0	0	0	0	0
626 Legal Fees	6,290	5,690	0	0	0	0	0	600
627 Other Professional Fees/Consult	31,250	1,000	0	1,500	2,000	0	6,750	20,000
<b>630 STAFF DEV &amp; TRNG.</b>								
631 Journals & Publications	0	0	0	0	0	0	0	0
632 In-Service Training	0	0	0	0	0	0	0	0
633 Conferences & Conventions	0	0	0	0	0	0	0	0
634 Other Staff Development	0	0	0	0	0	0	0	0
<b>640 OCCUPANCY COSTS</b>								
641 Rent	0	0	0	0	0	0	0	0
642 Mortgage Payments	27,560	27,560	0	0	0	0	0	0
643 Heating Costs	4,305	4,305	0	0	0	0	0	0
644 Other Utilities	4,750	4,750	0	0	0	0	0	0
645 Maintenance & Repairs	15,450	15,450	0	0	0	0	0	0
646 Taxes	0	0	0	0	0	0	0	0
647 Other Occupancy Costs	0	0	0	0	0	0	0	0
<b>650 CONSUMABLE SUPPLIES</b>								
651 Office	3,500	3,500	0	0	0	0	0	0
652 Building/Household	2,500	2,500	0	0	0	0	0	0
653 Educational/Training	69,936	0	6,850	21,305	4,911	1,890	4,470	30,510
654 Production & Sales	5,000	0	0	0	0	0	0	5,000
655 Food	14,460	4,120	0	0	4,340	0	0	6,000
656 Medical	0	0	0	0	0	0	0	0
657 Other Consumable Supplies	0	0	0	0	0	0	0	0
<b>660 CAPITAL EXPENDITURES</b>								
665 DEPRECIATION	18,000	18,000	0	0	0	0	0	0
670 EQUIPMENT RENTAL	10,000	8,000	0	0	0	0	0	2,000
680 EQUIPMENT MAINTENANCE	8,000	8,000	0	0	0	0	0	0
Subtotal page	1,365,270	350,082	83,337	132,509	79,960	37,577	70,571	611,234

Region:  
 NAMI New Hampshire  
 prepared by: Tammy Murray  
 date: 4/23/13  
 FISCAL PERIOD: 7/1/14 - 6/30/15

	Total Agency	Total Administration	INDIVIDUAL FAMILY TO FAMILY MUTUAL SUPPORT 111a	STATEWIDE EDUCATION & TRAINING FOR FAMILY SUPPORT 211a	FAMILY & YOUTH LEADERSHIP DEVELOPMENT 311a	PUBLIC EDUCATION 411a	SUICIDE PREVENTION 511a	OTHER Non-BBH 111f
Total Carried Forward	1,365,270	350,082	83,337	132,509	79,960	37,577	70,571	611,234
700 ADVERTISING	0	0	0	0	0	0	0	0
710 PRINTING	7,705	0	0	1,565	0	0	1,500	4,640
720 TELEPHONE/COMMUNICATIONS	25,984	13,000	1,000	900	1,200	650	500	8,734
730 POSTAGE/SHIPPING	6,409	2,884	200	100	50	35	790	2,350
<b>740 TRANSPORTATION</b>								
741 Board Members	0	0	0	0	0	0	0	0
742 Staff	38,729	1,000	2,915	1,378	500	300	636	32,000
743 Clients	4,320	0	0	1,000	600	2,320	400	0
744 Delivery Products	0	0	0	0	0	0	0	0
<b>750 ASSIST.TO INDIVIDUALS</b>								
751 Client Services	1,000	0	0	0	0	0	1,000	0
752 Clothing	0	0	0	0	0	0	0	0
<b>760 INSURANCE</b>								
761 Malpractice & Bonding	1,800	1,800	0	0	0	0	0	0
762 Vehicles	500	500	0	0	0	0	0	0
763 Comprehensive Property & Liability	7,700	7,700	0	0	0	0	0	0
770 MEMBERSHIP DUES	2,000	0	0	0	0	0	0	2,000
800 OTHER EXPENDITURES	0	0	0	0	0	0	0	0
801 INTEREST EXPENSE	0	0	0	0	0	0	0	0
802 IN-KIND EXPENSE	20,500	0	0	0	0	20,500	0	0
<b>TOTAL EXPENSES</b>	1,481,917	376,966	87,452	137,452	82,310	61,382	75,397	660,958
900 ADMINISTRATIVE ALLOCATION	0	(213,147)	10,494	16,494	9,877	4,906	9,048	162,328
<b>TOTAL PROGRAM EXPENSES</b>	1,481,917	163,818	97,946	153,946	92,188	66,288	84,445	823,286
<b>SURPLUS/(DEFICIT)</b>								
Total Revenue - Total Expenses (line 49 - 116)	(0)	(56,818)	0	0	0	0	0	56,818
Verification of Balancing s/b 0	(0)							







# Budget Form

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

Bidder/Program Name: NAMI, NH Inc.

Budget Request for: Family Mutual Support and Suicide Prevention  
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 269,795.00	\$ 32,374.40	\$ 302,169.40	Direct/base salary
2. Employee Benefits	\$ 83,241.00	\$ 9,988.92	\$ 93,229.92	Direct/base salary
3. Consultants	\$ 7,000.00	\$ 840.00	\$ 7,840.00	Direct/base salary
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 40,341.00	\$ 4,840.92	\$ 45,181.92	Direct/base salary
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 9,949.00	\$ 1,193.88	\$ 11,142.88	Direct/base salary
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 4,250.00	\$ 510.00	\$ 4,760.00	Direct/base salary
Postage	\$ 485.00	\$ 58.20	\$ 543.20	Direct/base salary
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 415,061.00</b>	<b>\$ 49,806.32</b>	<b>\$ 464,867.32</b>	

Indirect As A Percent of Direct

12.0%

# Budget Form

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

Bidder/Program Name: NAMI, NH Inc.

Budget Request for: Family Mutual Support and Suicide Prevention  
(Name of RFP)

Budget Period: July 1, 2014 - June 30, 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 262,421.00	\$ 31,490.52	\$ 293,911.52	Direct/base salary
2. Employee Benefits	\$ 87,518.00	\$ 10,502.16	\$ 98,020.16	Direct/base salary
3. Consultants	\$ 10,250.00	\$ 1,230.00	\$ 11,480.00	Direct/base salary
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ 47,831.00	\$ 5,739.72	\$ 53,570.72	Direct/base salary
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 10,049.00	\$ 1,205.88	\$ 11,254.88	Direct/base salary
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 4,250.00	\$ 510.00	\$ 4,760.00	Direct/base salary
Postage	\$ 1,175.00	\$ 141.00	\$ 1,316.00	Direct/base salary
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 423,494.00</b>	<b>\$ 50,819.28</b>	<b>\$ 474,313.28</b>	

Indirect As A Percent of Direct

12.0%