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

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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

December 15, 2016

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

REQUESTED ACTION

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

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

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

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

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

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

EXPLANATION

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

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

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

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

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

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

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

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

Area served: Statewide

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

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

Respectfully submitted



Katja S. Fox
Director

Approved by:



Jeffrey A. Meyers
Commissioner



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

Modular Approach to Therapy for Children (MATCH) Trainer

RFP Name

RFP-2016-BMH-08-Modul

RFP Number

Reviewer Names

1. Adele Gallant, Administrator I
- Elizabeth Fenner-Lukaitis, Prgm Planning & Review Spec.
2. Mark Meister, Program Director
3. Molly Gray, Consumer Advocate
- Jamie Dall, Director, Program Support
4. Philip Nadeau, Administrator III
- 5.
- 6.

Pass/Fail	Maximum Points	Actual Points
	220	209
	220	165
	220	0
	220	0
	220	0
	220	0

1. Judge Baker Children Center
2. Institute on Disability, UNH
3. 0
4. 0
5. 0
6. 0

Subject: Modular Approach to Therapy for Children Trainer (MATCH) (RFP-2016-BMH-08-MODUL)

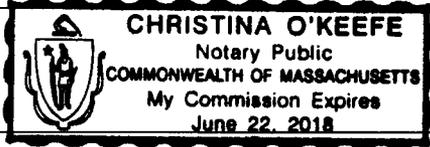
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.2 Contractor Name Judge Baker Children's Center		1.4 Contractor Address 53 Parker Hill Avenue Boston MA 02120	
1.5 Contractor Phone Number 617-278-4275	1.6 Account Number	1.7 Completion Date December 31, 2018	1.8 Price Limitation \$540,000
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq. Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Robert P. Franks, President + CEO	
1.13 Acknowledgement: State of <u>MA</u> , County of <u>SUFFOLK</u> On <u>11/30/2014</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace Christina O'Keefe, Notary Public			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Katya S. Fox, Director	
Date: <u>12/12/16</u>			
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>12/17/16</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

Subject: Modular Approach to Therapy for Children Trainer (MATCH) (RFP-2016-BMH-08-MODUL)

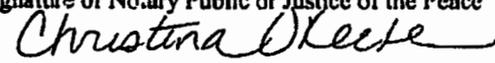
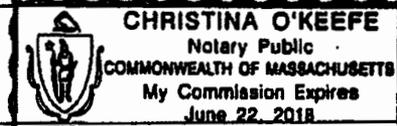
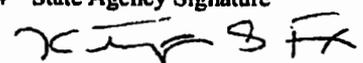
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1.14 State Agency Signature  Date: <i>12/12/16</i>		1.15 Name and Title of State Agency Signatory Katya S. Fix, Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <i>12/14/16</i>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

Contractor Initials RAA
Date 11/30/66

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, of all, of the following actions:

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

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

2. Scope of Services

- 2.1. The Contractor shall train Community Mental Health Center (CMHC) staff, statewide, in the application of Modular Approach to Therapy for Children (MATCH) in cases involving children experiencing:
 - 2.1.1. Anxiety; or
 - 2.1.2. Depression; or
 - 2.1.3. Trauma; and
 - 2.1.4. Conduct problems.
- 2.2. The Contractor shall ensure CMHC staff are trained in fidelity to the MATCH model by utilizing training methods that include, but are not limited to:
 - 2.2.1. Presenting professional development curriculum for each of the thirty-three (33) MATCH modules and core competencies in EBPs, in detail.
 - 2.2.2. Providing a minimum of thirty-five (35) hours of didactic presentations over five (5) days.
 - 2.2.3. Utilizing adult learning principles that include, but are not limited to:
 - 2.2.3.1. Didactic training.
 - 2.2.3.2. Audio and video presentations of case vignettes.
 - 2.2.3.3. Opportunities to utilize information presented in day-to-day client work in between training sessions (action periods).

RPA

11/30/16



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



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

3. Scope of Services (Training Implementation Program)

- 3.1. The Contractor shall conduct pre-implementation activities, which shall include, but not be limited to:
 - 3.1.1. Establishing a multidisciplinary interagency MATCH Steering Team that will meet quarterly over the course of the contract project date to discuss implementation progress, barriers and successes to ensure ongoing success of the MATCH implementation, which shall include, but not be limited to:
 - 3.1.1.1. Department staff;
 - 3.1.1.2. Provider agencies;
 - 3.1.1.3. Consumer representatives; and
 - 3.1.1.4. Contractor staff.
- 3.2. Select CMHPs to participate in the MATCH Learning Collaborative (LC). The Contractor shall :
 - 3.2.1. Collaborate with the Department to create and disseminate a Request for Qualifications (RFQ) to all Community Mental Health Programs (CMHPs), statewide, that details:

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- 3.2.1.1. The MATCH Learning Collaborative (LC) model, including training, implementation and consultations;
- 3.2.1.2. The overall purpose of the MATCH LC;
- 3.2.1.3. The target population;
- 3.2.1.4. The CMHP selection criteria; and
- 3.2.1.5. RFQ timeline.
- 3.2.2. Require CMHPs interested in applying for MATCH training to assemble an application that addresses:
 - 3.2.2.1. Organizational history;
 - 3.2.2.2. Rationale for receiving MATCH training;
 - 3.2.2.3. Service population;
 - 3.2.2.4. Experience with implementing evidence-based practices (EBPs);
 - 3.2.2.5. Organizational capacity to implement MATCH;
 - 3.2.2.6. Proposed organizational mechanisms to support staff delivery;
 - 3.2.2.7. Fidelity to MATCH;
 - 3.2.2.8. A description of the organization's plan to assure practices meet the cultural and linguistic needs of the target population; and
 - 3.2.2.9. A table of proposed clinicians to be trained in MATCH.
- 3.2.3. Host an applicants' conference call, collect and publish questions to the RFQ, coordinate the scoring of responses based upon a pre-determined rubric, and notify organizations of their selection to participate in the MATCH LC.
- 3.3. The Contractor shall select clinicians and supervisors at each selected CMHP to participate in the MATCH LC. The Contractor shall:
 - 3.3.1. Distribute a 'Welcome Packet' to each potential clinician prior to conducting an in-person site visit, which includes but is not limited to information regarding MATCH LC activities, commitment expectations and anticipated outcomes.
 - 3.3.2. Conduct in-person informational outreach site visits to describe the MATCH LC to potential clinicians at each selected CMHPs in order to develop buy-in from frontline staff, answer questions, and provide sufficient information that allows clinicians to assess their desire and motivation to participate in the MATCH LC.
 - 3.3.3. Ensure interested clinicians complete a pre-training survey (EBPAS-50) to assess:
 - 3.3.3.1. Experience.
 - 3.3.3.2. Prior training.
 - 3.3.3.3. Attitudes and motivation in adopting an EBP.
 - 3.3.4. Provide feedback on survey results to CMHP senior leaders to inform CHP agency selection of clinicians to participate in the MATCH LC.
- 3.4. The Contractor shall conduct organizational readiness assessments at participating CMHPs. The Contractor shall:

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- 3.4.1. Utilize an organizational readiness assessment tool that assesses key domains, including, but not limited to:
 - 3.4.1.1. Organizational culture;
 - 3.4.1.2. Climate;
 - 3.4.1.3. Leadership;
 - 3.4.1.4. Resource utilization;
 - 3.4.1.5. Process and staff capacities;
 - 3.4.1.6. Observability; and
 - 3.4.1.7. Priority of MATCH within provider organizations.
 - 3.4.2. Collaborate with the Department and CMHP senior leaders to develop and implement tailored strategies that address relative weaknesses in capacity and/or motivation in order to facilitate the successful implementation of MATCH as a sustainable practice within the CMHP settings.
 - 3.4.3. Conduct the Organizational Readiness Assessment (ORA) to address implementation barriers; ensure successful MATCH implementation; and measure any changes in motivation and/or capacity:
 - 3.4.3.1. Prior to MATCH training;
 - 3.4.3.2. Half-way through the LC year; and
 - 3.4.3.3. At the end of implementation.
- 3.5.** The Contractor shall develop local work groups (LWGs) at each CMHP that respond to the unique needs of the local populations, to community contextual factors, and to changes in the system of care. The Contractor shall:
- 3.5.1. Ensure work groups are composed of five (5) to eight (8) key representatives from the CMHP site including clinicians, supervisors, family partners, and other key staff as needed.
 - 3.5.2. Ensure work groups are responsible for :
 - 3.5.2.1. A successful implementation process;
 - 3.5.2.2. Identifying key stakeholders in the community; and
 - 3.5.2.3. Engaging stakeholders in the implementation process.
 - 3.5.3. Ensure senior leaders and/or project liaisons oversee the LWGs.
 - 3.5.4. Develop Local Work Plans (LWPs) that shall be shared with the Department in order to track site progress toward implementation and long term success that are informed by:
 - 3.5.4.1. Ongoing implementation consultation;
 - 3.5.4.2. Readiness assessment; and
 - 3.5.4.3. Metric data.
 - 3.5.5. Collaborate with and train the CMHPs on how to develop a proactive, simple and transparent document for all members of the local work group that articulates key activities for each main component of the program. The Contractor shall ensure each activity has:
 - 3.5.5.1. An associated timeline;



- 3.5.5.2. An identified person/group responsible for each activity;
and
- 3.5.5.3. Resources to accomplish each activity.

3.6. The Contractor shall adapt training materials based on identified contextual factors in order to meet the cultural and linguistic needs of the communities ensuring no changes to core intervention components while ensuring fidelity to the model. The Contractor adaptations may include, but are not limited to:

- 3.6.1. Adapting clinical examples;
- 3.6.2. Adapting role plays; and
- 3.6.3. Adapting learning activities consistent with the target populations served by the CMHP.

4. Scope of Services (Active Implementation Activities)

4.1. The Contractor shall conduct active implementation activities, which include but are not limited to:

- 4.1.1. MATCH clinician training and clinical consultation;
- 4.1.2. Technical assistance and implementation consultation;
- 4.1.3. Data systems development; and
- 4.1.4. Continuous quality improvement initiatives.

4.2. The Contractor shall establish a data system in collaboration with CMHP workgroups and the Department in order to develop a measurement model and identify and pilot the necessary measures for MATCH implementation. The Contractor shall:

- 4.2.1. Modify the TRAC system and/or develop additional data collection tools as needed to address identified data and measurement needs.
- 4.2.2. Monitor and provide ongoing feedback to CMHP workgroups on the use of the TRAC system to collect clinical outcome and implementation data, ensuring data quality issues are identified and remedied promptly.

4.3. The Contractor shall provide a minimum of thirty (35) hours of MATCH in-person didactic training to clinical staff over a minimum of five (5) days. The Contractor shall ensure::

- 4.3.1. Each MATCH trainee:
 - 4.3.1.1. Receives a printed copy of the MATCH manual;
 - 4.3.1.2. Has electronic access to an interactive, web-based copy of the MATCH manual that can be accessed from any computer;
 - 4.3.1.3. Is provided with lectures as part of the training program;
 - 4.3.1.4. Has access to modeling and video demonstrations of MATCH scenarios;
 - 4.3.1.5. Has the opportunity to participate in role-playing;
 - 4.3.1.6. Receives frequent feedback; and
 - 4.3.1.7. Is assigned between-session homework.

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- 4.3.2. Clinicians participating in MATCH training, receive training to:
 - 4.3.2.1. Collect information used to construct the Top Problems Assessment (TPA).
 - 4.3.2.2. Use information gathered at the assessment to select a primary MATCH protocol for the client.
 - 4.3.2.3. Use the accompanying measure feedback system TRAC.
- 4.4. The Contractor shall provide a minimum of twenty-five (25) clinical consultation calls over twelve (12) months to clinicians who have completed MATCH training and are currently using MATCH in active cases. The Contractor shall:
 - 4.4.1. Ensure the topics of consultation calls include, but are not limited to:
 - 4.4.1.1. How to get the most out of consultation calls;
 - 4.4.1.2. Co-creating supplemental material;
 - 4.4.1.3. Understanding how to use the TRAC system to plan treatment;
 - 4.4.1.4. Selecting appropriate intervention modules for cases;
 - 4.4.1.5. Managing crises in MATCH treatment;
 - 4.4.1.6. Using session agendas to stay on track; and
 - 4.4.1.7. Trainee-requested themes.
 - 4.4.2. Conduct consultation calls via internet-based video conferencing software to enable consultants to:
 - 4.4.2.1. Share documents and visual materials in real time with trainees.
 - 4.4.2.2. Participate while logged into the TRAC system in order to view case-by-case progress.
 - 4.4.3. Review all TRAC dashboards prior to conducting a consultation call in order to prioritize clients that are making less clinical progress for group review.
 - 4.4.4. Ensure consultation calls occur on a weekly basis for fifteen consecutive weeks, then biweekly thereafter.
- 4.5. The Contractor shall provide a minimum of three (3) 1-day learning sessions throughout the course of each MATCH LC training cycle that focus on advanced topics as selected in collaboration with senior leaders and clinician trainees, which may include but are not limited to:
 - 4.5.1. Case presentations;
 - 4.5.2. Advanced clinical issues;
 - 4.5.3. Enhanced methods for engaging and/or training family partners to support MATCH implementation;
 - 4.5.4. Additional training on screening and referrals;
 - 4.5.5. Data-driven clinical decision-making;
 - 4.5.6. The use of CQI tools to help identify, prioritize, carry out, and evaluate continuous quality improvement initiatives, also known as MATCH Plan-Do-Study-Act);

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- 4.5.7. Facilitating interagency learning and collaboration through outreach training; and
 - 4.5.8. Coordinating “affinity groups” that allow staff from multiple agencies to break out by role and engage in focused discussions aimed at increasing shared knowledge.
- 4.6.** The Contractor shall ensure MATCH certification is available to clinicians. The Contractor shall:
- 4.6.1. Ensure certification is available to clinicians who:
 - 4.6.1.1. Attend all five (5) days of the in-person MATCH training.
 - 4.6.1.2. Participate in at least 85% of the consultation calls.
 - 4.6.1.3. Complete at least two (2) cases with two (2) different MATCH protocols, utilizing a combined total of at least sixteen (16) modules over a minimum of ten (10) sessions per client.
 - 4.6.1.4. Utilize MATCH resources, including, but not limited to:
 - 4.6.1.4.1. Flowcharts.
 - 4.6.1.4.2. Supplemental materials.
 - 4.6.1.5. Collect regular treatment progress data via TRAC.
 - 4.6.1.6. Utilize the MATCH Professional Development Portfolio to track their developing expertise through the active learning period.
 - 4.6.1.7. Demonstrate the required level of experience and expertise across their entire MATCH Professional Development Portfolio.
 - 4.6.1.8. Submit their portfolio.
 - 4.6.1.9. Submit the TRAC dashboard for their two qualifying cases.
 - 4.6.1.10. Submit a brief narrative case discussion to the Contractor Master Trainer.
 - 4.6.2. Review submitted material.
 - 4.6.3. Determine certification status for all clinicians, ensuring that:
 - 4.6.3.1. Successful applicants are provided with MATCH certification.
 - 4.6.3.2. Unsuccessful applicants are provided feedback on the necessary experience and expertise still needed to reach certification status.
 - 4.6.4. Work with Department staff to establish a recertification process, outlining necessary reviews and documentation for recertification.
- 4.7.** The Contractor shall ensure CMHP workgroups have the ability to continue CQI activities post-MATCH implementation. The Contractor shall:
- 4.7.1. Establish foundational tools and processes necessary to conduct data-driven decision-making, in order to scaffold CQI activities so that the CMHP workgroups can continue them independently.



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- 4.7.2. Develop performance targets and specific CQI goals and objectives in collaboration with LWGs, the Department, CMHP administrators, and senior leaders.
 - 4.7.3. Conduct both video-based and in-person consultation visits with CMHPs to review quarterly progress and provide reports as described in the Reporting section in order to support progress towards the goals in Section 4.7.1 and 4.7.2, and inform the implementation process.
- 4.8. The Contractor shall provide ongoing technical assistance to CMHP senior leaders and supervisors:
- 4.8.1. In order to assist with identifying and troubleshooting barriers to implementation as they arise.
 - 4.8.2. That is tailored to the needs of each participating agency.
- 5. Scope of Services (Quality Improvement and Sustainability)**
- 5.1. The Contractor shall ensure the MATCH LC promotes sustainability through:
- 5.1.1. Engaging senior leaders.
 - 5.1.2. Building local provider capacity and infrastructure.
 - 5.1.3. Training providers to utilize data for outcome monitoring and CQI.
 - 5.1.4. Building internal capacities of providers that will allow them to sustain MATCH through internal training and coaching.
- 5.2. The Contractor President/CEO (Dr. Robert Franks) shall host a senior leader call series to foster leadership at participating agencies and promote ongoing sustainability of MATCH. The Contractor shall:
- 5.2.1. Ensure monthly calls focus senior leader roles in developing MATCH sustainability through:
 - 5.2.1.1. Administrative processes and supports.
 - 5.2.1.2. Policy development that senior leaders can develop to facilitate the sustainability of MATCH.
 - 5.2.2. Ensure monthly calls provide an opportunity to:
 - 5.2.2.1. Review implementation and outcome data.
 - 5.2.2.2. Identify any barriers to implementation.
 - 5.2.3. Ensure the senior leader call group has the opportunity to share successes and challenges and identify shared strategies for successful implementation of MATCH.
 - 5.2.4. Address topics that may include, but are not limited to:
 - 5.2.4.1. Addressing administrative barriers to implementation, which may include but are not limited to loss in productivity during training activities?
 - 5.2.4.2. Incentivizing providers to use MATCH in their clinical practice.
 - 5.2.4.3. Establishing peer supervision groups to support the continuation of the model.



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

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6. Program Timeline

6.1. The following program timeline is applicable in accordance with the contract effective date. Year 3 activities identified in the table below are contingent upon available funds and the Department's decision to renew contract services.

Table 2. MATCH Learning Collaborative Timeline & Training Plan	Cohort 1				Cohort 2				
	Year 1		Year 2		Year 3				
	1	2	3	4	1	2	3	4	
Phase 1: Pre-Implementation Activities									
1a. Establish an interagency MATCH Steering Team	X								
1b. Select CMHPs to participate	X					X			
1c. Select clinicians and supervisors to participate	X					X			
1d. Conduct organizational readiness assessments	X					X			
1e. Develop local CMHP workgroups & plans	X					X			
1f. Adapt training materials.	X					X			
Phase 2: Active Implementation Phase									
2a. Establish data systems	X					X			
2b. MATCH in-person clinical training		X					X		
2c. MATCH clinical consultation calls		X	X	X			X	X	X
2d. MATCH learning sessions			X	X	X			X	X
2e. MATCH certification & re-certification				X				X	
2f. Initiate CQI			X					X	
2g. Technical assistance & implementation consultation		X	X	X			X	X	X
Phase 3: Quality Improvement & Sustainability									
3a. Senior Leader call series			X	X	X			X	X
3b. Enhance CQI					X	X			X
3c. MATCH supervisor training & consultation calls				X	X	X			X

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

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

7.1. The Contractor shall provide specialized MATCH supervisor training if the Department selects to renew contract services. The Contractor shall:

7.1.1. Provide training to internal CMHP internal supervisors in the second and third years of contract services using a Train-the-Trainer model to ensure sustainability of the MATCH program and accommodate staff turnover.

7.1.2. Ensure MATCH Supervisors have the capacity to:

7.1.2.1. Independently provide ongoing consultation to MATCH therapists and trainees within their organization.

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- 7.1.2.2. Train new clinicians in the didactic components of the MATCH protocol so they can begin the therapist certification process.
- 7.1.2.3. Assist trainees with preparation of trainee portfolios and submission of certification materials to the Contractor for review of certification materials and award or denial of MATCH certification.

8. Staffing

- 8.1. The Contractor shall ensure sufficient qualified staff to provide contract services, which may include, but are not be limited to:
 - 8.1.1. **Project Director**, Robert Franks, Ph.D., shall provide oversight of all learning collaborative activities; provide expert consultation on training and implementation; manage financial and personnel resources; provide supervision to Contractor staff; manage relations with the Department, CMHP senior leaders, and partners; and ensure all goals and objectives are met.
 - 8.1.2. **Implementation Director**, TBD., shall oversee all implementation activities; lead pre-implementation activities; collaborate with providers to develop implementation plans; collaborate with providers to develop workgroups; provide oversight on all data collection, analysis, and reporting; develop CQI system for providers.
 - 8.1.3. **Training Director**, Daniel Cheron, Ph.D., ABPP, shall provide five (5)-day MATCH training for providers; prepare all materials for five (5)-day MATCH clinical training; provide twenty-five (25) hours of MATCH consultation for clinicians; provide two (2)-day MATCH Supervisor Training; provide twenty-five (25) hours of MATCH consultation for supervisors.
 - 8.1.4. **Clinical Director**, Sue Woodward, Ph.D., shall provide five (5)-day MATCH training for providers; prepare all materials for five (5)-day MATCH clinical training; provide twenty-five (25) hours of MATCH consultation for clinicians; provide two (2)-day MATCH Supervisor Training; provide twenty-five (25) hours of MATCH consultation for supervisors.
 - 8.1.5. **Project and Data Coordinator**, shall manage initiative activities; manage coordination of all Learning collaborative activities; act as liaison to CMHPs and stakeholders; provide technical assistance; assist Directors on TRAC enhancement and modifications; lead data collection, analysis, and reporting; troubleshoot with provider organizations on data collection; conduct data cleaning and compiling data from providers; assist in preparation and dissemination of products; assist in developing monthly implementation reports; assist in developing outcome reports; develop a CQI system for providers; and provide assistance to the Implementation Director.
 - 8.1.6. **Administrative Coordinator**, shall copy and assemble training and implementation materials; coordinate scheduling of training and

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consultations calls and Learning Collaborative activities; coordinate in-person site visits and other meetings; identify and secure training space; manage and order supplies as needed for the Learning Collaborative; and support the Director as needed.

- 8.2. The Contractor shall notify the Department, in writing of any permanent or temporary changes to or deletions from the Contractor's management, supervisory, and key professional personnel, who directly impact the provision of required services.

9. Reporting

- 9.1. The Contractor shall provide regular reports to the Department and agency leadership, supervisors, and clinicians that are tailored to each stakeholder level of need and interest. The Contractor shall provide monthly implementation status reports that include, but are not limited to:

- 9.1.1. The number of MATCH trainings provided during the previous month.
- 9.1.2. Barriers to training and plans to address barriers to training that have been identified.
- 9.1.3. Adaptations of MATCH training materials to meet the cultural and linguistic needs of the communities.
- 9.1.4. Staff (identified by name, FTE, current position and degree/credential/highest license attained) who work for the CMPH and are MATCH certified.
- 9.1.5. A summary of case consultation calls.
- 9.1.6. TRAC outcomes and implementation data reports to clearly describe progress, and gain input regarding other indicators that will be important to track, and to inform decision-making for the upcoming quarter.

- 9.2. The Contractor shall submit written quarterly reports to the Department that include, but are not limited, to pre- and post-reports of results from measures of:

- 9.2.1. Organizational readiness.
- 9.2.2. Provider attitudes towards EBPs.
- 9.2.3. Aggregated clinical progress.
- 9.2.4. Fidelity to MATCH.

- 9.3. The Contractor shall submit written annual reports that include, but are not limited to:

- 9.3.1. An assessment of the fit, transferability, and sustainability of MATCH within NH CMHP settings.
- 9.3.2. Lessons learned from the first year of the project on how MATCH could be brought to scale to other NH CMHP providers.
- 9.3.3. Pre-and post-analyses of symptom, out-of-home placement, education, substance use, and juvenile justice outcomes (at baseline, and at three (3), six (6), nine (9), twelve (12), eighteen (18), and

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twenty-four (24) months post-enrollment) through application of the CANS and other measures.

10. Deliverables

- 10.1. The Contractor shall provide an implementation rollout timeline for contract activities no later than ten (10) days from the contract effective date.
- 10.2. The Contractor shall begin implementation of Section 3 no later than sixty (60) days prior to providing hands-on training described in Section 4.
- 10.3. The Contractor shall provide an overview of Section 3 and Section 4 format requirements no later than thirty (30) days prior to implementing Section 3.
- 10.4. The Contractor shall provide all curriculums that supplement trainings no later than fourteen (14) days prior to commencement of activities in Section 3.
- 10.5. The Contractor shall provide formal and detailed certification requirements to the Department and First Episode Psychosis teams at the CMHP within fifteen (15) days of the contract effective date.

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Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (<https://www.cfda.gov>) #93.778 US Department of Health & Human Services, Centers for Medicare and Medicaid Services.
3. The Contractor shall use and apply all contract funds for authorized direct and indirect costs to provide services in Exhibit A, Scope of Services, in accordance with Exhibit B-1 Budget.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for services provided in accordance with Exhibit A, Scope of Services, shall be made as follows:
 - 5.1. Payments shall be made on cost reimbursement basis only, for allowable expenses and in accordance with Exhibits B-1, Budget through Exhibit B-2, Budget.
 - 5.2. Allowable costs and expenses shall include those expenses detailed in Exhibit B-1, Budget through Exhibit B-2, Budget.
 - 5.3. The Contractor shall submit monthly invoices using invoice forms provided by the Department, and will reference contract budget detail on each invoice.
 - 5.4. The Contractor shall submit supporting documentation and required reports in Exhibit A, Scope of Services, Section 4, that support evidence of actual expenditures, in accordance with Exhibit B-1, Budget through Exhibit B-2, Budget for the previous month by the tenth (10th) working of the current month.
 - 5.5. The invoices for services outlined in Exhibit B-1, Budget, through Exhibit B-2 Budget shall be submitted preferably by e-mail on Department approved invoices to:

State Planner or Designee
Department of Health and Human Services
Bureau of Behavioral Health
105 Pleasant Street
Concord, NH 03301
beth.nichols@dhhs.state.nh.us

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



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- 5.6. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
 6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
 7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
 8. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 and Exhibit B-2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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

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

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

Date: 11/30/16

Contractor Initials RA

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

Bidder/Program Name: MATCH-ADTC Learning Collaborative
 Budget Request for: RFP-2016-BMH-08-Modul FOR Modular Approach to Therapy for Children (MATCH) Trainer
 Budget Period: FY2 - 7/1/2017 through 6/30/2018

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

Date: 11/30/16

Contractor Initials RP

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD
 Bidder/Program Name: MATCH-ADTC Learning Collaborative
 Budget Request for: RFP-2016-BMH-08-Modul FOR Modular Approach to Therapy for Children (MATCH) Trainer
 Budget Period: FY3 - 7/1/2018 through 12/31/2018

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

Date: 11/30/16

Contractor Initials RM



SPECIAL PROVISIONS

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

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

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11/30/16



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

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

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

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11/31/16



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

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



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

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

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

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

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

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

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

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

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



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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

RF
11/30/14



REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 9, of the General Provisions of this contract, Data/Access/Confidentiality/Preservation, subsection 9.2 is replaced as follows:
 - 9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose shall be returned to the State upon demand or upon termination of this Agreement for any reason. Proprietary MATCH MODEL and associated intellectual property shall be retained by the Contractor.
3. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, thirty (30) days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within fifteen (15) days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
4. The Division reserves the right to renew the Contract for up to four (4) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

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Date 11/30/16



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Contractor Name: Judge Baker Children's Center

11/30/16
Date

Robert P. Franks
Name: Robert P. Franks
Title: President + EEO



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

Contractor Name: Judge Baker Children's Center

Date 11/30/16

Robert P. Franks
Name: Robert P. Franks
Title: President + CEO



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

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

INSTRUCTIONS FOR CERTIFICATION

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

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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name: Judge Baker Children's Center

11/30/16
Date


Name: Robert P. Franks
Title: President + CEO



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

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

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

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

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

Exhibit G

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

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

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

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

Contractor Name: Judge Baker Children's Center

11/30/16
Date


Name: Robert P. Franks
Title: President + CEO



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Judge Baker Children's Center

11/30/16
Date

[Signature]
Name: Robert P. Franks
Title: President + CEO



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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

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Exhibit I

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

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

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

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Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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

[Handwritten Signature]
11/30/16



Exhibit I

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

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

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Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

RJA

11/30/16



Exhibit I

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

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

NH DHHS
The State

Katya S Fox
Signature of Authorized Representative

Katya S Fox
Name of Authorized Representative

Director
Title of Authorized Representative

12/12/16
Date

JUDGE BAKER CHILDREN'S CENTER
Name of the Contractor

Robert P Franks
Signature of Authorized Representative

ROBERT P FRANKS
Name of Authorized Representative

PRESIDENT & CEO
Title of Authorized Representative

11/30/16
Date



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

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

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

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

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

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

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

Contractor Name: Judge Baker Children's Center

Date 11/30/16

Robert P. Franks
Name: ROBERT P. FRANKS
Title: PRESIDENT & CEO

Contractor Initials RF
Date 11/30/16



FORM A

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

1. The DUNS number for your entity is: 0738249220000
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____

CERTIFICATE OF VOTE

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

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

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of
the Agency duly held on 9/26/2016:
(Date)

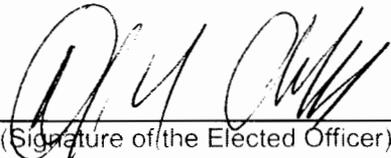
RESOLVED: That the Robert P. Franks
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of
the 30th day of November, 20 16.
(Date Contract Signed)

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

of the Agency.



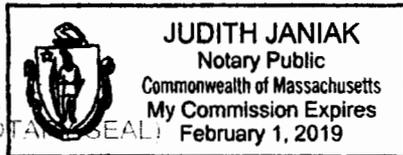
(Signature of the Elected Officer)

Commonwealth of Massachusetts

County of Suffolk

The forgoing instrument was acknowledged before me this 6th day of December, 20 16.

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





(Notary Public/Justice of the Peace)

Commission Expires: 2/1/19

Evidence of Insurance

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

Named Insured: JUDGE BAKER CHILDREN'S CENTER

Date: 11/22/2016

Coverage	Limits of Liability:
General Liability:	\$5,000,000.00 each "Claim"
Policy Number:	JBCC-CRICO-C-GLPL-1467-2017
Policy Period:	01/01/2017 to 12/31/2017

Special Provisions:

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

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

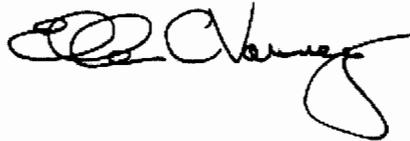
This Evidence of Insurance does not extend any rights to persons or entities who are not "Insured's" under the policy and neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policy. It is furnished as a matter of information only, and is issued with the understanding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

NOTICE

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

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

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



Duly Authorized Representative

ACORD®	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YY) 12/12/16
PRODUCER: Massachusetts Bay Self Insurance Group, Inc. 15 Cabot Road Woburn, MA 01801		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW.
INSURED: Judge Baker Children's Center 53 Parker Hill Avenue Boston, MA 02120		INSUREDS AFFORDING COVERAGE NAIC# INSURER A: Mass Bay Self-Ins Group INSURER B: INSURER C: INSURER D: INSURER E:

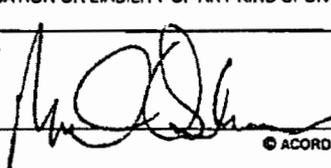
COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS-COMP/OP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC201780332	01/01/2017	01/01/2018	<input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$500,000
						E.L. DISEASE-EA EMPLOYEE	\$500,000
						E.L. DISEASE-POLICY LIMIT	\$500,000
		OTHER				EMPLOYEE DISHONESTY LIMIT	\$
						DEDUCTIBLE	\$

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

Evidence of Workers' Compensation Coverage.

CERTIFICATE HOLDER Department of Health & Human Services Contracts & Procurement Unit 129 Pleasant Street Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE. AUTHORIZED REPRESENTATIVE 
--	--



Mission Statement

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

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

Judge Baker Children's Center

Financial Report
June 30, 2016 and 2015

Contents

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Independent Auditor's Report

RSM US LLP

To the Board of Trustees
Judge Baker Children's Center
Boston, Massachusetts

Report on the Financial Statements

We have audited the accompanying financial statements of Judge Baker Children's Center (the "Center"), which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements, (collectively, the financial statements).

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Judge Baker Children's Center as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

RSM US LLP

Boston, Massachusetts
November 15, 2016

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

Judge Baker Children's Center

**Statements of Financial Position
June 30, 2016 and 2015**

	2016	2015
Assets		
Cash and cash equivalents	\$ 1,376,853	\$ 1,485,744
Accounts receivable, net	1,984,469	1,878,977
Contributions and grants receivable, net	31,300	72,500
Prepaid expenses	86,145	82,236
Investments	8,190,459	8,921,138
Property, plant and equipment, net	18,143,354	18,749,826
	<hr/>	<hr/>
Total assets	\$ 29,812,580	\$ 31,190,421
Liabilities and Net Assets		
Accounts payable	\$ 238,984	\$ 419,605
Accrued expenses	857,378	816,323
Employee withholdings and other liabilities	24,371	23,393
Deferred revenue	89,560	73,420
Notes payable	719,833	642,500
	<hr/>	<hr/>
Total liabilities	1,930,126	1,975,241
Commitments		
Net assets:		
Unrestricted:		
Operations	2,724,052	2,453,327
Board designated	6,094,607	6,703,772
Investment in plant	17,423,521	18,107,326
	<hr/>	<hr/>
Total unrestricted	26,242,180	27,264,425
Temporarily restricted	909,336	1,223,607
Permanently restricted	730,938	727,148
	<hr/>	<hr/>
Total net assets	27,882,454	29,215,180
	<hr/>	<hr/>
Total liabilities and net assets	\$ 29,812,580	\$ 31,190,421

See notes to financial statements.

Judge Baker Children's Center
 Statements of Activities
 Years Ended June 30, 2016 and 2015

	2016			2015				
	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals
Revenue, gains and other support:								
Program revenue	\$ 12,067,732	\$ 8,938	\$ -	\$ 12,076,670	\$ 12,327,819	\$ 12,800	\$ -	\$ 12,340,619
Contributions, private grants, and special events	455,597	434,461	3,790	893,848	253,610	719,885	8,835	992,330
Interest income	1,690	-	-	1,690	10,341	-	-	10,341
Other revenue	86,109	-	-	86,109	81,315	-	-	81,315
Net assets released from restrictions:								
Satisfaction of program restrictions	612,914	(612,914)	-	-	830,046	(830,046)	-	-
Total revenue, gains and other support	13,224,042	(169,515)	3,790	13,058,317	13,503,131	(97,361)	8,835	13,414,605
Expenses:								
Program services:								
School based programs	8,192,430	-	-	8,192,430	7,629,921	-	-	7,629,921
Research and training programs	1,456,393	-	-	1,456,393	2,702,239	-	-	2,702,239
Community based programs	1,657,649	-	-	1,657,649	1,627,624	-	-	1,627,624
Commissioner's Association	278,123	-	-	278,123	294,978	-	-	294,978
Total program services	11,584,595	-	-	11,584,595	12,254,762	-	-	12,254,762
Supporting services:								
Administrative and general	2,134,456	-	-	2,134,456	1,859,358	-	-	1,859,358
Fundraising	369,540	-	-	369,540	241,606	-	-	241,606
Total supporting services	2,503,996	-	-	2,503,996	2,100,964	-	-	2,100,964
Total expenses	14,088,591	-	-	14,088,591	14,355,726	-	-	14,355,726
Change in net assets from operations before spending policy	(864,549)	(169,515)	3,790	(1,030,274)	(852,595)	(97,361)	8,835	(941,121)
Board approved spending policy	540,944	-	-	540,944	345,584	-	-	345,584
Change in net assets from operations after spending policy	(323,605)	(169,515)	3,790	(489,330)	(507,011)	(97,361)	8,835	(595,537)
Nonoperating income (expense):								
Utilization of spending policy	(423,673)	(117,271)	-	(540,944)	(312,543)	(33,041)	-	(345,584)
Investment and interest income	137,913	21,108	-	159,021	169,261	25,146	-	194,407
Investment expense	(42,435)	-	-	(42,435)	(42,525)	-	-	(42,525)
Net unrealized losses on investments	(409,527)	(55,966)	-	(465,493)	(195,121)	(27,402)	-	(222,523)
Net realized gains (losses) on investments	52,889	7,373	-	60,262	(113,758)	(16,105)	-	(129,863)
(Loss) gain on disposal of fixed assets	(13,807)	-	-	(13,807)	200	-	-	200
Total nonoperating income (expense)	(698,640)	(144,756)	-	(843,396)	(494,486)	(51,402)	-	(545,888)
Change in net assets	(1,022,245)	(314,271)	3,790	(1,332,726)	(1,001,497)	(148,763)	8,835	(1,141,425)
Net assets at beginning of year	27,264,425	1,223,607	727,148	29,215,180	28,265,922	1,372,370	718,313	30,356,605
Net assets at end of year	\$ 26,242,180	\$ 909,336	\$ 730,938	\$ 27,882,454	\$ 27,264,425	\$ 1,223,607	\$ 727,148	\$ 29,215,180

See notes to financial statements.

Judge Baker Children's Center

Statement of Functional Expenses
Year Ended June 30, 2016

	Program Services					Total
	School Based Programs	Research and Training Programs	Community Based Programs	Commissioner's Association	Program Services	
Salaries and wages	\$ 5,050,278	\$ 597,879	\$ 1,188,287	\$ 124,087	\$ 6,960,531	
Employee benefits and payroll taxes	1,129,215	140,594	266,533	27,833	1,564,175	
Total payroll, employee benefits and payroll taxes	6,179,493	738,473	1,454,820	151,920	8,524,706	
Supplies and expenses	221,846	15,471	30,178	2,905	270,400	
Travel	24,842	3,306	10,670	24,187	63,005	
Occupancy	6,514	445	11,987	-	18,946	
Insurance	12,679	40,996	3,660	-	57,335	
Professional fees	115,613	481,122	6,091	27,783	630,609	
Interest expense	-	-	-	-	-	
Other operating expenses	268,202	95,359	65,381	54,900	483,842	
Bad debts	-	-	-	-	-	
Depreciation and amortization	-	-	-	5,232	5,232	
Total expense before allocation of household and property costs	6,829,189	1,375,172	1,582,787	266,927	10,054,075	
Allocation of household and property costs	1,363,241	81,221	74,862	11,196	1,530,520	
Total expenses	\$ 8,192,430	\$ 1,456,393	\$ 1,657,649	\$ 278,123	\$ 11,584,595	

See notes to financial statements.

Judge Baker Children's Center

Statement of Functional Expenses (Continued)
Year Ended June 30, 2016

	Total Program Services - Brought Forward	Supporting Services			Total Supporting Services	Total Expenses 2016
		Administrative and General	Fundraising	Household and Property		
Salaries and wages	\$ 6,960,531	\$ 1,320,076	\$ 112,670	\$ 292,836	\$ 1,725,582	\$ 8,686,113
Employee benefits and payroll taxes	1,564,175	268,543	25,251	65,683	359,477	1,923,652
Total payroll, employee benefits and payroll taxes	8,524,706	1,588,619	137,921	358,519	2,085,059	10,609,765
Supplies and expenses	270,400	49,367	104	37,195	86,666	357,066
Travel	63,005	20,748	5,652	9,900	36,300	99,305
Occupancy	18,946	6,142	-	352,203	358,345	377,291
Insurance	57,335	31,843	-	24,235	56,078	113,413
Professional fees	630,609	214,158	82,322	75,239	371,719	1,002,328
Interest expense	-	-	-	34,959	34,959	34,959
Other operating expenses	483,842	153,682	135,384	26,527	315,593	799,435
Bad debts	-	-	-	-	-	-
Depreciation and amortization	5,232	-	-	689,797	689,797	695,029
Total expense before allocation of household and property costs	10,054,075	2,064,559	361,383	1,608,574	4,034,516	14,088,591
Allocation of household and property costs	1,530,520	69,897	8,157	(1,608,574)	(1,530,520)	-
Total expenses	\$ 11,584,595	\$ 2,134,456	\$ 369,540	\$ -	\$ 2,503,996	\$ 14,088,591

See notes to financial statements.

Judge Baker Children's Center

Statement of Functional Expenses
Year Ended June 30, 2015

	Program Services					Total
	School Based Programs	Research and Training Programs	Community Based Programs	Commissioner's Association	Program Services	
Salaries and wages	\$ 4,694,580	\$ 724,181	\$ 1,144,672	\$ 134,264	\$ 6,697,697	
Employee benefits and payroll taxes	1,037,540	190,390	252,973	29,672	1,510,575	
Total payroll, employee benefits and payroll taxes	5,732,120	914,571	1,397,645	163,936	8,208,272	
Supplies and expenses	201,322	31,018	29,250	5,185	266,775	
Travel	25,677	19,622	20,030	17,112	82,441	
Occupancy	14,643	233	24,884	-	39,760	
Insurance	10,351	39,894	3,660	-	53,905	
Professional fees	72,883	1,384,140	3,844	34,961	1,495,828	
Interest expense	-	-	-	-	-	
Other operating expenses	205,534	59,812	72,702	57,174	395,222	
Bad debts	-	124,451	-	-	124,451	
Depreciation and amortization	-	-	-	5,232	5,232	
Total expense before allocation of household and property costs	6,262,530	2,573,741	1,552,015	283,600	10,671,886	
Allocation of household and property costs	1,367,391	128,498	75,609	11,378	1,582,876	
Total expenses	\$ 7,629,921	\$ 2,702,239	\$ 1,627,624	\$ 294,978	\$ 12,254,762	

See notes to financial statements.

Judge Baker Children's Center

Statement of Functional Expenses (Continued)
Year Ended June 30, 2015

	Total Program Services - Brought Forward	Supporting Services				Total Supporting Services	Total Expenses 2015
		Administrative and General	Fundraising	Household and Property			
Salaries and wages	\$ 6,697,697	\$ 1,103,733	\$ 117,739	\$ 296,389	\$ 1,517,861	\$ 8,215,558	
Employee benefits and payroll taxes	1,510,575	199,387	26,020	65,502	290,909	1,801,484	
Total payroll, employee benefits and payroll taxes	8,208,272	1,303,120	143,759	361,891	1,808,770	10,017,042	
Supplies and expenses	266,775	44,952	2,470	34,489	81,911	348,686	
Travel	82,441	14,144	5,864	9,847	29,855	112,296	
Occupancy	39,760	11,854	-	376,394	388,248	428,008	
Insurance	53,905	29,017	-	24,389	53,406	107,311	
Professional fees	1,495,828	237,412	64,255	26,287	327,954	1,823,782	
Interest expense	-	-	-	25,550	25,550	25,550	
Other operating expenses	395,222	157,031	18,331	35,206	210,568	605,790	
Bad debts	124,451	-	-	-	-	124,451	
Depreciation and amortization	5,232	-	-	757,578	757,578	762,810	
Total expense before allocation of household and property costs	10,671,886	1,797,530	234,679	1,651,631	3,683,840	14,355,726	
Allocation of household and property costs	1,582,876	61,828	6,927	(1,651,631)	(1,582,876)	-	
Total expenses	\$ 12,254,762	\$ 1,859,358	\$ 241,606	\$ -	\$ 2,100,964	\$ 14,355,726	

See notes to financial statements.

Judge Baker Children's Center

Statements of Cash Flows

Years Ended June 30, 2016 and 2015

	2016	2015
Cash flows from operating activities:		
Change in net assets	\$ (1,332,726)	\$ (1,141,425)
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Net realized (gains) losses on investments	(60,262)	129,863
Net unrealized losses on investments	465,493	222,523
Loss (gain) on disposal of fixed assets	13,807	(200)
Depreciation and amortization	695,029	762,810
Contributions restricted for long-term purposes	(3,790)	(8,835)
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	(105,492)	(143,593)
Contributions and grants receivable	41,200	86,285
Prepaid expenses	(3,909)	73,721
Increase (decrease) in:		
Accounts payable	(158,539)	(479,821)
Accrued expenses	41,055	82,409
Employee withholdings and other liabilities	978	8,315
Deferred revenue	16,140	65,470
Total adjustments	941,710	798,947
Net cash used in operating activities	(391,016)	(342,478)
Cash flows from investing activities:		
Proceeds from sale of investments	735,846	1,817,544
Purchase of investments	(410,398)	(1,906,924)
Purchase of property and equipment	(124,446)	(399,723)
Net cash provided by (used in) investing activities	201,002	(489,103)
Cash flows from financing activities:		
Payments on notes payable	(586,667)	(182,400)
Proceeds from note payable	664,000	540,000
Contributions restricted for long-term purposes	3,790	8,835
Net cash provided by financing activities	81,123	366,435
Net change in cash and cash equivalents	(108,891)	(465,146)
Cash and cash equivalents:		
Beginning of year	1,485,744	1,950,890
End of year	\$ 1,376,853	\$ 1,485,744
Supplemental disclosure of cash flow information:		
Cash paid during the year for interest	\$ 34,959	\$ 25,550
Supplemental disclosure of non cash flow information:		
Purchases of property and equipment included in accounts payable	\$ 12,432	\$ 34,514

See notes to financial statements.

Judge Baker Children's Center

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies

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

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

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

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

- Unrestricted net assets represent the portion of net assets of the Center that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations.

Unrestricted net assets are further classified for presentation purposes as follows:

- Net assets available for operations - represents the portion of expendable funds that are available for support of the Center.
 - Board designated net assets - represents unrestricted resources designated by the Board of Trustees for future use.
 - Net investment in plant - represents the portion of funds invested in buildings and equipment utilized in the operation of the Center.
- Temporarily restricted net assets represent contributions and other inflows of assets whose use by the Center is limited by donor-imposed stipulations that either expire by the passage of time or can be fulfilled and removed by actions of the Center pursuant to those stipulations.

Temporarily restricted net assets also include cumulative investment and interest income, appreciation and reinvested gains on permanently restricted endowment funds, which are subject to prudent appropriation by the Board of Trustees in accordance with provisions of Massachusetts law.
 - Permanently restricted net assets represent contributions and other inflows of assets whose use by the Center is limited by donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled and removed by actions of the Center.

Use of estimates: The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual amounts could differ from those estimates.

Judge Baker Children’s Center

Notes to Financial Statements

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

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

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

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

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

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

Accounts receivable: Accounts receivables are carried at original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. Management determines the allowance for doubtful accounts by identifying troubled accounts and by using historical experience applied to an aging of accounts. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. The Center did not have an allowance for doubtful accounts as of June 30, 2016 and 2015.

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

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

Judge Baker Children's Center

Notes to Financial Statements

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

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

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

The Center holds certain investments that are carried at fair value. In addition, the Center holds certain alternative investments that are carried at estimated fair value provided by the management of the respective alternative investments. Management believes that the carrying amount of its alternative investments is a reasonable estimate of fair value as of June 30, 2016 and 2015. Because the investment in alternative investments is not readily marketable, the estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a readily available market for the investments existed, and such differences could be material.

The Center reports certain investments using the net asset value per share as determined by the investment managers under the so-called "practical expedient". The practical expedient allows net asset value per share to represent fair value for reporting purposes when the criteria for using this method are met.

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

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

The Center has adopted investment and spending policies for investments that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets included in its investment portfolio. Endowment assets include those assets of donor-restricted funds that the Center must hold in perpetuity or for a donor-specified period, as well as board-designated funds. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to provide a total return equal or superior to a custom equity/fixed income index while assuming a moderate level of investment risk. The Center's investment allocation targets an allocation of 20-50% in domestic and international equity securities, 5-15% in emerging market securities, 5-15% in hedge/absolute securities, 20-30% in domestic fixed funds, 20-30% in real asset securities, and 0-5% in cash and cash equivalents. The Center expects its endowment funds, over time, to provide an average rate of return of approximately 6% annually. Actual returns in any given year may vary from this amount.

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

The Center operates under a spending policy approved by the Board of Trustees whereby bequests, permanently restricted contributions, investment interest and dividends, and trust income are deposited in the investment portfolio. Under a Board approved spending plan, an amount is budgeted and withdrawn from investments to support operations. The amount of investment portfolio available for utilization shall be a prudent percentage (spending rule) of the three-year moving average of portfolio value or specified amount as voted by the Board of Trustees. The spending rate of the portfolio value during 2016 and 2015 was 4%. In establishing this policy, the Center considered the long-term expected return on its endowment. During the years ended June 30, 2016 and 2015, the amount of spending calculated based upon the 4% rate was \$337,780 and \$345,584, respectively.

Judge Baker Children's Center

Notes to Financial Statements

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

During the year ended June 30, 2016, in addition to the 4% spending rate of \$337,780, the Board of Trustees voted to withdraw an additional \$203,164 for the use of capital and operating expenditures.

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

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

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

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

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

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

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

During the years ended June 30, 2016 and 2015, there were no changes to the Center's valuation techniques that had, or are expected to have, a material impact on its statements of financial position or results of operations. In addition, there were no transfers of assets between hierarchy categories during the years ended June 30, 2016 and 2015.

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

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

Judge Baker Children's Center

Notes to Financial Statements

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

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

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

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

Fair value of insurance company investment: The investment in the insurance company represents less than 1% of the Center's investments. The Center accounts for this investment at the lower of cost or market as the investment does not have a readily determinable fair value. As of June 30, 2016 and 2015, the investment was recorded at cost, which was \$23,000, and represents an immaterial amount of the insurance company as a whole.

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

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

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

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

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

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

Judge Baker Children's Center

Notes to Financial Statements

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

Donated services: The Center receives support in the form of donated services. These services are recorded at their estimated fair value at the time the services are rendered and are reflected in the financial statements as both contributions and program service expense. There were no donated services during the years ended June 30, 2016 and 2015.

Advertising: The Center expenses advertising costs as incurred.

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

Uncertainty of income taxes: The Center follows FASB ASC 740, *Income Taxes*, which clarifies the accounting for uncertainty in income taxes by prescribing the recognition threshold a tax position is required to meet before being recognized in the financial statements. The Center recognizes a tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities. Management evaluated the Center's tax positions and concluded that the Center had no material uncertainties in income taxes as of June 30, 2016 and 2015. The Center will account for interest and penalties related to uncertain tax positions, if any, as part of tax expense.

The Center is no longer subject to income tax examinations by the U.S., federal, state, or local tax authorities for fiscal years before 2013.

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

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

Reclassifications: Certain reclassifications have been made to the June 30, 2015 financial statements to conform to the June 30, 2016 presentation.

Recent accounting pronouncements: In May 2014, the FASB issued Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* that stipulates that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. To achieve this core principle, an entity should apply the following steps: (1) identify the contract(s) with a customer; (2) identify the performance obligations in the contract; (3) determine the transaction price; (4) allocate the transaction price to the performance obligations in the contract; and (5) recognize revenue when (or as) the entity satisfies a performance obligation. In April 2015, the FASB voted to delay the effective date of the proposed standard. The ASU is now effective for annual reporting periods beginning after December 15, 2018, and early adoption is permitted for years beginning after December 15, 2016. The Center has not yet selected a transition method and is currently evaluating the effect that the updated standard will have on the financial statements.

Judge Baker Children's Center

Notes to Financial Statements

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

In May 2015, the FASB issued ASU No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The amendments apply to reporting entities that elect to measure the fair value of an investment using the NAV per share (or its equivalent) practical expedient. The amendments remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. Earlier application is permitted. The Center has elected to early adopt ASU 2015-07 for the year ended June 30, 2016.

In January 2016, the FASB issued ASU 2016-01, *Financial Instruments—Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities*. This guidance changes how entities account for equity investments that do not result in consolidation and are not accounted for under the equity method of accounting. Entities will be required to measure these investments at fair value at the end of each reporting period and recognize changes in fair value in net income. A practicability exception will be available for equity investments that do not have readily determinable fair values, however; the exception requires the Company to adjust the carrying amount for impairment and observable price changes in orderly transactions for the identical or a similar investment of the same issuer. The guidance also changes certain disclosure requirements and other aspects of current US GAAP. ASU 2016-01 will be effective for the Center for fiscal years beginning after December 15, 2018. The Center does not believe the adoption of the new financial instruments standard will have a material impact on its financial statements.

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

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

In August 2016, the FASB issued ASU 2016-15, *Statement of Cash Flows (Topic 230): Classification of Certain Cash Receipts and Cash Payments (A Consensus of the FASB Emerging Issues Task Force)*. To reduce diversity in practice, the ASU provides solutions for eight specific statement of cash flow classification issues. The ASU is effective for fiscal years beginning after December 15, 2018, and interim periods within fiscal years beginning after December 15, 2019. Early adoption is permitted. The Center has not yet selected a transition method and is currently evaluating the effect that the updated standard will have on the financial statements.

Judge Baker Children's Center

Notes to Financial Statements

Note 2. Related Party Transactions

Included in contributions and grants receivable as of June 30, 2016 and 2015 are pledges receivable from members of the Board of Trustees totaling \$17,500 and \$22,500, respectively. Payments of this pledge are scheduled to be received in 2017.

Note 3. Contributions and Grants

Contribution and grants receivable total \$31,300 and \$72,500 as of June 30, 2016 and 2015, respectively. The Center did not have an allowance for doubtful collections or a discount as of June 30, 2016 and 2015.

All collections as of June 30, 2016 and 2015 of contributions and grants receivables are expected to be collected in less than one year.

Note 4. Investments and Investment Income

Investments as of June 30, 2016 and 2015 consisted of the following:

	2016	2015
Cash equivalents	\$ 52,234	\$ 55,508
Domestic corporate bonds	814,265	763,777
International corporate bonds	-	50,692
Mortgage backed securities	37,588	49,603
Domestic equity mutual funds	3,421,173	3,603,504
International equity mutual funds	2,641,443	2,945,929
Insurance company	23,000	23,000
Alternative investments	1,175,159	1,403,673
U.S. treasury notes	25,597	25,452
	<u>\$ 8,190,459</u>	<u>\$ 8,921,138</u>

The components of total investment return for the years ended June 30, 2016 and 2015 are as follows:

	2016	2015
Investment and interest income	\$ 159,021	\$ 194,407
Net unrealized losses on investments	(465,493)	(222,523)
Net realized gains (losses) on investments	60,262	(129,863)
Total investment return	<u>\$ (246,210)</u>	<u>\$ (157,979)</u>

The total amount of investment fees incurred for the years ended June 30, 2016 and 2015 was \$42,435 and \$42,525, respectively.

Judge Baker Children's Center

Notes to Financial Statements

Note 5. Fair Value Hierarchy

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

2016	Quoted Prices in Active Markets Level 1	Other Observable Inputs Level 2	Unobservable Inputs Level 3	Other Investments Measured at Net Asset Value (a)	Total
Investments:					
Cash equivalents	\$ -	\$ 52,234	\$ -	\$ -	\$ 52,234
Domestic corporate bonds	814,265	-	-	-	814,265
Mortgage backed securities	-	37,588	-	-	37,588
Domestic equity mutual funds	3,421,173	-	-	-	3,421,173
International equity mutual funds	2,641,443	-	-	-	2,641,443
Alternative investments	-	-	-	1,175,159	1,175,159
U.S. treasury notes	25,597	-	-	-	25,597
	<u>\$ 6,902,478</u>	<u>\$ 89,822</u>	<u>\$ -</u>	<u>\$ 1,175,159</u>	<u>\$ 8,167,459</u>

2015	Quoted Prices in Active Markets Level 1	Other Observable Inputs Level 2	Unobservable Inputs Level 3	Other Investments Measured at Net Asset Value (a)	Total
Investments:					
Cash equivalents	\$ -	\$ 55,508	\$ -	\$ -	\$ 55,508
Domestic corporate bonds	763,777	-	-	-	763,777
International corporate bonds	50,692	-	-	-	50,692
Mortgage backed securities	-	49,603	-	-	49,603
Domestic equity mutual funds	3,603,504	-	-	-	3,603,504
International equity mutual funds	2,945,929	-	-	-	2,945,929
Alternative investments	-	-	-	1,403,673	1,403,673
U.S. treasury notes	25,452	-	-	-	25,452
	<u>\$ 7,389,354</u>	<u>\$ 105,111</u>	<u>\$ -</u>	<u>\$ 1,403,673</u>	<u>\$ 8,898,138</u>

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

Judge Baker Children's Center

Notes to Financial Statements

Note 5. Fair Value Hierarchy (Continued)

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

Strategy	2016 NAV in Funds	2015 NAV in Funds	# of Funds	Outstanding Commitments	Redemption Frequency	Redemption Restrictions	Restrictions in Place at Year End
Fund of funds	(a) <u>\$1,175,159</u>	<u>\$1,403,673</u>	<u>2</u>	<u>\$ -</u>	Annual (b)	(c)	2-year rolling lockup

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

(b) One fund totaling \$1,164,576 has annual redemptions with 95 days' notice. One fund totaling \$10,583 has no redemptions permitted since the fund is winding down and any proceeds of distributions are distributed pro rata to investors.

(c) One fund totaling \$1,164,576 has a two year lock up with 3% incentive allocation. One fund totaling \$10,583 has no restrictions as the fund is winding down.

Note 6. Endowment Net Assets

Following is a summary of endowment net asset composition by type of fund as of June 30, 2016:

	June 30, 2016			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment funds	\$ 6,094,607	\$ 219,413	\$ 730,938	\$ 7,044,958

Following is a summary of the changes in endowment net assets for the year ended June 30, 2016:

	June 30, 2016			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets as of June 30, 2015	\$ 6,703,772	\$ 364,169	\$ 727,148	\$ 7,795,089
Contributions and other additions	-	-	3,790	3,790
Investment return:				
Realized and unrealized losses on investments	(305,297)	(48,593)	-	(353,890)
Investment and interest income	119,805	21,108	-	140,913
	(185,492)	(27,485)	-	(212,977)
Other changes:				
Appropriated invested income	(423,673)	(117,271)	-	(540,944)
Endowment net assets as of June 30, 2016	\$ 6,094,607	\$ 219,413	\$ 730,938	\$ 7,044,958

Judge Baker Children's Center

Notes to Financial Statements

Note 6. Endowment Net Assets (Continued)

Following is a summary of endowment net asset composition by type of fund as of June 30, 2015:

	June 30, 2015			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Endowment funds	\$ 6,703,772	\$ 364,169	\$ 727,148	\$ 7,795,089

Following is a summary of the changes in endowment net assets for the year ended June 30, 2015:

	June 30, 2015			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Endowment net assets as of June 30, 2014	\$ 7,138,904	\$ 415,571	\$ 718,313	\$ 8,272,788
Contributions and other additions	-	-	8,835	8,835
Investment return:				
Realized and unrealized losses on investments	(274,600)	(43,507)	-	(318,107)
Investment and interest income	152,011	25,146	-	177,157
	(122,589)	(18,361)	-	(140,950)
Other changes:				
Appropriated invested income	(312,543)	(33,041)	-	(345,584)
Endowment net assets as of June 30, 2015	\$ 6,703,772	\$ 364,169	\$ 727,148	\$ 7,795,089

Note 7. Property, Plant and Equipment

Following is a summary as of June 30, 2016 and 2015:

	2016	2015
Land	\$ 1,520,000	\$ 1,520,000
Land improvements	7,300	7,300
Building and improvements	23,236,360	23,194,688
Furniture and fixtures	311,679	301,325
Computer equipment	447,033	418,258
Machinery and equipment	1,066,497	1,352,949
Motor vehicles	49,116	49,116
	26,637,985	26,843,636
Less accumulated depreciation and amortization	(8,494,631)	(8,097,277)
	18,143,354	18,746,359
Capital projects in process	-	3,467
Property, plant and equipment, net	\$ 18,143,354	\$ 18,749,826

Depreciation and amortization expense for the years ended June 30, 2016 and 2015 was \$695,029 and \$762,810, respectively.

Judge Baker Children's Center

Notes to Financial Statements

Note 7. Property, Plant and Equipment (Continued)

As of June 30, 2015, capital projects in process of \$3,467 represented costs incurred for facility enhancement. This project was completed during the year ended June 30, 2016 totaling approximately \$30,000 and included in building and improvements.

Note 8. Notes Payable

Line of credit: As of June 30, 2015, the Center had a \$1,000,000 line of credit agreement with Boston Private Bank and Trust Company. The line of credit, which is renewed periodically and matured in October 2015, was payable on demand with interest payable monthly at the Boston Private Bank & Trust Company Base Rate plus .50% (4.00% and 3.75% as of June 30, 2016 and 2015, respectively). In September 2015, the Center amended the terms of its line of credit agreement. The amended agreement extended the term to July 2016 and reduced the maximum principal amount to \$600,000. As of June 30, 2016 and 2015, the Center had no outstanding borrowings on its line of credit agreements.

Subsequent to June 30, 2016, the Center amended its existing agreement as disclosed in Note 14 to extend the maturity date of the line of credit agreement to November 30, 2016; all other terms remain unchanged.

Notes payable: In July 2012, the Center entered into a \$462,000 five-year term note payable to Boston Private Bank and Trust Company with interest payable at 3.55% and payable in monthly principal payments of \$7,700 through July 2017. The note is secured by substantially all assets of the Center. As of June 30, 2016 and 2015, the balance outstanding on the note payable was \$100,100 and \$192,500, respectively.

In August 2014, the Center entered into a \$540,000 five-year term note payable to Boston Private Bank and Trust Company with interest payable of 4.190% and payable in monthly principal payments of \$9,000 through August 2019. The note is secured by substantially all assets of the Center. As of June 30, 2015, the balance outstanding on the note payable was \$450,000. In October 2015, the Center paid off the remainder of this balance with proceeds from a new note entered into in October 2015, as described below.

In October 2015, the Center entered into a \$664,000 ten-year term note payable to Boston Private Bank with interest payable of 5.02% and payable in monthly principal payments of \$5,533 through October 2025. The proceeds were used to pay off the remaining balance of the August 2014 note payable. As of June 30, 2016, the balance outstanding on the note payable was \$619,733.

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

2017	\$	158,800
2018		74,100
2019		66,400
2020		66,400
2021		66,400
Thereafter		287,733
	\$	<u>719,833</u>

Judge Baker Children's Center

Notes to Financial Statements

Note 9. Lease Obligations

The Center has three lease agreements for office equipment. The leases expire at various times between 2016 and 2020. Total rent expense under these leases was \$100,615 and \$13,573 for the years ended June 30, 2016 and 2015, respectively. Payments of these leases over the next five years are as follows for the years ending June 30:

2017	\$	102,591
2018		102,591
2019		100,971
2020		96,111
2021		4,785
	\$	<u>407,049</u>

Note 10. Retirement Plans

The Center has a defined contribution retirement plan covering all eligible employees. Contributions to this plan for the years ended June 30, 2016 and 2015 were \$359,228 and \$366,188, respectively.

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

For the plan year ended January 1, 2016, the actuarial cost method used for the defined benefit plan was the accrued benefit (unit credit) cost method. Since accruals under the plan ceased in 1974, the normal cost for the plan year was \$0 and the plan was fully funded. As of January 1, 2016, there are no remaining plan participants. The weighted average assumed rate of return used in determining the actuarial present value of accumulated plan benefits was between 4.43% and 6.65% for 2015. The fair value of plan assets available for pension plan benefits as of December 31, 2015 was \$83,075. There were no further contributions needed to fund the defined benefit plan as of December 31, 2015, as the plan assets exceeded the actuarially determined liabilities.

Judge Baker Children's Center

Notes to Financial Statements

Note 11. Temporarily Restricted Net Assets

Following is a summary of temporarily restricted net assets as of June 30, 2016 and 2015:

	2016	2015
Commissioner's Association	\$ 270,576	\$ 267,440
Manville Children's Fund	33,171	42,299
Manville School	706	706
Manville School - Lucia Badger Fund	1,329	51,000
Manville School - Campership	31,156	40,053
Beardslee Fund	9,985	15,444
Dissemination	261,330	274,107
Children's Mental Health Institute	874	9,692
Rifkin Research Study	1,638	1,638
Summer Treatment	7,500	10,000
Annie E. Casey Foundation Phase IV	-	55,835
Alumni Project	9,182	5,008
Project Youth Voice	5,956	9,392
The Counseling Center	6,520	40,000
Next Step - Flutie Foundation	32,500	14,324
	<hr/> 672,423	<hr/> 836,938
Capital campaign	17,500	22,500
Cumulative appreciation and reinvested gains of permanently restricted funds, net of appropriation	219,413	364,169
	<hr/> <u>\$ 909,336</u>	<hr/> <u>\$ 1,223,607</u>

Note 12. Permanently Restricted Net Assets

Following is summary of permanently restricted net assets as of June 30, 2016 and 2015:

	2016	2015
General Endowment	\$ 350,000	\$ 350,000
Ellen Liza Stern Fund	280,938	277,148
George Macomber Family Foundation - World of Children	100,000	100,000
	<hr/> <u>\$ 730,938</u>	<hr/> <u>\$ 727,148</u>

Note 13. Net Assets Released from Donor Restrictions

Net assets during the years ended June 30, 2016 and 2015 were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors. Net assets of \$612,914 and \$830,046 were released from restrictions during the years ended June 30, 2016 and 2015, respectively.

Note 14. Subsequent Events

The Center evaluated subsequent events through November 15, 2016, the date on which the financial statements were available to be issued.

In August 2016, the Center amended the terms of its line of credit agreement. The amended agreement extended the term to November 2016; all other terms remained unchanged. The Center is currently in the process of renegotiating the terms of the agreement.



Board of Trustees

(Oct 2016)

Chair: Richard P. Breed, III
First Vice-Chair: Michele Courton Brown
Second Vice Chair & Treasurer: Jay Webber
Clerk: Deborah L. Anderson
President: Robert P. Franks, Ph.D.

Deborah L. Anderson
Nixon Peabody LLP
Residence: Boston, MA

Thomas W. Bishop
The Bishop Company, LLC
Residence: Manchester, MA

Richard P. Breed, III
Tarlow Breed Hart & Rodgers, PC
Residence: Marblehead, MA

Thanda A. Brassard
Fiduciary Trust Company
Residence: Needham, MA

Julie M.B. Bradley
TripAdvisor (retired)
Residence: Wayland, MA

Michele Courton Brown
Quality Interactions
Residence: Jamaica Plain, MA

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Spencer Stuart
Residence: Sudbury, MA

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

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Residence: Wellesley, MA

David J. Martens
Boston College, Office of the Treasurer
Residence: Ashland, MA

John R.A. Pears, RIBA
Perkins Eastman
Residence: Newton Highlands, MA

John Serafini
Allied Minds
Residence: Hingham, MA

Claire Stern
Development Consultant
Residence: Newton, MA

Jay Webber
CBIZ Tofias, PC
Residence: Sharon, MA

Dorothy A. Weber* Emeritus
Residence: Boston, MA

David W. Walker
BNY Mellon
Residence: Needham, MA

ROBERT P. FRANKS, PH.D.

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CURRICULUM VITAE

CONTACT INFORMATION:

Judge Baker Children's Center
53 Parker Hill Avenue
Boston, MA 02120
w (617) 278-4136
rfranks@jbcc.harvard.edu

EDUCATION:

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

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

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

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

PROFESSIONAL EXPERIENCE:

8/14-Present

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

Act as president and chief executive officer for the Judge Baker Children's Center (JBCC). Responsible for overseeing all programs and services. Develop, implement and monitor strategic vision and mission. Act as external liaison and representative of the Center. Oversee development, finance and communications efforts. Supervise staff. Report to Board of Trustees.

Founded in 1917, JBCC is a Harvard Medical School affiliate with proven leadership in children's mental health. Committed to bridging the current gap between research and practice, JBCC integrates research, professional training and direct service. In addition to its research portfolio, JBCC operates programs in special education, outpatient mental health, community and school consultation, specialized summer treatment, and child welfare practice - all with the goal of helping children and families chart their own best course to grow and thrive.

4/05-Present

Child Study Center, Yale University School of Medicine
Assistant Clinical Professor

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

4/05-7/14

Child Health and Development Institute of Connecticut, Inc., Farmington, CT
Vice President & Director, Connecticut Center for Effective Practice (CCEP)
www.chdi.org www.kidsmentalhealthinfo.com

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

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

4/05-8/14

University of Connecticut Health Center
Assistant Clinical Professor

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

4/08-8/14

Franks Consulting Services
Principal

Provided a range of consulting services and executive coaching through a small independent consulting service. Worked with clients to help facilitate individual and organizational change. Identified areas for growth and provided recommendations for improvement. Developed and supported implementation strategies for best practice and model programs. Designed and implemented evaluation and quality improvement strategies. Provided consultation and coaching to executives and senior management to improve performance and enhance professional development.

4/03-4/05

Duke University Medical Center, Department of Psychiatry, Durham, NC
Director, National Resource Center for Child Traumatic Stress
UCLA-Duke National Center for Child Traumatic Stress
www.nctsnet.org

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

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

Assistant Clinical Professor, Psychiatry Department, Duke University

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

7/00 to 5/03

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

Director of Operations, National Center for Children Exposed to Violence

www.nccev.org www.cd-cp.org

Directed and coordinated all operations of the National Center for Children Exposed to Violence (NCCEV) at the Yale University Child Study Center. Provided consultation in areas of children exposed to trauma, community violence and domestic violence. Consulted to urban, suburban and rural communities across the country. Supervised and managed professional and administrative staff. Oversaw budget, reporting activities and grant management activities. Engaged in development and fundraising activities. Acted as liaison to Federal government and other funding entities. Oversaw and implemented public awareness campaign and policy analysis of issues relating to children exposed to violence. Oversaw, developed and implemented marketing, media relations and public relations activities. Served as primary media contact and spokesperson. Developed and created resource materials and marketing information. Directed NCCEV Resource Center and internet webpage development and maintenance. Coordinated Center activities with research and evaluation efforts. Facilitated and oversaw provision of training and technical assistance and consultation to eleven federally funded Safe Start Initiative sites, and ten Child Development-Community Policing Program replication sites across the nation in the areas of program development, implementation and evaluation. Conducted site visits and provided ongoing consultation, training and support to communities across the nation. Developed, planned and coordinated national conferences and multi-site meetings. Oversaw the development and utilization of NCCEV Advisory Committee. Coordinated NCCEV activities with other Yale University departments and other academic and non-profit agencies nationally. Reviewed and researched issues related to children exposed to violence and trauma. Provided local and national presentations on the topic of children exposed to violence and trauma. Represented the National Center and Child Study Center at national conferences, meetings and other public appearances.

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

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

7/99-5/03

Quinnipiac University, Hamden, CT
Department of Psychology
Adjunct Faculty

Taught undergraduate psychology courses as adjunct instructor at the University.

9/99-1/01

Connecticut Psychological Association

Public Education Campaign Coordinator: State of Connecticut

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

7/99 to 7/00

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

Director, COPS Program

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

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

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

7/98 to 7/99

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

Postdoctoral Clinical Child Psychology Fellow

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

- Riverview State Psychiatric Hospital for Children, Middletown, CT
- Yale Child Study Center Outpatient Clinical Services
- Yale-New Haven Hospital Emergency Department Services
- Yale-New Haven Hospital Consultation Liaison Services
- Yale Child Study Center Outpatient Assessment Services
- Yale Child Study Center Focal Question Clinic
- Yale Child Study Center Forensic Evaluation Clinic

- Yale-New Haven Hospital Newborn Follow-up Clinic
- Child Development-Community Policing Program (CD-CP)

7/97 to 7/98

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

Predoctoral Clinical Child Psychology Fellow

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

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

5/96 to 6/97

The Brookline Center, Brookline, MA

Clinical Associate

Coordinator of School-based Psychological Services Program

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

5/95 to 5/96

The Brookline Center, Brookline, MA

Advanced Psychology Intern

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

9/94-5/95

The Brookline Center, Brookline, MA

Psychology Practicum Intern

Received comprehensive training as psychology practicum intern at a community based mental health agency. Provided clinical services under supervision to children, adolescents and families in culturally diverse community.

Provided individual psychotherapy to children, adolescents and adults (short and long-term), group therapy, family therapy, school consultation, psychological testing and assessment, and community outreach. Presented cases in weekly seminars and case conferences. Participated in weekly clinical consultation meeting with clinic staff.

9/96 to 6/97

The Walker Group, Needham, MA

Psychological Testing Practicum Intern

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

9/96 to 6/97

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Clinical Supervisor: M.A. Clinical Track

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

8/95 to 6/96

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Clinical Supervisor: M.A. School Counseling Track

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

8/94 to 6/95

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

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

9/92-7/93

The George Washington University, Washington, DC

Counseling Laboratory

Psychotherapy Intern

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

9/92-7/93

School Without Walls, Washington, DC

Group Psychotherapist

In cooperation with the George Washington University, helped implement a grant funded program, which provided weekly group counseling and psychoeducation to selected inner city youth. Weekly group topics included: violence, gangs, date rape, teenage pregnancy, alcohol and drug abuse, morality, prejudice and racism, sexuality, and gender

roles. Co-led groups and educated students about effective communication skills, intervention techniques, and peer counseling. Provided ongoing support and feedback to youth participating in program.

9/92-7/93

The George Washington University, Washington, DC

Counselor in Residence/ University Counseling Center

Counseling Intern

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

TEACHING EXPERIENCE:

7/99-5/03

Quinnipiac University, Hamden, CT

Department of Psychology

Adjunct Faculty

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

7/99- 5/03

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

Lecturer

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

10/98-5/03

Yale University, New Haven, CT

Department of Psychology

Lecturer

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

Fall 1997, 1998

Yale University, New Haven, CT

School of Medicine

Lecturer

Taught Psychiatry Clerkship at Yale University School of Medicine.

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

8/94 to 6/96

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Teaching Fellow

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

8/93 to 12/93

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Teaching Assistant

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

RESEARCH EXPERIENCE:

4/05-07/14

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

Director, Connecticut Center for Effective Practice (CCEP)

www.chdi.org

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

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

7/99-5/03

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

Associate Research Scientist

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

5/96-12/99

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Dissertation Research

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

8/94 to 8/95

Boston College, Chestnut Hill, MA

Department of Counseling, Developmental Psychology and Research Methods

Research Assistant

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

5/94 to 9/94

Harvard University, Cambridge, MA
Center for Psychology and Social Change

Research Assistant

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

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

5/94 to 9/94

Boston College, Chestnut Hill, MA
Department of Counseling, Developmental Psychology and Research Methods

Research Assistant

"Comprehensive Health Education in Middle Schools"

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

8/93 to 5/94

Boston College, Chestnut Hill, MA

Research Assistant

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

Conducted research examining cross-cultural counseling issues and impact of cross-cultural counselor training on counseling trainees' multicultural knowledge, skills and awareness as well as therapeutic style. Assisted in researching, developing, and analyzing study. Presented results at the Winter Roundtable on Cross-Cultural Counseling & Psychotherapy at Teacher's College, Columbia University.

6/88-5/89

Dana Farber Cancer Institute, Boston, MA

Research Coordinator

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

4/94 to 6/97

Hire One! Youth Employment Program, Brookline, MA

Coordinator

2/92-7/93

The George Washington University, Washington, DC

Substance Abuse Prevention Center

Coordinator

9/90-2/92

Marymount University, Arlington, VA

Assistant Director of Admissions

Publications:

Publications:

Franks, R. P., & Bory, C. T. (2015). Who supports the successful implementation and sustainability of evidence-based practices? Defining and understanding the roles of intermediary and purveyor organizations. In K. P. McCoy & A. Diana (Eds.), *The science, and art, of program dissemination: Strategies, successes, and challenges. New Directions for Child and Adolescent Development*, 149, 41–5.6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Websites:

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

www.nccev.org

www.nctsn.org

www.chdi.org

Developed and oversaw all content for the website:

www.kidsmentalhealthinfo.com

Other Publications:

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

Child Trauma Information for Parents

Childhood Traumatic Grief Educational Materials and Curriculum

Childhood Traumatic Grief Educational Videos, It's Okay to Remember and Understanding Childhood Traumatic Grief

Children and Trauma in America: A Progress Report of the National Child Traumatic Stress Network

Claiming Children: Federation of Families for Children's Mental Health

Facts on Trauma and Homeless Children

Family Disaster Preparedness Cards and Information Sheets

Pediatric Medical Traumatic Stress Toolkit for Healthcare Providers

NCTSN Newsletters volumes 2-4 (15 issues)

NCTSN Public Awareness and Education Video

Readiness and Trauma Prevention Materials for Floods

Readiness and Trauma Prevention Materials for Hurricanes

Readiness and Trauma Prevention Materials for Wildfires

Talking to Children about War and Terrorism

Tips for the Media in Covering Traumatic Events

Tips for Parents and Caregivers on Media Coverage of Traumatic Events

What is Child Traumatic Stress?

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

Anniversary of 9/11: A Parents' Guide for Talking to their Children.

Anniversary of 9/11: A Teachers' Guide for Talking with their Students.

*In the Aftermath of Crisis: A Parents' Guide for Talking to their Children.
Responding to Children about Anthrax.*

Presentations:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Honors and Awards:

4/05 NCCTS Award of Recognition of Significant Contributions and Leadership
Duke University Medical Center

11/02 Award of Appreciation and Achievement
Safe Start Initiative, OJJDP

5/96 Excellence in Teaching Award
Boston College

5/93 Chi Sigma Iota Honor Society, Rho Theta Chapter

5/89 Outstanding College Students of America
Boston College

Research & Program Support:

Year	Project	Funder	Title
2013-2015	Project MATCH	CT DCF	Principle Investigator
2012-2013	System of Care Grant	SAMHSA	Principle Investigator
2011-2016	Child Welfare/Trauma	ACF	Principle Investigator

ROBERT P. FRANKS, PH.D.

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2008-2013	School-based Diversion	MacArthur/CSSD	Principle Investigator
2008-2011	MHT Wrap-Around	CT DCF	Principle Investigator
2007-2008	Truancy Initiative	Tow Foundation	Principle Investigator
2007-2010	TF-CBT Coordinating Ctr	CT DCF	Principle Investigator
2006-2009	Training Contract	CSSD	Lead Trainer
2006-2009	Connecticut Center for Effective Practice	Connecticut Health Foundation	Director
2003-2010	Connecticut Center for Effective Practice	CT DCF	Director
2005-2008	Emily J QA Initiative	CT DCF	Co-Principle Investigator
2003-2005	NCTSI Initiative	SAMHSA	Director, National Resource Center
2000-2003	Safe Start Initiative	OJJDP	Director of Operations, NCEV
1999-2000	Violence Prevention Grant	OVC	Program Coordinator, COPS Program

Media:

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

Professional Organizations and Affiliations

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

Daniel M. Cheron, Ph.D., ABPP

Judge Baker Children's Center
53 Parker Hill Avenue
Boston, MA 02120

Phone: 617.278.4265
Fax: 617.278.4139
Email: dcheron@jbcc.harvard.edu

CURRENT POSITION

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

LICENSURE AND CERTIFICATION

- 2/14 – present **Board Certified in Clinical Child and Adolescent Psychology**
American Board of Professional Psychology, Diploma # 7503
- 9/12 - present **Licensed Psychologist, Health Service Provider**
Commonwealth of Massachusetts, License # 9576

EDUCATION

- 9/10 – 9/12 **Judge Baker Children's Center / Harvard Medical School** Boston, MA 02120
Postdoctoral Fellow
Supervisor: John Weisz, Ph.D., ABPP
- 8/09 – 08/10 **The May Institute** Randolph, MA 02368
Predoctoral Intern, Behavioral Health Services Division
Supervisor: Lauren Solotar, Ph.D., ABPP, Shawn Healy, Ph.D.
- 9/04 – 01/11 **Boston University** Boston, MA 02215
Ph.D.
M.A.
Clinical Psychology Doctoral Program
Clinical research assistantship at the Center for Anxiety and Related Disorders, Child and Adolescent Psychology
Dissertation: The role of distress tolerance in the parenting of anxious youth.
Advisors: Sarah Whitton, Ph.D., Donna Pincus, Ph.D.
- 9/00 – 5/04 **Boston College** Chestnut Hill, MA 02467
B. A.
Major: Psychology
Thesis: The implications of stereotype threat for anxiety during cross-group collaborative tasks. (Completed with honors).
Advisor: Linda Tropp, Ph.D.

RESEARCH EXPERIENCE

Current Research Support

- 2014 – present **The Office of the Attorney General of Massachusetts**
Increasing Access to and Measuring the Benefits of Providing Behavioral Health Services in Schools
 Developing capacity for full-time school counseling in evidence-based interventions and evaluating sustainability and changes to cost and quality of care.
 Role: Principal Investigator
- 2013 – present **The Blue Cross/Blue Shield Foundation of Massachusetts**
The Peter and Elizabeth C. Tower Foundation
The MacArthur Foundation
Improving quality & access while managing costs for children's mental health.
 Disseminating evidence-based interventions into community mental health clinics and evaluating changes to cost and quality of care.
 Role: Principal Investigator

Completed Research Support

- 2012 – 2014 **National Institutes of Mental Health (5R34MH093511-02)** PI: Weisz, John R.
Consumer and clinician feedback in youth mental health care
Awardee: Judge Baker Children's Center: Laboratory for Youth Mental Health
 53 Parker Hill Avenue, Boston, MA 02120 (617) 278-4168
 Partnering with mental health providers, caregivers, and youths to develop and test a clinical feedback system and determine the feasibility of further research on the potential clinical benefits of providing weekly symptom feedback
 Role: Project Director
- 2010 – 2014 **Annie E. Casey Foundation Grant** PI: Weisz, John R.
MATCHing child mental health needs in the public sector: Studying sustainability
Awardee: Judge Baker Children's Center: Laboratory for Youth Mental Health
 53 Parker Hill Avenue, Boston, MA 02120 (617) 278-4168
 Co-directing a multi-site treatment dissemination and sustainability study (Child STEPS) for youth experiencing anxiety, depression, trauma, or conduct problems. Collaborating with national youth mental health experts on the administration of the Modular Approach to Treatment of Children with Anxiety, Depression, Trauma, and Conduct Problems (MATCH-ADTC) protocol. Directing a multi-site qualitative and quantitative evaluation of an electronic treatment monitoring and feedback system for consumers and clinicians.
 Role: 9/10 – 9/12: Postdoctoral Fellow, 10/12 – 4/14, Director of Training
- 2007 - 2009 **National Institutes of Mental Health (R01MH068277)** PI: Pincus, Donna B.
Implementation of an Intensive Treatment Protocol for Adolescents with Panic Disorder and Agoraphobia
Awardee: Adolescent Panic Disorder and Agoraphobia Intensive Treatment Center
 648 Beacon Street – 4th Floor, Boston, MA 02215-2013 (617) 353-9610
 Assessed the efficacy of a novel, 8-day intensive treatment program designed specifically for adolescents experiencing panic disorder with and without agoraphobic avoidance. Served as clinician for treatment and supervised training of new clinicians learning protocol. Revised manual-based intensive treatment for panic disorder and coordinated national recruitment of adolescents for participation in treatment including informational speaking engagements for local school districts.
 Role: Assistant Project Director

- 2006 – 2007 **Substance Abuse and Mental Health Services Administration (SM-03-012)**
Traumatic Stress and Substance Abuse Intervention Development and Evaluation Center
Awardee: Adolescent Traumatic Stress and Substance Abuse Treatment Center at Boston University PI: Barlow, David H.648
 Beacon Street – 4th Floor, Boston, MA 02215-2013 (617) 353-9610
 Collected, analyzed and developed new strategies for the treatment and care of adolescents with traumatic histories and concurrent substance abuse. Created informational document for professionals, parents, caregivers, and teens regarding substance use and its treatment. Developed and maintained ATSSA website available at <http://www.bu.edu/atssa>. Administered system-based interventions to adolescents with comorbid substance abuse and traumatic histories in a private clinic, major medical center, and local public school.
 Role: Clinician
- 2005 **National Institutes of Mental Health (K23MH064817)** PI: Pincus, Donna B.
Treatment of Separation Anxiety Disorder in Childhood
Awardee: Center for Anxiety and Related Disorders at Boston University
 648 Beacon Street – 6th Floor, Boston, MA 02215-2013 (617) 353-9610
 Collaborated with Child & Adolescent Fear and Anxiety Treatment Program members to develop, implement, and test empirically supported treatments for children ages 4-17 suffering from anxiety and mood disorders, including implementing and supervising manual based Parent-Child Interaction Therapy to families of children suffering from Separation Anxiety Disorder.
 Role: Graduate Research Assistant
- 10/01 – 5/04 **Boston College, Department of Psychology** PI: Tropp, Linda R.
 140 Comm. Ave., McGuinn 327, Chestnut Hill, MA 02467 (617) 552-3826
 Administered testing sessions and aided in development of interpersonal relations research directed at understanding the effect of stereotype threat on participants engaged in various interpersonal interaction tasks. Developed visual coding system for non-verbal anxiety behaviors exhibited by study participants.
 Role: Research Assistant

CLINICAL EXPERIENCE

- 09/10 – present **Center for Effective Child Therapy at Judge Baker Children's Center**
 53 Parker Hill Avenue, Boston, MA 02120 (617) 278-4288
Position: 9/10 – 9/12: Staff Psychologist, 10/12 – present: Assistant Director
Responsibilities: Conducting evidence-based psychosocial assessment using the Kiddie-Schedule for Affective Disorders and Schizophrenia (K-SADS) semi-structured interview. Administering evidence-based treatment to youth ages 5-17 experiencing anxiety, depression, trauma, and conduct problems. Assisting in the administration of clinic operations, hiring, supervision, and marketing.
- 8/09 – 08/10 **The May Institute**
 41 Pacella Park Drive, Randolph, MA 02368 (781) 440-0400
Position: Pre-Doctoral Intern, Behavioral Health Services Division
Responsibilities: Administered individual and family outpatient psychotherapy interventions to children, adolescents, and adults in a community mental health clinic. Lead group cognitive-behavioral interventions for young adults with mood/thoughts disorders. Provided neuropsychological assessment for emotionally disturbed adolescent boys at a residential group home. Collaborated with Boston Public Schools to provide

school-based counseling and case consultation to middle school children with emotional and behavioral difficulties.

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

9/04 – 06/09

Center for Anxiety and Related Disorders at Boston University

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

(617) 353-9610

Position: Pre-Doctoral Clinician

Responsibilities: Provided individual and group-based cognitive-behavioral and systems-focused treatments for children, adolescents, and adults with behavioral, emotional, and learning difficulties associated with anxiety and mood disorders. Pre-screened families requesting clinical assessments and provided external referrals when appropriate.

Conducted weekly semi-structured clinical assessments using the Anxiety Disorders Interview Schedule for the DSM-IV, Child/Parent Version. Collaborated with other care providers to determine the most beneficial treatment scenario for clients. Served as supervisor for first-year doctoral students, which included providing weekly supervision and case consultation as well as live and taped observation of therapy sessions.

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

9/07 – 06/08

Boston Medical Center Neuropsychology Service

850 Harrison Avenue, Dowling Building 7th Floor, Boston, MA

(617) 414-4288

Position: Neuropsychology Extern

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

Supervisor: Cynthia Chase, Ph.D.

9/06 – 06/07

The Manville School at Judge Baker Children's Center

53 Parker Hill Avenue, Boston, MA 02120-3225

(617) 232-8390

Position: Practicum Clinical Intern

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

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

9/05 – 7/06

Boston Medical Center Department of Child and Adolescent Psychiatry

771 Albany Street, Dowling Building 9th Floor, Boston, MA

(617) 414-7538

Position: Practicum Clinician

Responsibilities: Conducted weekly intake assessments for children and adolescents with a variety of emotional and behavioral difficulties. Served on a multi-disciplinary team of mental health professionals specializing in the evaluation and treatment of childhood traumatic exposure. Participated in team appraisals of patient strengths and weaknesses to incorporate in treatment planning in accordance with Trauma Systems Therapy

guidelines. Provided individual psychotherapy and case management to children and families requesting services at the clinic from the surrounding Boston area.

Supervisor: Michelle Bosquet, Ph.D.

- 5/03 – 8/03 **McLean Hospital Developmental Disabilities Partial Hospital Program**
 115 Mill Street – AB III, Belmont, MA 02478 (617) 855-3377
Position: Undergraduate Aide
Responsibilities: Co-lead group based cognitive-behavioral therapy sessions focusing on life skills and relaxation training for patients dually diagnosed with developmental disabilities and mental illness. Participated in milieu therapy for partial hospitalization program patients during the day while administering individual behavior plans developed by the staff. Provided daily individual relaxation training to program patients. Assisted in the development of a research project to assess the behavioral knowledge of mental health workers who administer home care to program patients.
Supervisors: Robin Chapman, Psy.D., Karen Shedlack, M.D.
- 6/02 – 8/02 **Kings County Hospital Forensic Psychology Ward**
 606 Winthrop St. – G-Building, Brooklyn, NY 11203 (718) 245-2272
Position: Undergraduate Intern
Responsibilities: Observed and tested incarcerated patients using selected subscales for the Wechsler Adult Intelligence Scale-Revised and the Macarthur Competency Assessment Test-Criminal Adjudication. Designed patient information database for research formulation and hospital use.
Supervisor: Thomas O'Rourke, Ph.D.
- 7/01 – 8/01 **Nassau County Board of Cooperative Educational Services, BOCES**
 71 Clinton Road. Garden City, NY 11530 (516) 396-2500
Position: Substitute Teaching Aid
Responsibilities: Substituted in the education and clinical care of developmentally disabled children during summer learning programs. Provided one-on-one care for developmentally delayed students needing individual attention and conducted group play therapy and milieu therapy throughout the school day.

TEACHING AND CONSULTING EXPERIENCE

- 2014 – present **Master Trainer**, Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Problems (MATCH-ADTC)
- 2015 – present **Trainer**, Child-Adult Relationship Enhancement (CARE)
- 2015 – present **MATCH-ADTC and In-Home Therapy Implementation Demonstration**
 Massachusetts Executive Office of Health and Human Services (Children's Behavioral Health Initiative at MassHealth)
 Role: Training Director
- 2015 – 2016 **Behavioral Health Services and Quality Improvement Consultation**
 North American Family Institute, Massachusetts
 Role: Consultant
- 2014, 2015 **An Overview Of Evidence-based Treatment For Posttraumatic Stress Disorder In Children and Adolescents**
 Massachusetts General Hospital Psychology Predoctoral Internship Program
 McLean Hospital Anxiety Mastery Program

- 2013 **Modular Approach to Treatment for Children with Anxiety, Depression, Trauma, and Conduct Problems. .**
George Warren Brown School of Social Work, Washington University in St. Louis
Role: Senior Trainer
- Spring 2013 **Child and Adolescent Psychopathology** Boston MA
Instructor: Northeastern University, Bouvé College of Health Sciences
Masters/Doctoral Program in School Psychology
- 2011 – 2014 **Laboratory for Youth Mental Health** Boston, MA
John R. Weisz, Ph.D., ABPP, Principal Investigator
Senior Trainer: Six-part training series in the use of the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) delivered to practicing psychologists and social workers. Total training series consists of 42 hours of clinical instruction, competency evaluations, and weekly case consultation.
- 2011 – present **Judge Baker Children’s Center, Manville School Internship Program** Boston, MA
Guest Lecturer: *Cognitive Behavioral Therapy in the School Setting* training series delivered to graduate psychology interns in the Manville School special education program.
Mitch Abblett, Ph.D., Clinical Director
- 09/23/2008 **Boston University, Department of Psychology** Boston, MA
Guest Lecturer: *Practicing Cognitive Therapy* delivered to graduate psychology students enrolled in the Psychological Services Center didactic series.
Lisa Smith, Ph.D., Professor

Formally Supervised Trainees

- 9/15 – Yudelki Firpo-Perretti, M.A. – Weekly doctoral psychotherapy supervision
Boston University (APA-accredited)
- 9/15 – Margaret Reuland, Ph.D. – Weekly postdoctoral psychotherapy supervision
- 7/15 – Sara Kaplan-Levy, M.A. – Weekly doctoral psychotherapy supervision
University of Massachusetts, Boston (APA-accredited)
- 7/15 – Allison Love, Ph.D. – Weekly postdoctoral psychotherapy supervision
- 1/15 – 6/15 Heidi Brummert Lennings, Ph.D. – Weekly postdoctoral psychotherapy supervision
- 7/13 – 6/15 Julie Edmunds, Ph.D. – Weekly postdoctoral psychotherapy supervision
- 9/14 – 11/14 Cora Mukerji, B.A. – Weekly doctoral psychotherapy supervision
Harvard University (APA-accredited)
- 9/13 – 8/14 Jessica Schleider, B.A. – Weekly doctoral psychotherapy supervision
Harvard University (APA-accredited)
- 9/13 – 8/14 Rachel Vaughn-Coaxum, B.A. – Weekly doctoral psychotherapy supervision
Harvard University (APA-accredited)
- 9/08 – 8/09 Candice Schmid, M.A. – Weekly doctoral psychotherapy supervision
Boston University (APA-accredited)

9/08 – 8/09 Kaitlin Gallo, M.A. – Weekly doctoral psychotherapy supervision
Boston University (APA-accredited)

Community Education Activities

- 2015 – 2016 Child-Adult Relationship Enhancement (CARE) Training
Region 6 Educator and Provider Support Collaborative, Boston, MA
Inquilinos Boricuas en Acción Preschool, Boston, MA
The Manville School, Boston, MA
Commonwealth Children’s Center, Boston, MA
Massachusetts Society for the Prevention of Cruelty to Children, Lawrence, MA
- 2015 The Early Childhood Providers Association, Natick, MA
Recognizing and Understanding Common Child Mental Health Issues
- 2014 Boston Public Schools Health Services
Because You Have to Go: Helping Kids Who Refuse School
- 2014 Neuropsychological & Educational Services for Children and Adolescents, Newton, MA
An overview of Evidence-Based Mental Health Interventions for Children and Adolescents
- 2013 Boston College High School, Boston, MA
Evidence-Based Mental Health Interventions for School-Aged Children and Teenagers
- 2013 Southern Jamaica Plain Health Center
Evidence-Based Mental Health Interventions for Children and Adolescents
- 2013 Pediatric Offices of Reiner, Zuckerman, & Saillant
Evidence-Based Mental Health Interventions for Children and Adolescents
- 2013 Medway, MA Special Education Parent Advisory Council
Anxious Kids & Teens: Recognizing and treating anxiety to build resiliency
- 2012 Medway, MA Special Education Parent Advisory Council
How to Stop Fighting with Your Kids Over Everything: Managing Disruptive Behaviors in Youth

PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS

- American Board of Professional Psychology**, 2014 – present
Examiner, American Board of Clinical Child and Adolescent Psychology, 2015 - present
- Association for Behavioral & Cognitive Therapies**, 2004 – present
Membership in Child and Adolescent Anxiety Special Interest Group
Membership in Child and Adolescent Depression Special Interest Group
Membership in Dissemination and Implementation Special Interest Group
- American Psychological Association**, 2005 – present
Membership in the Society of Clinical Psychology (Division 12)
Membership in the Society of Clinical Child and Adolescent Psychology (Division 53)
- Ad Hoc Reviewer**
2010 Child Psychiatry and Human Development
2011 Journal of the American Academy of Child and Adolescent Psychiatry
2013 Journal of Consulting and Clinical Psychology

PEER REVIEWED PUBLICATIONS

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

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

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

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

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

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

BOOK CHAPTERS

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

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

PROFESSIONAL PRESENTATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

UNPUBLISHED PROFESSIONAL WORKS

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

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

Sue Adams Woodward, PhD

Judge Baker Children's Center
53 Parker Hill Avenue Boston, MA 02120
617.278.4254 (w), 617.278.4139 (f)
swoodward@jbcc.harvard.edu
Massachusetts License in Psychology: 8939

EDUCATION

- Ph.D. 2002 **Harvard University**
Degree in Developmental Psychology with a minor in Psychopathology. Advisor: Jerome Kagan, Ph.D. Thesis: *A longitudinal study of infant temperament and brain processing in childhood.*
Received Clinical Respecialization from Massachusetts School of Professional Psychology 2006
- M.A. 1999 **Harvard University**
Degree in Developmental Psychology.
Thesis: *The taxonomic structure of infant reactivity: Quantitative evidence from a taxometric perspective.*
- B.A. 1989 **Stanford University**
Degree with honors in Human Biology
Thesis: *Dispersal of Myrica faya by exotic birds in Hawai'i Volcanoes National Park.*

CLINICAL EXPERIENCE

- 2010-present **Director of Clinical Services**, Judge Baker Children's Center. Position includes directorship of *Center for Effective Child Therapy*, *Next Step: College Success and Independent Living*, and *Summer Enrichment Institute* and responsibilities include: developing clinical and administrative policies and procedures; training staff; overseeing documentation and operational functioning; developing strategic direction in collaboration with CEO; marketing; grant writing; developing new clinical services; supervising post-doctoral and doctoral-level therapists on evidence-based treatments; providing individual treatment to children ages 2-19 and families; conducting training in evidence-based practices for community clinicians. Trained in Parent Child Interaction Therapy (PCIT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and is a trainer in the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma and Conduct (MATCH-ADTC).
- 2004-2015 **Staff Psychologist and Coordinator of the Social Skills Program for Autism Spectrum and Related Disorders**. The Brookline Community Mental Health Center.
Specialty in children with autism spectrum and related disorders; techniques include behavioral, Floortime approach, cognitive behavioral therapy, social stories, social skills groups, and parent support. Developed and coordinate a curriculum-based Social Skills Group Program for children with Asperger's Syndrome, NVLD, PDD, and related disorders. Program is in third year and has more than quadrupled in number of families served. Other clinical work with youth and adults; individual, couple, family therapy, group and psychological testing; clinic, school, and home-based counseling. Outreach includes consultation and collaboration with other agencies, schools, and parents, and presentations for clinic and Brookline community.

2003-2004 **Psychology Intern.** Cambridge Youth Guidance Center.
Clinical work with children, adolescents, and adults from ages 3 to 50 years. Therapy in clinic, school, and community settings. Conducted social skills and impulse control groups for grammar school children, and support and parenting groups for victims of domestic violence. Psychological testing of children.

ACADEMIC EXPERIENCE

- 1997-2002 **Research Assistant/Graduate Student.** Jerome Kagan, Ph.D., Department of Psychology, Harvard University. Was principally responsible for 4 research projects aimed at identifying neurobiological foundations of high and low reactive temperamental types. Developed study ideas and subsequent psychophysiological protocols for assessing brainstem and cortical brain waves (ERPs), stimuli, and ERP analysis programs. Tested child and adult subjects on the 1-3 hour batteries. Also assisted on numerous other psychophysiological studies, including assessments of children at risk for, or suffering from, depression and anxiety.
- 1994 **Research Assistant.** MacArthur Longitudinal Twin Study, Institute for Behavioral Genetics, University of Colorado, Boulder. Coded behavior of 1.5, 3, 5, and 7-year-olds for inhibition, mood, hedonic tone, and empathy. Tested 7-year-olds in an effort to isolate physiological changes that are coupled with empathy and inhibition; tests included affective reactivity to emotional videos and a startle response assessment.
- 1992-1994 **Research Assistant.** John Watson, Ph.D., Department of Psychology, University of California, Berkeley. Conducted two research projects and managed student volunteers. Designed instruments needed, solicited and tested subjects, and performed preliminary analysis. One project investigated reflexive aspects of reaching and hand to mouth behavior in 3-6 month-olds, and the other investigated language of 2-5 year-olds as it relates to the origins of teaching and theory of mind.
- 1989-1992 **Scientist II (Animal Ecologist).** EG&G Energy Measurements, Applied Ecology Department, NPR1, CA. Coordinated and conducted research aimed at minimizing the impact of oil field activities on endangered species.

GRANTS, FELLOWSHIPS, AND AWARDS

- 2014-2016 **Next Step: College Success and Independent Living**
- 2012-2013 Doug Flutie Jr. Foundation
Project Co-Director
Through all day Saturday experiences and a week-long overnight summer session, this program develops crucial social executive functions, independent living and coping skills in college-bound youth with Autism Spectrum Disorders.
- 2014-2016 **Next Step: College Success and Independent Living**
- 2012-2013 Bennett Family Foundation
Project Co-Director
Through all day Saturday experiences and a week-long overnight summer session, this program develops crucial social executive functions, independent living and coping skills in college-bound youth with Autism Spectrum Disorders.
- 2011-2012 **Evidence-Based Training: Series for Community Clinicians**
Baker Foundation
Project Director and Trainer
Created training series for community clinicians that delivered in-depth, hands-on 2 day trainings for each of the following: childhood anxiety, depression, PTSD and disruptive behavior disorders.

- 2011-2012 **EBTs for Children with Autism**
 Baker Foundation
 Project Director
 Adapted a manualized CBT protocol for anxiety to be accessible for children with Autism Spectrum Disorders.
- 2009-2011 **Social Skills Group for Brookline Children**
 Kahn Charitable Foundation
 Project Director and Group Leader
 Extended previously developed social skills curriculum to address social needs of older children and girls with Autism Spectrum Disorders.
- 2008-2009 **Autism Spectrum Disorder Social Skills Group**
 Brookline Community Foundation
 Project Director and Group Leader
 Developed social skills curriculum for children ages 4-12 with Autism Spectrum Disorders incorporating techniques from Brookline Public Schools and leaders in the field.
- 2000 **Graduate Society Dissertation Completion Fellowship.** Harvard University.
 1999 **Barbara Ditmars Research Grant.** Harvard University.
 1998 **Sackler Fellowship in Psychobiology.**
 1996&1999 **Elsie Hopestill Stimson Research Grant.** Harvard University.
 1995-1998 **National Science Foundation Graduate Research Fellowship.**
 1995 **Esther Stocks Fellowship.** Cornell University (transferred to Harvard University).
 1994 **Sage Fellowship.** Cornell University.
 1989 **Firestone Medal for Excellence in Research.** Stanford University.

PUBLICATIONS

- McManis, M.H., Kagan, J., Snidman, N., Woodward, S.A., Lewis, M., & Kahn, V. (2002). EEG asymmetry and behavior in children. *Developmental Psychobiology*, 41, 169-177.
- Kagan, J., Snidman, N., McManis, M.H., Woodward, S.A., & Hardway, C. (2002). One measure, one meaning; multiple measures, clearer meaning. *Journal of Development and Psychopathology*, 14, 463-475.
- Kagan, J., Snidman, N., McManis, M.H., & Woodward, S.A. (2001). Temperamental contributions to the affect family of anxiety. *The Psychiatric Clinics of North America*, 24, 677-688.
- Woodward, S.A., McManis, M.H., Kagan, J., Deldin, P., Snidman, N., Lewis, M., & Kahn, V. (2001). Infant temperament and the brainstem auditory evoked response in later childhood. *Developmental Psychology*, 37, 533-538.
- Woodward, S.A., Lenzenweger, M.F., Kagan, J., Snidman, N., & Arcus, D. (2000). The taxonomic structure of infant reactivity: Quantitative evidence from a taxometric perspective. *Psychological Science*, 11, 296-301.
- Woodward, S.A., Vitousek, P.M., Matson, K., Hughes, F., Benvenuto, K., & Matson, P.A. (1990). Use of the exotic tree *Myrica faya* by native and exotic birds in Hawai'i Volcanoes National Park. *Pacific Science*, 44, 88-93.

PRESENTATIONS AT NATIONAL MEETINGS

- Woodward, S.A., Snidman, N., & Deldin, P. (2001, April). *Infant temperament and the brainstem auditory evoked response in later childhood*. Talk given at the biennial meeting of the Society for Research on Child Development, Minneapolis, MN.
- Snidman, N., McManis, M.H., & Woodward, S.A. (2001, April). *The issue of patterns of behavior and biology in the study of temperament*. Talk given at the biennial meeting of the Society for Research on Child Development, Minneapolis, MN.

- McManis, M.H., Kagan, J., Snidman, N., Woodward, S.A., Lewis, M., & Shissler, T. (2000, October). *Children looking at pictures: Individual differences in startle modulation*. Poster presented at the annual meeting of the Society for Psychophysiological Research, San Diego, CA.
- Snidman, N., Kagan, J., McManis, M.H., Woodward, S.A., Lewis, M., & Shissler, T. (2000, July). *Infant reactivity ten years later: What do physiological measures tell us?* Poster presented at the International Conference on Infant Studies, Brighton, England.
- Snidman, N., Kagan, J., McManis, M.H., Woodward, S.A., Lewis, M., & Shissler, T. (2000, April). *Behavioral and physiological consequences of infant temperament: The distinction between amina and persona*. Poster presented at the Bial Foundation's 3rd Symposium, Porto, Portugal.
- Woodward, S.A., McManis, M.H., Snidman, N., Deldin, P., Lewis, M., Kahn, V., & Kagan, J. (1999, October). *Relation between four-month infant reactivity classification and brainstem auditory evoked potentials at ten years*. Poster presented at the annual meeting of the Society for Psychophysiological Research, Granada, Spain.
- Woodward, S.A., McManis, M.H., Deldin, P., Snidman, N., & Lewis, M. (1999, April). *ERPs to two types of novel pictures in a visual oddball paradigm presented to inhibited and uninhibited ten-year-old children*. Poster presented at the biennial meeting of the Society for Research on Child Development, Albuquerque, NM.
- McManis, M.H., Snidman, N., Woodward, S.A., & Lewis, M. (1999, April). *The startle probe in the study of behavioral inhibition*. Talk given at the biennial meeting of the Society for Research on Child Development, Albuquerque, NM.
- Woodward, S.A., McManis, M.H., Lewis, M., Fox, M., Carroll, L., & Kagan, J. (1998, September). *Event related potentials to ecologically valid and invalid novel pictures in a visual oddball paradigm*. Poster presented at the annual meeting of the Society for Psychophysiological Research, Denver, CO.
- Woodward, S.A., Kagan, J., Snidman, N., & Arcus, D. (1996, June). *Temperament and autonomic reactivity in children: Preliminary results*. Poster presented at the annual meeting of the American Psychological Society, San Francisco, CA.



Key Personnel

Budget Period: FY1 - 1/1/2017 through 6/30/2017

Name	Job Title	Salary (6-months)	% Paid from this Contract	Amount Paid from this Contract
Robert Franks, Ph.D.	Project Director	92,550	6%	5,553
Daniel Cheron, Ph.D., ABPP	Training Director	61,818	25%	15,454.50
Sue Woodward, Ph.D.	Clinical Director	61,818	12%	7,418.16
To be hired	Implementation Director	61,818	25%	15,454.50
To be hired	Project & Data Coordinator	25,757.50	50%	12,878.75
To be hired	Administrative Coordinator	20,606	25%	5,151.50

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

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Robert Franks, Ph.D.	Project Director	185,100	4%	7,404
Daniel Cheron, Ph.D., ABPP	Training Director	123,636	25%	30,909
Sue Woodward, Ph.D.	Clinical Director	123,636	12%	14,836.32
To be hired	Implementation Director	123,636	25%	30,909
To be hired	Project & Data Coordinator	51,515	50%	25,757.5
To be hired	Administrative Coordinator	41,212	25%	10,303

Budget Period: FY3 - 7/1/2018 through 12/31/2018

Name	Job Title	Salary (6-months)	% Paid from this Contract	Amount Paid from this Contract
Robert Franks, Ph.D.	Project Director	92,550	6%	5,553
Daniel Cheron, Ph.D., ABPP	Training Director	61,818	25%	15,454.50
Sue Woodward, Ph.D.	Clinical Director	61,818	12%	7,418.16
To be hired	Implementation Director	61,818	25%	15,454.50
To be hired	Project & Data Coordinator	25,757.50	50%	12,878.75
To be hired	Administrative Coordinator	20,606	25%	5,151.50

ENTIRE PROJECT

Name	Job Title	Salary	% Paid from this Contract (PER YEAR)	Amount Paid from this Contract
Robert Franks, Ph.D.	Project Director	185,100	5%	18,510
Daniel Cheron, Ph.D., ABPP	Training Director	123,636	25%	61,818
Sue Woodward, Ph.D.	Clinical Director	123,636	12%	29,673
To be hired	Implementation Director	123,636	25%	61,818
To be hired	Project & Data Coordinator	51,515	50%	51,515
To be hired	Administrative Coordinator	41,212	25%	20,606