



Nicholas A. Toumpas  
Commissioner

Marcella Jordan Bobinsky  
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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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May 8, 2015

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services and the Division of Community Based Care Services, to exercise a renewal option with the same vendors for the continuation of regional public health emergency preparedness, substance use disorders continuum of care, and school-based influenza clinics, and Public Health Advisory Council coordination, by increasing the total price limitation by \$683,760 from \$8,324,350 to \$9,008,110, to be effective the date of Governor and Council approval through June 30, 2017. This agreement was originally approved by Governor and Council on June 19, 2013, Item #97, and amended on February 11, 2015, Item #9. Funds are 93.59% Federal and 6.41% General.

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
<b>Carroll County Coalition for Public Health</b>	Ctr. Ossipee, NH	\$902,463	\$0	\$902,463
Cheshire County	Keene, NH	\$342,236	\$0	\$342,236
City of Nashua, Division of Public Health and Community Services	Nashua, NH	\$639,960	\$0	\$639,960
Goodwin Community Health	Somersworth, NH	\$352,092	\$0	\$352,092
<b>Granite United Way</b>	Concord, NH	\$942,876	\$0	\$942,876
<b>Lakes Region Partnership for Public Health</b>	Laconia, NH	\$956,496	\$0	\$956,496
Manchester Health Department	Manchester, NH	\$940,560	\$0	\$940,560
<b>Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock</b>	Lebanon, NH	\$936,149	\$0	\$936,149
<b>Mid-State Health Center</b>	Plymouth, NH	\$876,520	\$0	\$876,520
<b>North County Health Consortium</b>	<b>Littleton, NH</b>	<b>\$477,760</b>	<b>\$683,760</b>	<b>\$1,161,520</b>
Sullivan County	Newport, NH	\$327,010	\$0	\$327,010
Town of Derry	Derry, NH	\$327,326	\$0	\$327,326
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
<b>TOTAL</b>		<b>\$8,324,350</b>	<b>\$683,760</b>	<b>\$9,008,110</b>

Funds are anticipated to be available in State Fiscal Years 2016 and 2017, upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

See attachment for financial details.

### **EXPLANATION**

This requested action seeks approval of (1) of 13 agreements that represents \$683,760 to be spent statewide to continue the provision of regional public health emergency preparedness, substance use disorders continuum of care, school-based influenza clinics and host a Public Health Advisory Council to coordinate other public health services in a specific geographic area. The Governor and Council has previously approved five (5) agreements, and anticipates that the remaining (6) agreements whose names are not in bold, will be presented at an upcoming Governor and Executive Council meeting. Because the Town of Exeter has elected not to continue to participate as a Public Health Network site, a contract with Lamprey Health Care has been developed to provide Regional Public Health Network services in the Exeter and surrounding area. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

The Regional Public Health Advisory Council will engage senior-level leaders from throughout these regions to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Councils will expand this function to other public health and substance use disorders continuum of care services funded by the Department. The long-term goal is for the Regional Public Health Advisory Councils to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders continuum of care activities occurring in the regions.

The vendor will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The vendor will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 75% in the 2014-2015 influenza season, and from 23% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

According to the 2012-2013 National Survey on Drug Use and Health<sup>1</sup>, the most recent data available demonstrates that 49% of NH's 18-25 year olds reported binge drinking in the past 30 days. This rate is the third highest in the country and much higher than the national average of 38.7%. For pain reliever abuse, 10.5% of NH young adults reported this behavior in the past year, and 10% of young adults reported illicit drug use other than marijuana. This last prevalence indicator is important for several reasons. First, it is the most accessible data point relative to young adult opioid use because the illicit drug use indicator includes opioids. Secondly, NH's rate of 10% for 18-25 year olds reporting regular illicit drug use is the highest in the country and is 1.5 percentage points higher than the next closest state (Rhode Island, 8.6%) and higher than the national average of 6.9%.

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<sup>1</sup> 1 Source: [http://www.new-futures.org/sites/default/files/Summary%20Report\\_0.pdf](http://www.new-futures.org/sites/default/files/Summary%20Report_0.pdf)

Furthermore, there were five times greater the number of heroin-related deaths in NH in 2014 than there were in 2008. Heroin-related Emergency Department visits and administrations of naloxone to prevent death from an overdose have also multiplied exponentially in the last two years. Consequently, alcohol and drug misuse cost NH more than \$1.84 billion in 2012 in lost productivity and earnings, increased expenditures for healthcare, and public safety costs. In addition to economic costs, substance misuse impacts and is influenced by poor mental health. From 2007 to 2011, suicide among those aged 10-24 was the second leading cause of death for NH compared to the third leading cause nationally.

In NH, youth have rates of substance use significantly higher than the national average and the other northeast (NE) states as demonstrated in Table 2.

18-25 year olds	NH	NE	US	Significant differences
Binge Drinking	49.0%	43.0%	38.7%	NH Higher than NE and US
Marijuana Use	27.8%	21.0%	18.9%	NH Higher than NE and US
Nonmedical use of pain relievers	10.5%	8.6%	9.5%	No significant difference
Dependent/abusing alcohol or illicit drugs	23.7%	19.1%	18.1%	NH Higher than NE and US

Youth and families across NH describe having little access to services and supports for Substance Use Disorder in NH. In fact, according to the National Survey on Drug Use and Health<sup>2</sup>, NH ranks worst among the states in percentage of 18-25 year olds “needing but not receiving treatment” for alcohol or illicit drug use and is also among the bottom states for 12-17 year olds. Additionally, among 12-20 year olds, NH ranks highest and above the overall national average in both underage alcohol use in past month (NH: 35.72%, US: 23.52%) and underage binge alcohol use in past month (NH: 23.21%, US: 14.75%).

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders continuum of care services will be less coordinated and comprehensive in this public health region. Developing a strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

The original contract was awarded through a competitive bid. The bid summary is attached.

As referenced in the Request for Proposals and in the Exhibit C-1 of the contracts, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. The Department is exercising this option.

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

Area served: Statewide.

Source of Funds: 93.59% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration, and 6.41% General Funds.

<sup>2</sup> Source: <http://www.dhhs.nh.gov/dphs/suicide/documents/annual-report-2013.pdf>

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

Respectfully submitted,



Marcella Jordan Bobinsky  
Acting Director  
Division of Public Health Services



Kathleen A. Dunn, MPH  
Associate Commissioner

Approved by:



Nicholas A. Toumpas  
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET**

**Regional Public Health Networks (RPHN)**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS**

**85.45% Federal Funds and 14.55% General Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2015	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	123,476	-	123,476

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2015	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	380,200	-	380,200

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2015	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	100,732	-	100,732

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2015	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	149,878	-	149,878

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2015	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	157,726	-	157,726

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2015	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	665,510	-	665,510

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2015	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	301,000	-	301,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2015	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	103,966	-	103,966

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2015	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	104,542	-	104,542
			<b>SUB TOTAL</b>	<b>2,695,030</b>	<b>-</b>	<b>2,695,030</b>

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS  
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	104,000	-	104,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	20,000	-	20,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2015	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	119,290	-	119,290

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

Town of Exeter, Vendor # 177386-B001

PO #

1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600
			<b>SUB TOTAL</b>	<b>486,090</b>	<b>-</b>	<b>486,090</b>

**05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE  
100% Other Funds (Transfer from Emergency Management)**

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	13,000	-	13,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	23,000	-	23,000

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	7,000	-	7,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	7,000	-	7,000
			<b>SUB TOTAL</b>	<b>30,000</b>	<b>-</b>	<b>30,000</b>

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION  
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	42,272	-	42,272



**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	42,500	-	42,500

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	43,000	-	43,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2015	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	35,842	-	35,842

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	11,000	-	11,000
			Sub-Total	43,000	-	43,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	21,000	22,000	43,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2015	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	19,250	-	19,250
			<b>SUB TOTAL</b>	<b>267,864</b>	<b>22,000</b>	<b>289,864</b>

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES  
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	165,380	-	165,380
			Sub-Total	461,520	-	461,520

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	165,380	165,380
			Sub-Total	130,760	330,760	461,520

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	49156502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	49156502	-	-	-
			Sub-Total	130,760	-	130,760

Town of Exeter, Vendor # 177386-B001

PO #

1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc		-	-	-
SFY 2017	102-500731	Contracts for Prog Svc		-	-	-
			Sub-Total	130,760	-	130,760
			<b>SUB TOTAL</b>	<b>3,353,680</b>	<b>330,760</b>	<b>3,684,440</b>

**05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES  
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000
			<b>SUB TOTAL</b>	<b>60,000</b>	<b>-</b>	<b>60,000</b>

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY & PERFORMANCE  
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	-	-

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	40,000	-	40,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	8,000	-	8,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	38,000	-	38,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
			Sub-Total	-	30,000	30,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	-	-

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	10,000	-	10,000
			<b>SUB TOTAL</b>	<b>208,000</b>	<b>30,000</b>	<b>238,000</b>

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES  
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000



**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	15,000	-	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	15,000	-	15,000
			<b>SUB TOTAL</b>	180,000	-	180,000

**05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH & COMMUNITY SERVICES, MATERNAL & CHILD HEALTH  
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	17,322	-	17,322
SFY 2016	102-500731	Contracts for Prog Svc	90001023	22,349	-	22,349
			Sub-Total	39,671	-	39,671

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	23,225	-	23,225
SFY 2016	102-500731	Contracts for Prog Svc	90001023	20,875	-	20,875
			Sub-Total	44,100	-	44,100

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	21,082	-	21,082
SFY 2016	102-500731	Contracts for Prog Svc	90001023	20,442	-	20,442
			Sub-Total	41,524	-	41,524

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	20,677	-	20,677
SFY 2016	102-500731	Contracts for Prog Svc	90001023	19,110	-	19,110
			Sub-Total	39,787	-	39,787

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90001023	8,289	-	8,289
SFY 2016	102-500731	Contracts for Prog Svc	90001023	6,711	-	6,711
			Sub-Total	15,000	-	15,000
			<b>SUB TOTAL</b>	180,082	-	180,082

**05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE EFFECTS STATE HEALTH  
100% Federal Funds**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90007936	8,060	-	8,060
SFY 2016	102-500731	Contracts for Prog Svc	90007936	31,940	-	31,940
			Sub-Total	40,000	-	40,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2015	102-500731	Contracts for Prog Svc	90007936	13,000	-	13,000
SFY 2016	102-500731	Contracts for Prog Svc	90007936	27,000	-	27,000
			Sub-Total	40,000	-	40,000
			<b>SUB TOTAL</b>	80,000	-	80,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS  
85.45% Federal Funds and 14.55% General Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2017	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
			Sub-Total	149,878	-	149,878

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2017	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
			Sub-Total	157,726	-	157,726

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2017	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
			Sub-Total	152,000	-	152,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	150,500	150,500
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	150,500	150,500
			Sub-Total	-	301,000	301,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	-	-	-
			<b>SUB TOTAL</b>	<b>763,604</b>	<b>301,000</b>	<b>1,064,604</b>

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS  
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	-	-	-

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	-	-	-

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	-	-	-

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2017	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
			Sub-Total	20,000	-	20,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	-	-	-

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	-	-	-
			<b>SUB TOTAL</b>	<b>20,000</b>	<b>-</b>	<b>20,000</b>
			<b>TOTAL</b>	<b>8,324,350</b>	<b>683,760</b>	<b>9,008,110</b>

## Regional Public Health Network Services Performance Measures

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### School-Based Vaccinations

- Number of schools hosting a seasonal influenza clinic
- Percent of total student enrollment receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

### Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the biennial PARTNER Survey.

### Substance Use Disorders, Resiliency and Recovery – Orientated Systems of Care

- Number of subject matter experts from across the Continuum of Care Services recruited and serving on the workgroup.
- Number of educational resources developed to educate the PHAC.
- Number of educational events identified by the delivery modality (face to face meeting, webinars, etc.) to educate the PHAC.
- Number of PHAC members educated.
- Submission of PHAC endorsed statement/vision on what constitutes a substance use disorder comprehensive approach for your region's system of care.

### Substance Misuse Prevention (SMP) and Related Health Promotion

- Completion of 3 year substance misuse prevention plan and endorsed by Regional Public Health Advisory Committee and approved by BDAS due September 30, 2015.
- Completed an approved annual work plan reflective of new strategic plan due October 31, 2015.
- Completed monthly PWITS data entries due by the 20<sup>th</sup> business day of the following month (e.g. September data due by October 30).
- Data entry needs to align with the 3 year strategic plan for substance misuse prevention and health promotion and adhere to the PWITS Policy Guidance document
- Host at minimum 4 SMP expert team meetings annually
- Meet all Federal regulatory reporting requirements of the Substance Abuse Prevention and Treatment Block Grant.
- Participates and coordinates evaluation surveys: SMP stakeholder survey and other surveys as required.
- Participates and coordinates attendees and prepare for BDAS or DPHS site visits. At request of the state you may be asked to convene: SMP coordinator, Contract administrator, financial agent, expert team chair and others as requested.
- Attendance at SMP bi monthly meetings jointly convened by BDAS and NH Charitable Foundation.
- Maintain a SMP website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
- Provides additional information to BDAS when requested.

### Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care

- One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.
- CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.

## **Regional Public Health Network Services Performance Measures**

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- Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
- Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
  - Identification of gaps in CC components and services that need to be developed or enhanced.
  - Identification of barriers to cooperation between CC components.
  - Identification of barriers to community/client access to component services.
- Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region

### **Regional Public Health Preparedness**

- Score assigned to the region's capacity to dispense medications to the population based on the CDC MCM ORR.
- Number of outreach events with entities that employ health care personnel.
- Submission of the RPHEA annually

Program Name: Division of Public Health Services and Division of Community Based Care Services  
 Contract Purpose: Regional Public Health Network Services  
 RFP Score Summary: Eleven proposals received for 11 Public Health Network Regions

	1	2	3	4	5	6	7	8	9	10	11
<b>RFP/RFP CRITERIA</b>	<b>Max Pts</b>	<b>North Country Health Consortium</b>	<b>Sullivan County</b>	<b>Mid-State Health Center</b>	<b>Cheshire County</b>	<b>Manchester Health Dept. Services*</b>	<b>City of Nashua, Division of Public Health &amp; Community Services*</b>	<b>Carroll County Coalition for Public Health</b>	<b>Lakes Region Partnership for Public Health</b>	<b>Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock</b>	<b>Town of Exeter</b>
Agy Capacity	40	35.50	37.00	34.00	38.00	36.00	29.00	37.00	37.00	37.00	32.00
Program Structure	40	37.50	33.00	30.00	36.00	35.00	26.00	34.00	38.00	37.00	34.00
Budget & Justification	18	16.50	17.00	15.00	16.00	16.00	14.00	17.00	17.00	16.00	17.00
Format	2	1.50	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>TOTAL POINTS</b>	<b>100</b>	<b>91.00</b>	<b>89.00</b>	<b>80.00</b>	<b>92.00</b>	<b>89.00</b>	<b>71.00</b>	<b>90.00</b>	<b>94.00</b>	<b>92.00</b>	<b>85.00</b>

<b>BUDGET REQUEST</b>	<b>Year 01</b>	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	<b>Year 02</b>	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	<b>Year 03</b>	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
<b>TOTAL BUDGET REQUEST</b>	<b>Year 01</b>	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	<b>Year 02</b>	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	<b>Year 03</b>	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
<b>TOTAL BUDGET AWARDED</b>												

RFP Reviewers		Name	Job Title	Dept/Agency	Qualifications
		Neil Twitchell	Administrator I	Regional Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services	This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention.
		Ann Crawford	Coordinator	Regional Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services	

\*Manchester Health Department and City of Nashua, Division of Public Health & Community Services awards include amounts for preparedness that are awarded through sole source. These funds and competitive Public Health Network awards have always been combined into a single contract.



**Program Name** Division of Public Health Services and Division of Community Based Care Services  
**Contract Purpose** Regional Public Health Network Services  
**RFP Score Summary** Two proposals received for the Capital Area Region

RFP/RFQ CRITERIA	Max Pts	Community Action Program Belknap Merrimack Counties, Inc.	Granite United Way
Agy Capacity	40	30.00	34.00
Program Structure	40	31.00	32.00
Budget & Justification	18	15.00	15.00
Format	2	2.00	2.00
<b>Total</b>	<b>100</b>	<b>78.00</b>	<b>83.00</b>

BUDGET REQUEST	Year 01	Year 02	Year 03	TOTAL BUDGET REQUEST	BUDGET AWARDED
	\$160,819.00	\$160,569.00	-	\$321,388.00	-
	\$160,819.00	\$160,569.00	-	\$321,388.00	-
	\$0.00	\$0.00	-	\$0.00	-
<b>TOTAL BUDGET REQUEST</b>	<b>\$321,638.00</b>	<b>\$321,138.00</b>	<b>-</b>	<b>\$642,776.00</b>	<b>-</b>
	\$0.00	\$160,569.00	-	\$160,569.00	-
	\$0.00	\$160,569.00	-	\$160,569.00	-
	\$0.00	\$0.00	-	\$0.00	-
<b>TOTAL BUDGET AWARDED</b>	<b>\$0.00</b>	<b>\$321,138.00</b>	<b>-</b>	<b>\$321,138.00</b>	<b>-</b>

RFP Reviewers		Name	Job Title	Dept/Agency	Qualifications
1	Sandra DeISezio	Director	Institute for Addiction Recovery at Rhode Island College		
2	Patty Baum	Program Officer	Healthy NH		This bid was reviewed by three Department of Health and Human Services reviewers and two external reviewers who have over 30 years experience in program administration, emergency planning and substance misuse prevention.
3	Michelle Ricco Jonas	Family Planning Program Manager	Division of Public Health Services, Maternal and Child Health Services		
4	Neil Twitchell	Administrator	Division of Public Health Services		
5	Valerie Morgan	Administrator	Department of Health and Human Services, Bureau of Drug and Alcohol Services		

**Program Name** Division of Public Health Services and Division of Community Based Care Services  
**Contract Purpose** Regional Public Health Network Services  
**RFP Score Summary** Two proposals received for the Strafford Area

RE/RFP CRITERIA	Max Pts	Goodwin Community Health Center	Health & Safety Council of Strafford County
Age Capacity	40	34.00	27.00
Program Structure	40	35.00	26.00
Budget & Justification	18	16.00	13.00
Format	2	2.00	1.00
<b>Total</b>	<b>100</b>	<b>87.00</b>	<b>67.00</b>

BUDGET REQUEST	Year 01	Year 02	Year 03
	\$177,046.00	\$173,680.00	-
	\$177,046.00	\$173,680.00	-
	\$0.00	\$0.00	-
<b>TOTAL BUDGET REQUEST</b>	<b>\$354,092.00</b>	<b>\$347,360.00</b>	<b>-</b>
<b>BUDGET AWARDED</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>-</b>
	\$167,046.00	\$0.00	-
	\$167,046.00	\$0.00	-
	\$0.00	\$0.00	-
<b>TOTAL BUDGET AWARDED</b>	<b>\$334,092.00</b>	<b>\$0.00</b>	<b>-</b>

RFP Reviewers	Name	Job Title	Dept/Agency	Qualifications
1	Neil Twitchell	Administrator	DPHS/Division of Public Health Services	This bid was reviewed by two Department of Health and Human Services reviewers and three external reviewers who have over 30 years of experience in program administration, emergency planning and substance misuse prevention.
2	Jessica Blais	Chief of Prevention Services	DHHS/Bureau of Drug and Alcohol Services	
3	Betsy Houde	Executive Director	The Youth Council	
4	Valerie Morgan	Administrator	DHHS/Bureau of Drug and Alcohol Services	
5	Jo Porter	Deputy Director	NH Institute for Health Policy & Practice, UNH	



**State of New Hampshire  
Department of Health and Human Services  
Amendment #2 to the  
Regional Public Health Network Services**

This 2<sup>nd</sup> Amendment to the Regional Public Health Network Services contract (hereinafter referred to as "Amendment Two") dated this 1<sup>st</sup> day of May, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and North Country Health Consortium, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 262 Cottage Street, Suite 230, Littleton, NH 03561.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #97 and amended on February 11, 2015, Item #9, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: June 30, 2017.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$1,161,520.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Brook Dupee.
4. Delete Exhibit A Scope of Services and Exhibit A-1 Additional Scope of Services in their entirety and replace with Exhibit A Amendment #1 Scope of Services.
5. Modify Exhibit B to add to paragraph 1:
  - 1.3. The contract shall increase by \$341,880 for SFY 2016, and \$341,880 for SFY 2017, for a total increase of \$683,760.
  - 1.4. Funding is available as follows:
    - \$22,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.268, Federal Award Identification Number (FAIN) H23IP000757. Account # 05-95-90-902510-5178-102-500731, \$11,000 in SFY 2016, and \$11,000 in SFY 2017.
    - \$330,760 = 100% federal funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, Federal Award Identification Number (FAIN) TI010035-14. Account # 05-95-49-491510-2988-102-500731, \$165,380 in SFY 2016, and \$165,380 in SFY 2017.



## New Hampshire Department of Health and Human Services

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- \$30,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037. Account # 05-95-90-901010-5362-102-500731, \$15,000 in SFY 2016, and \$15,000 in SFY 2017.
- \$301,000 = 85.45% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.074, Federal Award Identification Number (FAIN) U90TP000535, and 14.55% general funds. Account # 05-95-90-902510-7545-102-500731, \$150,500 in SFY 2016, and \$150,500 in SFY 2017.



New Hampshire Department of Health and Human Services

This amendment shall be effective upon the date of Governor and Executive Council approval.

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

State of New Hampshire  
Department of Health and Human Services

5/18/15  
Date

Brook Dupee  
Brook Dupee  
Bureau Chief

North Country Health Consortium

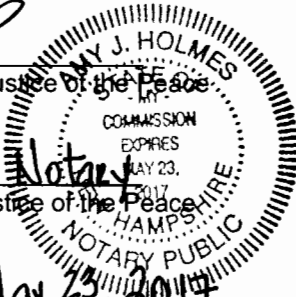
5/5/15  
Date

Nancy Frank  
Name: Nancy Frank  
Title: Executive Director

Acknowledgement:

State of New Hampshire County of Grafton on May 5, 2015 before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]  
Signature of Notary Public or Justice of the Peace  
Amy J. Holmes, Notary  
Name and Title of Notary or Justice of the Peace  
My Commission Expires: May 23, 2017

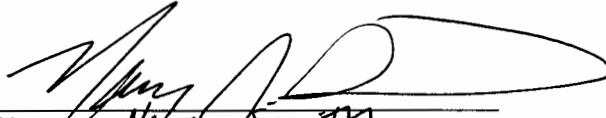




The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5/27/2015  
Date

  
Name: Nicholas A. Smith  
Title: Sr. Asst. Attorney General

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

OFFICE OF THE SECRETARY OF STATE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:

Contractor Initials: MF  
Date: 5/5/15



## Exhibit A Amendment #1

### SCOPE OF SERVICES

#### 1. Required Services

Contract Period: July 1, 2015 through June 30, 2017

The Contractor shall:

- 1.1. Implement the 2015 Regional Strategic Plan for Prevention pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed September 2015, located at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
- 1.2. Develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.
- 1.3. Ensure the administrative and fiscal capacity to accept and expend funds provided by the Department of Health and Human Services' (DHHS), Division of Public Health Services (DPHS) and Bureau of Drug and Alcohol Services (BDAS) for other services as such funding may become available.
- 1.4. School-Based Seasonal Influenza Vaccination Services
  - 1.4.1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
  - 1.4.2. Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
  - 1.4.3. School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
  - 1.4.4. As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
  - 1.4.5. Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
  - 1.4.6. Report all known adverse reactions according to protocols established by the NHIP.
  - 1.4.7. Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
  - 1.4.8. Conduct debriefings after each clinic to identify opportunities for improvements.



**Exhibit A Amendment #1**

1.5. Regional Public Health Advisory Committee

- 1.5.1. Continue a regional Public Health Advisory Committee (PHAC) comprised of representatives from the community sectors identified in the table below. At a minimum, this PHAC shall provide an advisory role to the contractor and, where applicable, all subcontractors to assure the delivery of the services funded through this agreement.
- 1.5.2. The PHAC membership should be inclusive of all local agencies that provide public health services in the region beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related services and oversight of substance misuse through the continuum of care (prevention, intervention, treatment and recovery) as appropriate to the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-informed to meet improved health outcomes; and advance the coordination of services among partners.
- 1.5.3. As federal funders, both the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration have developed lists of key community sectors. While described in different ways, the two lists encompass the same community sectors as evident in this table.

<b>Substance Misuse Prevention and Related Health Promotion</b>	<b>Public Health Preparedness</b>
Community Leadership*	
Local Government Safety and Enforcement	Emergency Management
Health and Medical	Health Care Mental / Behavioral Health
Community and Family Support	Cultural and Faith-based Organizations Housing and Sheltering Senior Services Social Services
Business	Business Media
Education	Education and Child Care

\*This CDC sector is defined as leaders with policy and decision-making roles, including elected and appointed public officials, leaders of non-governmental organizations and other community-based organizations. Thus, this sector includes leaders from all of the other sectors in this table.

1.6. Membership

- 1.6.1. At a minimum, the following entities within the region being served shall be invited to participate in the PHAC in order to achieve a broad-based advisory committee comprised of senior leaders from across sectors and communities. It is expected that





## Exhibit A Amendment #1

the larger PHAC will be supported by committees/workgroups, etc. comprised of professionals with more specific topical and/or function-based expertise.

### 1.6.2. PHAC General Membership

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each DPHS-designated community health center
5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Representative from each of the following community sectors shall also be invited to participate: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

### 1.5.5.1. PHAC Executive/Steering Committee Membership

1.5.5.2. For PHACs that include an executive or steering committee, the Contractor shall strive to ensure representation from the following entities.

1. One municipal and county government
2. One community hospital
3. One School Administrative Unit (SAU)
4. One DPHS-designated community health center
5. One NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Other business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.

1.5.5.3. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

### 1.6. Perform an advisory function to include:

1.6.1. Collaborate with partners to establish annual priorities to strengthen the capabilities within the region to deliver public health services, including public health emergencies and substance misuse through the continuum of care.

1.6.2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.

1.6.2.1. Monitor and disseminate data products and reports to public health system partners in the region in order to inform partners about the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.



## Exhibit A Amendment #1

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- 1.6.2.2. Educate partners on the NH WISDOM data repository, in order to build capacity to utilize this system to generate and analyze regional data.
- 1.6.2.3. Participate in local community health assessments convened by other agencies.
- 1.6.3. Designate representatives of the PHAC to other local or regional initiatives that are providing public health services, including public health emergencies and substance misuse through the continuum of care.
- 1.6.4. By September 30, publish the Community Health Improvement Plan (CHIP) started in SFY 15.
  - 1.6.4.1. Disseminate the CHIP to regional partners and seek opportunities to educate the community about CHIP priorities, strategies, and activities.
- 1.6.5. Implement priorities included in the 2015 CHIP.
  - 1.6.5.1. Provide leadership to implement the priorities and strategies included in the CHIP.
  - 1.6.5.2. Implement specific activities for at least one CHIP priority in addition to public health emergency preparedness and substance misuse prevention.
  - 1.6.5.3. Monitor progress of CHIP implementation and provide an annual report describing programs and activities implemented that address CHIP priorities to regional partners and DHHS.
- 1.6.6. Maintain a set of operating guidelines/principles or by-laws related to the Regional Public Health Advisory Committee that include:
  - a) Organizational structure
  - b) Membership
  - c) Leadership roles and structure
  - d) Committee roles and responsibilities
  - e) Decision-making process
  - f) Subcommittees or workgroups
  - g) Documentation and record-keeping
  - h) Process for reviewing and revising the policies and procedures
- 1.6.7. Assist in the implementation of the biennial PARTNER survey of the PHAC membership.
- 1.6.8. Implement the PARTNER survey in SFY 2016.
  - 1.6.8.1. Host at least one meeting to share results from the PARTNER survey with regional partners.
- 1.6.9. Maintain a webpage related to the PHAC.



## Exhibit A Amendment #1

- 1.6.10. Attend semi-annual meetings of PHAC leaders convened by the DHHS. Attendees should include a representative of the Contractor and at least one PHAC member.
  - 1.6.11. The chair of the PHAC or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.
- 1.7. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care
- 1.7.1. Development of organizational structures needed within each of the Regional Public Health Networks to study and develop capacity for a seamless substance misuse continuum of care approach that includes: environmental strategies, prevention, early intervention, treatment and recovery support services. Activities will include training, education, and orientation for Public Health Advisory Councils in substance misuse and the progression of substance use disorders and its effect on individuals, families, and communities, including financial impact. This work will include outlining a comprehensive approach to address the misuse of alcohol and drugs within a Resiliency and Recovery Oriented System of Care context.
  - 1.7.2. Building on information from the Regional Continuum of Care Roundtables, and using local expertise as much as possible, the Contractor will develop and implement a work plan to:
    - 1.7.2.1. Recruit and convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup who will help plan, implement and facilitate these deliverables within Resiliency and Recovery Oriented Systems to educate the Public Health Advisory Council about an integrated/collaborative continuum of care Substance Use Disorder strategies and services.
    - 1.7.2.2. Provide education, training and information to Public Health Advisory Council on the impact of the misuse of alcohol and drugs to help members:
      - 1.7.2.2.1. Understand the nature of substance use disorders;
      - 1.7.2.2.2. Learn about the impact of substance use disorders on individuals, families and communities;
      - 1.7.2.2.3. Increase their knowledge of the financial impact of substance use disorders – at the state level, community level, and community sector level;
      - 1.7.2.2.4. Understand the relationship between, and integration of, healthcare and behavioral health, and its relationship to misuse of substances and substance use disorders;
      - 1.7.2.2.5. Learn about the components of Resiliency and Recovery Oriented Systems of Care what they do, and the interrelationship with:



## Exhibit A Amendment #1

Environmental strategies, Prevention services, Intervention services, Treatment services, Recovery support services

- 1.7.2.3. Discover, understand and envision a comprehensive approach to preventing, treating and recovering from substance use disorders.
  - 1.7.2.4. Connect with and recruit representatives from Community Health Centers, hospital networks and local primary care so that they can provide information to the Public Health Advisory Council on the integration of healthcare and behavioral health, e.g. Screening and Brief Intervention and Referral to Treatment and other evidenced informed practices.
  - 1.7.2.5. Work with Substance Misuse Prevention Coordinator and local prevention coalitions to present information on prevention to the Public Health Advisory Council and the role prevention plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
  - 1.7.2.6. Connect with and recruit representatives from intervention/treatment providers to provide information on treatment to the Public Health Advisory Council, and the role intervention/treatment plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
  - 1.7.2.7. Connect with and recruit representatives from the recovery community to provide information on recovery and recovery supports to the Public Health Advisory Councils, and the role recovery supports play in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
  - 1.7.2.8. Familiarize the Public Health Advisory Council with the "Misuse of Alcohol and Drugs" section of the State Health Improvement Plan to prepare them for the development of the Community Health Improvement Plan described in the section above.
  - 1.7.2.9. The Center for Excellence, a technical assistance contractor to the Bureau of Drug and Alcohol Services, will provide materials and host a webinar on elements of a comprehensive system in environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders.
- 1.8. Substance Misuse Prevention (SMP) and Related Health Promotion
- 1.8.1. Maintain and/or hire a full-time-equivalent coordinator(s) to manage the project with one person serving as the primary point of contact and management of the scope of work.
    - 1.8.1.1. The Prevention Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
    - 1.8.1.2. Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).

*NT*

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## Exhibit A Amendment #1

- 1.8.1.3. Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
- 1.8.2. Ensure the continuance of a committee to serve as the content experts for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Council.
  - 1.8.2.1. The expert committee shall consist of the six sectors, Drug Free Coalitions, Student Assistance Counselors and other grass roots coalitions' representation of the region with a shared focus on substance misuse prevention, the associated consequences and health promotion.
  - 1.8.2.2. The committee will inform and guide regional efforts to ensure priorities and programs are not duplicative but rather build local capacity that is data-driven, evidence-informed, and culturally appropriate to achieve positive outcomes.
  - 1.8.2.3. Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the strategic plan.
  - 1.8.2.4. Portion of the committee or a member serves as the liaison to the Regional Public Health Advisory Committee.
- 1.8.3. Attend, assist and participate with the Continuum of Care facilitator and the Continuum of Care work group in the regions' capacity development in continuum of care services.
- 1.8.4. Develop and implement substance misuse prevention three-year regional strategic plan.
  - 1.8.4.1. Current one-year work plan is good through to Sept 29, 2015 and is available at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
  - 1.8.4.2. Three-year strategic plan due by September 30, 2015 that is aligned with the Collective Action and Collective Impact Plan <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>, and the State Health Improvement Plan (SHIP) <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf> and the region's Community Health Improvement Plan (CHIP).
  - 1.8.4.3. Regional strategic plan needs to be endorsed by expert committee and approved by the PHAC prior to submission to BDAS for approval. PHAC letter of approval is due at the time of submission.
  - 1.8.4.4. Three-year plan needs to be approved by BDAS prior to implementation.
- 1.8.5. All programs and practices need to be evidenced-informed approaches for substance misuse prevention as outlined in the following document: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.

*MT*

*5/5/15*



## Exhibit A Amendment #1

- 1.8.6. Maintain effective training and on-going communication within the Regional Public Health Network, expert committee, PHAC, broader membership, and all subcommittees. Promote the regions substance misuse prevention strategic plans' goals, objectives, activities and outcomes promoted through media and other community information channels and other prevention entities as appropriate.
- 1.8.7. Utilization of the Strategic Prevention Framework (SPF) five-step planning process to guide regions/communities in the data driven planning process planning, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities <http://www.samhsa.gov/spf>.
- 1.8.8. Substance misuse prevention plans and regional efforts need to adhere to the Federal Substance Abuse Prevention and Treatment Block Grant requirements:
  - 1.8.8.1. Prevention approaches must target primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment.
  - 1.8.8.2. Comprehensive primary prevention program shall include activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance abuse. The program must include, but is not limited to the Center for Substance Abuse Prevention categories: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Process, and Environmental.
  - 1.8.8.3. A comprehensive approach using the above categories targeting populations with different levels of risk classified by the Institute of Medicine Model: Universal, Selective, and Indicated.
  - 1.8.8.4. All the above information in more detail is outlined under the heading Primary Prevention: <http://www.samhsa.gov/grants/block-grants/sabg>.
  - 1.8.8.5. Assist the state in meeting the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcome Measures (NOMS) through data collection, evaluation and process measures via the PWITS online data system. These regulatory requirements are described and posted on the BDAS website: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>
- 1.8.9. Cooperate with and coordinate all evaluation efforts as required by BDAS and DPHS as conducted by the Center for Excellence (e.g. PARTNER Survey, SMP stakeholder survey and all other surveys as directed by BDAS).
- 1.8.10. Attend all State required trainings, workshops, and bi-monthly meetings and ongoing quality improvement as required demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).



## Exhibit A Amendment #1

- 1.8.11. Must respond to BDAS and DPHS emails and inquiry's within 3 to 5 business days or time stated.
  - 1.8.12. Must cooperate with all BDAS site visits as required; at minimum one annually.
  - 1.8.13. Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Synar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities). <http://www.samhsa.gov/synar>.
  - 1.8.14. Coordinate with your RPHN contract administrator in the development and the ongoing maintenance of a Substance Misuse Prevention and Health Promotion website with links to drugfreeh.org and Bureau of Drug and Alcohol Services.
  - 1.8.15. Assist with other State activities as required by BDAS or DPHS.
- 1.9. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 1.9.1. The Public Health Advisory Council (PHAC) will provide support for the development of regional capacity for a comprehensive, accessible continuum of care for substance use disorder that supports the state plan recommendations, best practice and Department of Health and Human Services priorities. A comprehensive service array will include developing needed capacity for environmental strategies, prevention, early intervention, treatment and recovery support services. The PHAC will promote the utilization of a Resiliency and Recovery-Oriented System of Care – RROSC (whole person) construct in an effort to minimize the prevalence and consequence of substance misuse in each region. RROSC is a coordinated effort that supports person-centered approach that builds on the strengths and resiliencies of individuals, families, and communities (<http://www.dhhs.nh.gov/dcbcs/bdas/index.htm>). The work will include:
    - 1.9.1.1. Participation in ongoing education on comprehensive approaches to addressing substance misuse through the development of a regional continuum of care.
  - 1.9.2. Hiring and providing support for one (1) dedicated full-time Continuum of Care (CC) Facilitator to:
    - 1.9.2.1. Be trained in the evidence-based Strategic Planning Model (five steps: Assessment, capacity, develop a plan, Implement the plan, evaluation), Resiliency and Recovery-Oriented System of Care tenants, and NH Comprehensive Systems of Care
    - 1.9.2.2. Ongoing attendance and participation in Regional PHAC meetings and planning.

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## Exhibit A Amendment #1

- 1.9.2.3. Use the Strategic Planning Model to assess services availability within the continuum of care: prevention, intervention, treatment and recovery support services, including the regions' current assets and capacity for regional level services.
- 1.9.2.4. Assessment of substance use disorder service within the NH Health Improvement Plan benefits.
- 1.9.2.5. Work with partners to establish a plan, based on the assessment, to address the gaps and build the capacity to increase substance use disorder services across the continuum.
- 1.9.2.6. Develop mechanism to coordinate efforts between key Prevention, Intervention, Treatment and Recovery stakeholders.
- 1.9.2.7. Reconvene or recruit subject matter experts consisting of local (when possible) healthcare providers and other professionals within the continuum of services to form the CC workgroup to assist, coordinate efforts.
- 1.9.2.8. Develop a plan for communication and for respective roles and responsibilities of the continuum of care workgroup.
- 1.9.2.9. Work with BDAS and its technical assistance partners to address education, training and technical assistance needs.
- 1.9.2.10. Recruiting representatives from community health centers, community mental centers, hospitals, primary care, and other health and social service providers to help further efforts in the integration of healthcare and behavioral health by:
  1. Promoting substance use screenings at sites at appropriate locations;
  2. Providing information on substance misuse trainings available for healthcare and other behavioral health providers;
  3. Communicating resources available to address substance misuse issues.
- 1.9.2.11. Assisting in the continuation or development of a Continuum of Care work group that includes local expertise in:
  1. Prevention: Work with the Substance Misuse Coordinator and prevention providers to identify assets, address areas of need and increase access to prevention services; Coordinates this work with the regional three-year strategic prevention plan (available at: <https://www.dhhs.nh.gov/bdas/prevention.htm>).
  2. Intervention/Treatment: Work with Intervention and treatment providers to identify assets, address areas of need and increase capacity and to improved access to services; To develop and maintain established quality standards.

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## Exhibit A Amendment #1

3. Recovery: Work with recovery service providers, including peer led organizations, to identify assets, address areas of need and increase access to services. Work with recovery service providers to enhance or increase services, and/or develop new services.
4. Primary Healthcare/Behavioral Health: Work with primary healthcare providers and behavioral health providers to develop means of integrating substance misuse services, mental health and primary care services within the region, including health promotion. Work with healthcare and behavioral health providers to enhance or increase substance misuse screening other services, and/or develop new services.
5. Based on the work above, develop a format that tracks and makes available information on Prevention, Intervention, Treatment and Recovery resources.

1.9.2.12. Participation with all trainings, technical assistance and evaluations as directed by BDAS

### 1.10. Staffing Requirements

#### 1.10.1. CONTINUUM OF CARE FACILITATOR – dedicated full time position

1.10.1.1. This position works with the RPHN and communities to ensure that all necessary partners for the development of a comprehensive continuum of care as described above, and that aligns with the regional Community Health Improvement Plan. These partners should include substance use Prevention, Intervention, Treatment, and Recovery providers, healthcare and behavioral health providers, and other interested or affected parties. The Continuum of Care facilitator will work with BDAS and its technical assistance resources to ensure that all partners have access to information, training and/or technical assistance necessary for them to understand and fully participate in continuum of care development discussions and planning.

#### 1.10.1.2. Qualifications:

1. MPH with focus on systems development or,
2. MSW with focus or experience in macro social work or,
3. Master's degree in Community Development/Organizing or,
4. BA in the any of the above with 2-3 years' experience in public health systems development, macro social work, or community development/organizing.

### 1.11. Regional Public Health Preparedness

#### 1.11.1. Regional Public Health Emergency Planning

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- 1.11.1.1. The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011). All activities shall build on current efforts and accomplishments within the region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.
- 1.11.1.2. In collaboration with the PHAC described in Section 3.1, provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices. The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to: <https://www.fema.gov/media-library/assets/documents/25975>.
- 1.11.1.3. As requested by the DPHS, participate in review of the RPHEA and, related appendices and attachments. Revise and update the RPHEA, related appendices and attachments based on the findings from the review.
- 1.11.1.4. Participate in an annual Medical Countermeasure Operational Readiness Review (MCM ORR) as required by the CDC Division of Strategic National Stockpile (DSNS). The MCM ORR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the MCM ORR.
- 1.11.1.5. Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.
- 1.11.1.6. Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.11.1.7. Disseminate the RPHEA and related materials to planning and response partners, including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.

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## Exhibit A Amendment #1

- 1.11.1.8. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners. Healthcare coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.<sup>1</sup>
  - 1.11.1.9. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
  - 1.11.1.10. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
  - 1.11.1.11. Implement at least one priority intervention identified during the regional Hazard Vulnerability Assessment.
- 1.12. Regional Public Health Emergency Response Readiness
- 1.12.1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
  - 1.12.2. Through the Public Health Advisory Committee, continue to collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services.
  - 1.12.3. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
  - 1.12.4. Coordinate the procurement, rotation and storage of supplies necessary for the initial activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
  - 1.12.5. As needed, develop and execute MOUs with agencies to store, inventory, and rotate these supplies.

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<sup>1</sup> Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.

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- 1.12.6. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor.
  - 1.12.7. An inventory of regional supplies shall be conducted at least annually and after every deployment of these supplies. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
  - 1.12.8. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
  - 1.12.9. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.
  - 1.12.10. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
  - 1.12.11. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs. In coordination with the DHHS, participate in a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
  - 1.12.12. Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, and related appendices.
- 1.13. Public Health Emergency Drills and Exercises
- 1.13.1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
  - 1.13.2. Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.



## Exhibit A Amendment #1

- 1.13.3. Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM). AS funding allows, this includes all drills and exercises conducted by NH DHHS to meet CDC requirements for a full-scale exercise regarding medical countermeasures distribution and/or dispensing.
- 1.13.4. Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
- 1.13.5. To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

## 2. Performance Measures

### 2.1. School-Based Vaccinations

- 2.1.1. Number of schools hosting a seasonal influenza clinic
- 2.1.2. Percent of total student enrollment receiving seasonal influenza vaccination
- 2.1.3. Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

### 2.2. Regional Public Health Advisory Committee

- 2.2.1. Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- 2.2.2. Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- 2.2.3. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 2.2.4. Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the biennial PARTNER Survey.

### 2.3. Substance Use Disorders, Resiliency and Recovery – Orientated Systems of Care

- 2.3.5. Number of subject matter experts from across the Continuum of Care Services recruited and serving on the workgroup.
- 2.3.6. Number of educational resources developed to educate the PHAC.



## Exhibit A Amendment #1

- 2.3.7. Number of educational events identified by the delivery modality (face to face meeting, webinars, etc.) to educate the PHAC.
  - 2.3.8. Number of PHAC members educated.
  - 2.3.9. Submission of PHAC endorsed statement/vision on what constitutes a substance use disorder comprehensive approach for your region's system of care.
- 2.4. Substance Misuse Prevention (SMP) and Related Health Promotion
- 2.4.5. Completion of 3 year substance misuse prevention plan and endorsed by Regional Public Health Advisory Committee and approved by BDAS due September 30, 2015.
  - 2.4.6. Completed an approved annual workplan reflective of new strategic plan due October 31, 2015.
  - 2.4.7. Completed monthly PWITS data entries due by the 20<sup>th</sup> business day of the following month (e.g. September data due by October 30).
  - 2.4.8. Data entry needs to align with the 3 year strategic plan for substance misuse prevention and health promotion and adhere to the PWITS Policy Guidance document
  - 2.4.9. Host at minimum 4 SMP expert team meetings annually
  - 2.4.10. Meet all Federal regulatory reporting requirements of the Substance Abuse Prevention and Treatment Block Grant.
  - 2.4.11. Participates and coordinates evaluation surveys: SMP stakeholder survey and other surveys as required.
  - 2.4.12. Participates and coordinates attendees and prepare for BDAS or DPHS site visits. At request of the state you may be asked to convene: SMP coordinator, Contract administrator, financial agent, expert team chair and others as requested.
  - 2.4.13. Attendance at SMP bi monthly meetings jointly convened by BDAS and NH Charitable Foundation.
  - 2.4.14. Maintain a SMP website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
  - 2.4.15. Provides additional information to BDAS when requested.
- 2.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 2.5.5. One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.



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- 2.4.1.1. CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care, that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
  - 2.4.1.2. Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
  - 2.4.1.3. Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
    - 2.4.1.3.1. Identification of gaps in CC components and services that need to be developed or enhanced.
    - 2.4.1.3.2. Identification of barriers to cooperation between CC components.
    - 2.4.1.3.3. Identification of barriers to community/client access to component services.
  - 2.4.1.4. Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region
- 2.6. Regional Public Health Preparedness
- 2.6.5. Score assigned to the region's capacity to dispense medications to the population based on the CDC MCM ORR.
  - 2.6.6. Number of outreach events with entities that employ health care personnel.
  - 2.6.7. Submission of the RPHEA annually

### 3. Training and Technical Assistance Requirements

- 3.1. The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.
- 3.2. School-Based Vaccination
  - 3.2.1. Participate in bi-monthly conference calls with New Hampshire Immunization Program (NHIP) staff.
  - 3.2.2. Attend a half-day Training of Trainers in-service program offered by the NHIP.
- 3.3. Regional Public Health Preparedness
  - 3.3.1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.



## Exhibit A Amendment #1

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- 3.3.2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
- 3.3.3. Complete the training standards recommended for Preparedness Coordinators
- 3.3.4. Attend the annual Statewide Preparedness Conferences in June 2016 and 2017.
- 3.4. Medical Reserve Corps
  - 3.4.1. Participate in the development of a statewide technical assistance plan for MRC units.
- 3.5. Substance Misuse Prevention and Related Health Promotion
  - 3.5.1. Participate in bi month SMP meetings
  - 3.5.2. Maintain Prevention Certification credentialing
  - 3.5.3. Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and trainings.
- 3.6. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Continuum of Care.
  - 3.6.1. Ongoing quality improvement is required by attendance and participation in on or offsite technical assistance and trainings provided by the Center for Excellence and/or BDAS staff.

## 4. Cultural Considerations

- 4.1. 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 effective date of this contract.

## 5. Administration and Management – All Services

### 5.1. Workplan

- 5.1.1. Monitor progress on the final workplans approved by the DHHS. There must be a separate workplan for each of the following based on the services being funded:
  - 5.1.1.1. Regional Public Health Advisory Committee
  - 5.1.1.2. Substance Misuse Prevention and Related Health Promotion





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- 5.1.1.3. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 5.1.1.4. Regional Public Health Emergency Preparedness
- 5.2. Reporting, Contract Monitoring and Performance Evaluation Activities
  - 5.2.1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
    - 5.2.1.1. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
    - 5.2.1.2. Subcontractors must attend all site visits as requested by DHHS.
    - 5.2.1.3. A financial audit in accordance with state and federal requirements.
  - 5.2.1. Maintain the capability to accept and expend funds to support funded services.
    - 5.2.1.1. Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
    - 5.2.1.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
    - 5.2.1.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
  - 5.2.2. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
  - 5.2.3. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in this contract.
  - 5.2.4. Provide other programmatic updates as requested by the DHHS.
  - 5.2.5. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
    - 5.2.6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health



## Exhibit A Amendment #1

promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.

- 5.2.6.2. Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

### 5.3. Public Health Advisory Committee and Public Health Preparedness

- 5.3.1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS.
- 5.3.2. As requested by the DPHS, complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

### 5.4. Substance Misuse Prevention and Related Health Promotion

- 5.4.1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
- 5.4.2. Contractor will submit the following to the State:
  - 5.4.2.1. Submit updated or revised strategic plans for approval prior to implementation.
  - 5.4.2.2. Submit annual report to BDAS due June 25, 2016 and 2017 (template and guidance will be provided by CEFx).
  - 5.4.2.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. Stakeholder Survey, annual environmental measure, and other surveys as directed by BDAS).
- 5.4.3. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
  - 5.4.4. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
    - 5.4.4.1. Subcontractors must attend all site visits as requested by DHHS.
- 5.4.5. A financial audit in accordance with state and federal requirements.
- 5.4.6. Provide additional information as a required by BDAS.

### 5.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional



## Exhibit A Amendment #1

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5.5.1. Contractor will submit the following to the State:

- 5.5.1.1. Quarterly reports (dates for submission and template will be provided by BDAS).
- 5.5.1.2. Report on prevention, intervention, treatment and recovery services gap assessment within nine (9) months of the date of contract.
- 5.5.1.3. Plan to address gaps in services identified within twelve (12) months of the date of contract.

## Exhibit B-1 Amendment #2 Budget Form (SFY 2016)

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: NORTH COUNTRY HEALTH CONSORTIUM

Budget Request for: NH Regional Public Health Network Services  
(Name of RFP)

Budget Period: SFY 2016

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 175,886.00	\$ 25,327.82	\$ 201,213.82	
2. Employee Benefits	\$ 38,697.00	\$ 5,572.37	\$ 44,269.37	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ 500.00	\$ 72.00	\$ 572.00	
Office	\$ 4,872.00	\$ 701.57	\$ 5,573.57	
6. Travel	\$ 4,337.00	\$ 624.53	\$ 4,961.53	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 1,654.00	\$ 238.18	\$ 1,892.18	
Postage	\$ 437.00	\$ 62.93	\$ 499.93	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 4,805.00	\$ 692.15	\$ 5,497.15	
Insurance	\$ 2,950.00	\$ 424.80	\$ 3,374.80	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ 4,699.00	\$ 676.66	\$ 5,375.66	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts- Community Reading	\$ 68,650.00	\$ -	\$ 68,650.00	
12. Subcontracts- Suicide Prevention	\$ -	\$ -	\$ -	
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 307,487.00</b>	<b>\$ 34,393.00</b>	<b>\$ 341,880.00</b>	

Indirect As A Percent of Direct

11.2%

Exhibit B-1 - Budget

Contractor Initials:       NJ      

Date:       5/5/15

**Exhibit B-1 Amendment #2 (SFY 2017) Budget Form**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: NORTH COUNTRY HEALTH CONSORTIUM

Budget Request for: NH Regional Public Health Network Services  
(Name of RFP)

Budget Period: SFY 2017

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 176,014.00	\$ 25,346.26	\$ 201,360.26	
2. Employee Benefits	\$ 38,724.00	\$ 5,576.26	\$ 44,300.26	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ 457.00	\$ 65.81	\$ 522.81	
Office	\$ 4,750.00	\$ 684.00	\$ 5,434.00	
6. Travel	\$ 4,337.00	\$ 624.53	\$ 4,961.53	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 1,654.00	\$ 238.18	\$ 1,892.18	
Postage	\$ 438.00	\$ 63.07	\$ 501.07	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 4,810.00	\$ 692.87	\$ 5,502.87	
Insurance	\$ 2,952.00	\$ 425.09	\$ 3,377.09	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ 4,701.00	\$ 676.94	\$ 5,377.94	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts- Community Reading	\$ 68,650.00	\$ -	\$ 68,650.00	
12. Subcontracts- Suicide Prevention	\$ -	\$ -	\$ -	
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ 307,487.00</b>	<b>\$ 34,393.00</b>	<b>\$ 341,880.00</b>	

Indirect As A Percent of Direct

11.2%

Exhibit B-1 - Budget

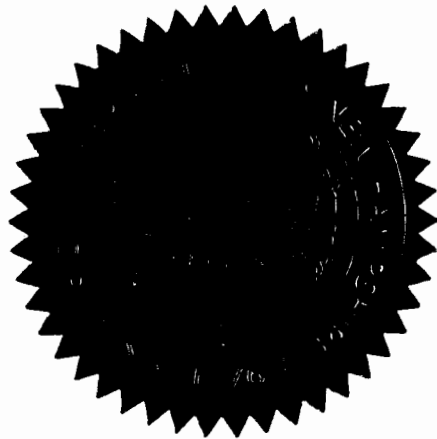
Contractor Initials: NT

Date: 5/5/15

# State of New Hampshire Department of State

## CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NORTH COUNTRY HEALTH CONSORTIUM is a New Hampshire nonprofit corporation formed October 5, 1998. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 8<sup>th</sup> day of May A.D. 2015

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

**CERTIFICATE OF VOTE**

I, Edward Shanshala, of North Country Health Consortium, do hereby certify that:

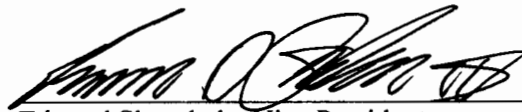
1. I am the duly elected Vice President of North Country Health Consortium;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the North Country Health Consortium, in Minutes dated April 10, 2015;

*RESOLVED: Be it resolved that North Country Health Consortium enters into contracts with the State of New Hampshire, acting through its Department of Health and Human Services.*

*RESOLVED: Be it resolved that the Executive Director and/or Board President is hereby authorized on behalf of this corporation to enter into said contracts 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. Nancy Frank is the Executive Director of the corporation.*

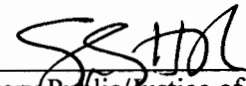
3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of April 10, 2015.

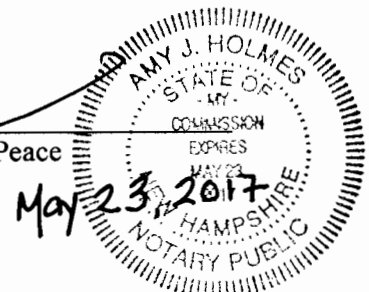
IN WITNESS WHEREOF, I have hereunto set my hand as the Vice President of the North Country Health Consortium this 5<sup>th</sup> day of May, 2015.

  
\_\_\_\_\_  
Edward Shanshala, Vice President

STATE OF NEW HAMPSHIRE  
COUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of May, 2015 by Edward Shanshala.

  
\_\_\_\_\_  
Notary Public/Justice of the Peace  
My Commission Expires:





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/27/2015

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

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

<b>PRODUCER</b> Geo M Stevens & Son Co 149 Main Street  Lancaster NH 03584		<b>CONTACT NAME:</b> Patricia Emery <b>PHONE (A/C No. Ext):</b> (603) 788-2555 <b>E-MAIL ADDRESS:</b> pemery@gms-ins.com <b>FAX (A/C. No):</b> (603) 788-3901															
<b>INSURED</b> North Country Health Consortium Inc 262 Cottage Street, Suite 230  Littleton NH 03561		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Acadia Insurance Company</td> <td>31325</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Acadia Insurance Company	31325	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Acadia Insurance Company	31325																
INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

**COVERAGES** CERTIFICATE NUMBER: CL1512705975 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		CPA 0238922 17	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		CAA0238923-17	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist property \$ 25,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		CUA 5178194-11	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A WCA0277380-16	1/1/2015	1/1/2016	WC STATUTORY LIMITS   OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
Health Consortium  
NH Worker's Compensation--Excluded officers are Roxie Severance, Tony Poekert & Ed Shanshala  
This certificate of insurance 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, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

<b>CERTIFICATE HOLDER</b>  State of NH, DHHS 129 Pleasant Street Concord, NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Patricia Emery/PBE





## Mission Statement

North Country Health Consortium leads innovative collaboration to improve the health status of the region.

A.M. PEISCH & COMPANY, LLP

**NORTH COUNTRY HEALTH  
CONSORTIUM, INC. AND SUBSIDIARY  
CONSOLIDATED FINANCIAL STATEMENTS  
SEPTEMBER 30, 2014 AND 2013**



## CONTENTS

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# A.M. PEISCH & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS  
& BUSINESS CONSULTANTS

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
North Country Health Consortium, Inc. and Subsidiary  
Littleton, New Hampshire

### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of North Country Health Consortium, Inc. (a nonprofit organization) and Subsidiary, which comprise the consolidated statements of financial position as of September 30, 2014 and 2013, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

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

### *Auditor's Responsibility*

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

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

- 1 -

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

***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of North Country Health Consortium, Inc. and Subsidiary as of September 30, 2014 and 2013 with accounting principles generally accepted in the United States of America.

***Other Matter***

***Other Information***

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

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated February 24, 2015, on our consideration of North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting and compliance.



St. Johnsbury, Vermont  
February 24, 2015  
VT Reg. No. 92-0000102

**NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY  
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION  
SEPTEMBER 30, 2014 AND 2013**

ASSETS	2014	2013
<b>Current Assets</b>		
Cash and cash equivalents	\$ 835,671	\$ 635,585
Accounts receivable, net:		
Grants and contracts	155,441	166,347
Dental services	749	2,826
Certificates of deposit	87,420	85,336
Prepaid expenses	12,245	7,992
Restricted cash - ACO	199,144	254,784
<b>Total Current Assets</b>	<u>1,290,670</u>	<u>1,152,870</u>
<b>Property and Equipment:</b>		
Computers and equipment	61,777	82,955
Dental equipment	64,638	57,081
Furnitures and fixtures	32,257	32,257
Vehicles	18,677	4,000
Accumulated depreciation	(123,965)	(130,098)
<b>Property and equipment, net</b>	<u>53,384</u>	<u>46,195</u>
<b>Total Assets</b>	<u>\$ 1,344,054</u>	<u>\$ 1,199,065</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current Liabilities</b>		
Accounts payable	\$ 19,061	\$ 43,248
Accrued expenses	26,886	3,346
Accrued wages and related liabilities	71,098	55,109
Cash held in trust - ACO	-	120,931
Deferred revenue	232,862	199,617
Deferred revenue - ACO	199,144	133,853
<b>Total Current Liabilities</b>	<u>549,051</u>	<u>556,104</u>
<b>Total Liabilities</b>	<u>549,051</u>	<u>556,104</u>
<b>NET ASSETS</b>		
Unrestricted	795,003	642,961
<b>Total Net Assets</b>	<u>795,003</u>	<u>642,961</u>
<b>Total Liabilities and Net Assets</b>	<u>\$ 1,344,054</u>	<u>\$ 1,199,065</u>

See accompanying notes.

**NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY**  
**CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS**  
**FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013**

	2014	2013
Support:		
Grant and contract revenue	<u>\$ 1,604,842</u>	<u>\$ 1,277,583</u>
Revenue:		
Dental patient revenue	104,353	98,203
Fees for programs and services	224,760	251,622
Interest income	15,662	3,534
Other income	7,360	-
Gain (loss) on sale of property and equipment	(1,500)	5,456
Donated assets	9,000	-
Total Revenue	<u>359,635</u>	<u>358,815</u>
Total Support and Revenue	<u>1,964,477</u>	<u>1,636,398</u>
Program Expenses:		
Workforce	311,601	418,788
Public health	171,118	186,754
Molar	508,603	230,569
CSAP	456,306	369,715
North Country ACO	154,431	152,466
Total Program Expenses	<u>1,602,059</u>	<u>1,358,292</u>
Management and general	<u>210,376</u>	<u>161,851</u>
Total Expenses	<u>1,812,435</u>	<u>1,520,143</u>
Change in net assets	152,042	116,255
NET ASSETS, beginning of the year	<u>642,961</u>	<u>526,706</u>
NET ASSETS, end of year	<u><u>\$ 795,003</u></u>	<u><u>\$ 642,961</u></u>

See accompanying notes.

**NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY**  
**CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2014**

	Workforce	Public Health	Molar	CSAP	North Country ACO	Total Program	Management & General	Total
<b>Personnel:</b>								
Salaries	\$ 166,830	\$ 63,238	\$ 221,184	\$ 166,227	\$ 84,411	\$ 701,890	\$ 107,165	\$ 809,055
Payroll taxes and employee benefits	30,591	14,514	44,790	33,293	19,134	142,322	21,238	163,560
Subtotal	<u>197,421</u>	<u>77,752</u>	<u>265,974</u>	<u>199,520</u>	<u>103,545</u>	<u>844,212</u>	<u>128,403</u>	<u>972,615</u>
<b>Site Expenses:</b>								
Computer supplies	3,572	1,917	7,304	4,185	2,642	19,620	3,131	22,751
Medical and pharmacy supplies	54,814	69,406	182,257	104,667	82	411,226	552	411,778
Office supplies	12,033	5,605	5,751	20,072	1,285	44,746	4,452	49,198
Subtotal	<u>70,419</u>	<u>76,928</u>	<u>195,312</u>	<u>128,924</u>	<u>4,009</u>	<u>475,592</u>	<u>8,135</u>	<u>483,727</u>
<b>General:</b>								
Bad debt (recovery)	-	-	(3,365)	-	-	(3,365)	(1,695)	(5,060)
Depreciation	-	-	4,650	-	-	4,650	11,615	16,265
Dues and memberships	310	-	235	-	23	568	6,860	7,428
Education and training	3,658	105	2,731	1,481	1,485	9,460	5,654	15,114
Dental equipment	-	-	1,199	-	-	1,199	1,192	2,391
Equipment and maintenance	-	-	670	50	-	720	195	915
Rent and occupancy	9,356	3,945	13,237	9,535	4,695	40,768	18,904	59,672
Insurance	581	760	1,291	698	405	3,735	3,936	7,671
Miscellaneous	8,978	-	2,439	6,960	-	18,377	1,085	19,462
Data collection contract	-	-	-	-	26,662	26,662	-	26,662
Payroll processing fees	-	-	-	-	-	-	3,788	3,788
Postage	374	207	812	441	302	2,136	486	2,622
Printing	1,392	771	3,609	1,062	663	7,497	1,188	8,685
Professional fees	3,504	2,051	5,560	5,598	4,039	20,752	12,895	33,647
Training fees and supplies	6,438	290	752	79,769	-	87,249	3,079	90,328
Travel	8,594	7,243	6,325	20,871	8,222	51,255	4,125	55,380
Telephone	576	1,066	2,929	1,397	381	6,349	531	6,880
Vehicle expense	-	-	4,243	-	-	4,243	-	4,243
Subtotal	<u>43,761</u>	<u>16,438</u>	<u>47,317</u>	<u>127,862</u>	<u>46,877</u>	<u>282,255</u>	<u>73,838</u>	<u>356,093</u>
Total expenses	\$ 311,601	\$ 171,118	\$ 508,603	\$ 456,306	\$ 154,431	\$ 1,602,059	\$ 210,376	\$ 1,812,435



**NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY**  
**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2013**

	Workforce	Public Health	Molar	CSAP	North Country ACO	Total Program	Management & General	Total
<b>Personnel:</b>								
Salaries	\$ 195,561	\$ 71,449	\$ 106,443	\$ 136,853	\$ 85,319	\$ 595,625	\$ 49,704	\$ 645,329
Payroll taxes and employee benefits	36,711	14,232	21,417	26,982	16,950	116,292	8,854	125,146
Subtotal	232,272	85,681	127,860	163,835	102,269	711,917	58,558	770,475
<b>Site Expenses:</b>								
Computer supplies	6,884	2,124	4,582	4,037	2,695	20,322	1,248	21,570
Medical and pharmacy supplies	51,137	74,371	60,588	110,357	-	296,453	1,443	297,896
Office supplies	6,727	5,704	2,565	7,592	1,317	23,905	2,099	26,004
Subtotal	64,748	82,199	67,735	121,986	4,012	340,680	4,790	345,470
<b>General:</b>								
Bad debt (recovery)	-	-	7,565	-	-	7,565	(220)	7,345
Depreciation	-	-	5,065	-	-	5,065	9,861	14,926
Dues and memberships	3,988	1,417	120	1,032	218	6,775	3,063	9,838
Education and training	2,718	785	2,826	2,138	3,290	11,757	6,956	18,713
Equipment	2,551	-	1,620	-	-	4,171	-	4,171
Rent, housing, and occupancy	2,979	784	1,828	2,045	1,241	8,877	55,640	64,517
Insurance	866	683	600	675	401	3,225	3,998	7,223
Miscellaneous	-	-	(990)	-	-	(990)	3,569	2,579
Data collection contract	-	-	-	-	28,688	28,688	-	28,688
Payroll processing fees	-	-	-	-	-	-	3,882	3,882
Postage	1,094	403	442	531	382	2,852	170	3,022
Printing	2,951	474	189	188	70	3,872	51	3,923
Professional fees	13,307	4,085	6,927	7,966	8,049	40,334	8,446	48,780
Training fees and supplies	81,167	3,265	508	53,086	136	138,162	1,007	139,169
Travel	8,441	5,815	2,408	14,796	3,268	34,728	1,726	36,454
Telephone	1,706	1,163	1,552	1,437	442	6,300	354	6,654
Vehicle expense	-	-	4,314	-	-	4,314	-	4,314
Subtotal	121,768	18,874	34,974	83,894	46,185	305,695	98,503	404,198
<b>Total expenses</b>	<b>\$ 418,788</b>	<b>\$ 186,754</b>	<b>\$ 230,569</b>	<b>\$ 369,715</b>	<b>\$ 152,466</b>	<b>\$ 1,358,292</b>	<b>\$ 161,851</b>	<b>\$ 1,520,143</b>

**NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY  
CONSOLIDATED STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013**

	2014	2013
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 152,042	\$ 116,255
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	16,265	14,926
Bad debt expense (recovery)	(5,060)	7,345
(Gain)/loss on sale of property and equipment	1,500	(5,456)
(Increase) decrease in operating assets:		
Accounts receivable - Grants and contracts	10,906	8,153
Accounts receivable - Dental services	7,137	(6,354)
Prepaid expenses	(4,253)	(884)
Restricted cash - ACO	55,640	34,588
Increase (decrease) in operating liabilities:		
Accounts payable	(24,187)	14,265
Accrued expenses	23,540	(23,775)
Accrued wages	15,989	2,242
Cash in trust - ACO	(120,931)	45,343
Deferred revenue	33,245	(36,906)
Deferred revenue - ACO	65,291	(79,931)
Net cash provided by operating activities	<u>227,124</u>	<u>89,811</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of certificates of deposit	(26,391)	(26,226)
Maturities of certificates of deposit	24,307	24,166
Purchases of property and equipment	(26,235)	(17,781)
Proceeds from sale of property and equipment	1,281	5,500
Net cash used by investing activities	<u>(27,038)</u>	<u>(14,341)</u>
Net increase in cash and cash equivalents	200,086	75,470
Beginning cash and cash equivalents	<u>635,585</u>	<u>560,115</u>
Ending cash and cash equivalents	<u>\$ 835,671</u>	<u>\$ 635,585</u>

See accompanying notes.

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

### Note 1. Nature of Activities and Summary of Significant Accounting Policies

#### Nature of activities

North Country Health Consortium, Inc. and Subsidiary (NCHC) (the Organization) is a not-for-profit health center chartered under the laws of the State of New Hampshire. The Organization's mission is to lead innovative collaboration to improve the health status of the region. NCHC is engaged in promoting and facilitating access to services and programs that improve the health status of the area population, provide health training and educational opportunities for healthcare purposes, and provide region-wide dental services for an underserved and uninsured residents.

The Organization's wholly owned subsidiary, North Country ACO (the ACO) is a non-profit 501(c)(3) charitable corporation formed in December 2011. This entity was formed as an accountable care organization (ACO) with its purpose to support the programs and activities of the ACO participants to improve the overall health of their respective populations and communities. North Country ACO members participate in the Medicare Shared Savings Program to pay for services to Medicare beneficiaries. North Country ACO performs administration and manages the distribution of funds to participants using a patient based model. Medicare payments ceased as of June 30, 2014 and the board elected to redirect the remaining funds to support the core operations of the ACO through December 31, 2015.

The Organization's primary programs are as follows:

*Network and Workforce Activities* – To provide workforce education programs and promote oral health initiatives for the Organization's dental services.

*State Activities* – To conduct community substance abuse prevention activities, coordination of public health networks, and promote community emergency response plan.

*Dental Services* – To sustain a program offering oral health services for children and low income adults in Northern New Hampshire.

Following is a summary of the significant accounting policies used in the preparation of these consolidated financial statements.

#### Principles of consolidation

The accompanying consolidated financial statements include the accounts of North Country Health Consortium, Inc. and its wholly owned subsidiary, North Country ACO. All significant inter-company transactions and balances have been eliminated in consolidation.

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

### **Use of estimates**

In preparing the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America, management is required 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 amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### **Concentration of risk**

The Organization's operations are affected by various risk factors, including credit risk and risk from geographic concentration and concentrations of funding sources. Management attempts to manage risk by obtaining and maintaining revenue funding from a variety of sources. A substantial portion of the Organization's activities are funded through grants and contracts with private and federal and state agencies. As a result, the Organization may be vulnerable to the consequences of change in the availability of funding sources and economic policies at the agency level. The Organization generally does not require collateral to secure its receivables.

### **Revenue recognition**

Below are the revenue recognition policies of the Organization:

#### *Dental Patient Revenue*

Dental services are recorded as revenue within the fiscal year related to the service period.

#### *Grant and Contract Revenue*

Grants and contracts are recorded as revenue in the period they are earned by satisfaction of grant or contract requirements.

#### *Fees for Programs and Services*

Fees for programs and services are recorded as revenue in the period the related services were performed.

### **Agency transactions**

North Country ACO receives funding from Medicare that is collected and subsequently disbursed to member health centers.

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

For the first nine months of the year ended September 30, 2014, Medicare provided funds of \$5.13 per month per qualifying patient for each member health center. Funding expired as of June 30, 2014. For the first six months of the year ended September 30, 2013, Medicare provided funds of \$8 per month per qualifying patient for each member health care center. For the last six months of the year, ended September 30, 2013, Medicare provided funds of \$5.13 per month per qualifying patient for each member health care center. Amounts received aggregated \$268,386 and \$457,849 as of September 30, 2014 and September 30, 2013, respectively.

For the year ended September 30, 2014, \$6 per month per qualifying patient was disbursed to the member health care centers through June 30, 2014 for a total disbursement of \$309,528. The difference between what was paid to the centers and what was received came out of deferred revenue. For the year ended September 30, 2013, \$6 per month per qualifying patient was disbursed to the member health care centers for a total disbursement amount of \$412,704. The payments of \$309,528 and \$412,704 and the related cash receipts are classified as agency transactions as they arose from the collection of cash for the benefit of another party and, therefore, are not recorded as revenue or expenses on the Organization's books.

**Cash and cash equivalents**

For purposes of the statement of cash flows, the Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

**Restricted cash - ACO**

Restricted cash – ACO consists of advanced funding received from Medicare to be used as follows:

2014	2013	
\$ -	\$ 120,931	Development of the administrative and financial infrastructure of North Country ACO
199,144	133,853	Develop systems to improve care coordination, technical improvements, data collection coordination, and promote cost savings
<u>\$ 199,144</u>	<u>\$ 254,784</u>	

**Accounts receivable**

The Organization has receivable balances due from dental services provided to individuals and from grants and contracts received from federal, state, and private agencies.

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

Management reviews the receivable balances for collectability and records an allowance for doubtful accounts based on historical information, estimated contractual adjustments, and current economic trends. Management considers the individual circumstance when determining the collectability of past due amounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to earnings and a credit to accounts receivable. Any collection fees or related costs are expensed in the year incurred. The Organization recorded an allowance for doubtful accounts for dental service of \$4,200 and \$9,260 as of September 30, 2014 and 2013, and an allowance for doubtful accounts for grants and contracts of \$0 as of September 30, 2014 and 2013. The Organization does not charge interest on its past due accounts, and collateral is generally not required.

**Property and equipment**

Property and equipment is stated at cost less accumulated depreciation. The Organization generally capitalizes property and equipment with an estimated useful life in excess of one year and amounts over \$2,500. Lesser amounts are generally expensed. Purchased property and equipment is capitalized at cost.

Property and equipment are depreciated using the straight-line method using the following ranges of estimated useful lives:

Computers and Equipment	3-7 years
Dental equipment	5-7 years
Furniture and fixtures	7 years
Vehicles	7 years

Depreciation expense totaled \$16,265 and \$14,926 for the years ended September 30, 2014 and 2013, respectively.

**Certificates of deposit**

The Organization has three certificates of deposit with two financial institutions. These certificates carry original terms of 12 months to 60 months, have interest rates ranging from 0.25% to 3.2%, and mature at various dates through June 2015. All certificates are fully insured by the FDIC.

**Deferred revenue**

Deferred revenue is related to advance payments on grants or advance billings relative to anticipated expenses or events in future periods. The revenue is realized when the expenses are incurred or as services are provided in the period earned.

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

### **Deferred revenue – ACO**

Deferred revenue – ACO consists of monies received from Medicare that are applicable to initial funding that are to be used for the purpose of the ACO infrastructure and administration. Revenue is to be recognized as qualified costs are incurred.

### **Cash held in trust – ACO**

Cash held in trust – ACO consists of a portion of the monthly Medicare per patient payment received but not yet disbursed to the member health care centers.

### **Net assets**

The Organization is required to report information regarding its financial position and activity according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

*Unrestricted net assets* – consist of unrestricted amounts that are available for use in carrying out the mission of the Organization.

*Temporarily restricted net assets* – consist of those amounts that are donor restricted for a specific purpose. When a donor restriction expires, either by the passage of a stipulated time restriction or by the accomplishment of a specific purpose restriction, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Organization has elected, however, to show those restricted contributions whose restrictions are met in the same reporting period as they are received as unrestricted support. The Organization had no temporarily restricted net assets at September 30, 2014 and 2013.

*Permanently restricted net assets* – result from contributions from donors who place restrictions on the use of donated funds mandating that the original principal remain invested in perpetuity. The Organization had no permanently restricted net assets at September 30, 2014 and 2013.

### **Income taxes**

The Organization and the ACO are exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and are not classified as private foundations. FASB ASC 740-10 prescribes a recognition threshold and measurement attributable for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. The Organization is not aware of any such uncertain tax positions.

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

**Functional expenses**

The costs of providing the various programs and activities have been summarized on a functional basis in the Statement of Activities. Expenses are charged to programs based on direct expenses incurred and certain costs, including salaries and fringe benefits, are allocated to the programs and supporting services based upon related utilization and benefit.

**Note 2. Cash Concentrations**

The Organization maintains bank account balances which, at times, may exceed federally insured limits. The Organization has not experienced any losses with these accounts, and management believes the Organization is not exposed to significant credit risk on cash as of September 30, 2014 and 2013.

The Organization attempts to manage credit risk relative to cash concentrations by utilizing “sweep” accounts. The Organization maintains ICS Sweep accounts that invest cash balances in other financial institutions at amounts that do not exceed FDIC insurable limits. All cash at these institutions is held in interest-bearing money market accounts. Interest rates on these balances were 15% as of September 30, 2014.

**Note 3. Operating Leases**

The Organization leases office space in Littleton, NH under a three year operating lease that expired in April 2017. The Organization has the option to renew the lease for two additional years.

Future minimum rental payments under lease commitments are as follows:

Year Ended September 30,

2015	\$	55,983
2016		57,663
2017		34,218
Thereafter		<u>-</u>
	\$	<u>147,864</u>

Lease expense for the aforementioned leases was \$57,534 and \$62,921 for the years ended September 30, 2014 and 2013, respectively.



**Note 4. Related Party Transactions**

A majority of the Organization's members and the Organization are also members of a Limited Liability Company. There were no transactions between the Limited Liability Company and the Organization's members in 2014 and 2013.

Office space in Berlin, NH was leased from an organization related by common control. The lease expired September 30, 2013 and was not renewed. Lease payments paid to the related party were \$8,700 for the year ended September 30, 2013.

The Organization contracts various services from other organizations of which members of management of these other organizations may also be board members of North Country Health Consortium, Inc. and Subsidiary. Amounts paid to these organizations were \$214,401 and \$114,993 for the years ended September 30, 2014 and 2013, respectively.

**Note 5. Retirement Plan**

The Organization offers a defined contribution savings and investment plan (the Plan) under section 403(b) of the Internal Revenue Code. The Plan is available to all employees who are 21 years of age or older. There is no service requirement to participate in the Plan. Employee contributions are permitted and are subject to IRS limitations. Monthly employer contributions are \$50 for each part-time employee and \$100 for each full-time employee. Employer contributions for the years ended September 30, 2014 and 2013 were \$16,436 and \$12,600, respectively.

**Note 6. Commitment and Contingencies**

The Organization receives a significant portion of its support from various funding sources. Expenditure of these funds requires compliance with terms and conditions specified in the related contracts and agreements. These expenditures are subject to audit by the contracting agencies. Any disallowed expenditures would become a liability of the Organization requiring repayment to the funding sources. Liabilities resulting from these audits, if any, will be recorded in the period in which the liability is ascertained.

**Note 7. Federal Reports**

Additional reports, required by *Government Auditing Standards* and the OMB Circular A-133, including the Schedule of Expenditures of Federal Awards, are included in the supplements to this report.

**Note 8. Subsequent Events**

The Organization has evaluated subsequent events through February 24, 2015, the date the financial statements were available to be issued.

A.M. PEISCH & COMPANY, LLP

**NORTH COUNTRY HEALTH  
CONSORTIUM, INC. AND SUBSIDIARY**

**ADDITIONAL REQUIRED REPORTS**

**SEPTEMBER 30, 2014**



**NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY**

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
YEAR ENDED SEPTEMBER 30, 2014**

<b>Federal Grantor/Pass through Grantor/Program Title</b>	<b>Federal CFDA Number</b>	<b>Federal Expenditures</b>
<b>U.S Department of Health and Human Services</b>		
<i>Direct Programs:</i>		
Rural Health Care Services Outreach Program	93.912	\$ 191,685
Quality Improvement	93.912	<u>165,384</u>
		<u>357,069</u>
<i>Passed through the State of New Hampshire:</i>		
Public Health Emergency Preparedness	93.069	<u>151,614</u>
Prevention and Treatment of Substance Abuse	93.959	<u>70,957</u>
Immunization Cooperative Agreements	93.268	<u>8,086</u>
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	<u>150,785</u>
<i>Passed through the New Hampshire Health Plan:</i>		
State Planning and Establishment for the Affordable Care Act	93.525	<u>164,877</u>
<i>Passed through the Bi-State Primary Care Association:</i>		
PPHF Cooperative Agreement to Support Navigators in Federally- facilitated and State Partnership Exchanges	93.750	<u>126,291</u>
Grants to States to Support Oral Health Workforce Activities	93.236	<u>14,364</u>
<i>Passed through the University of Dartmouth Area Health Education Center:</i>		
Public Health Training Centers	93.249	<u>45,659</u>
Area Health Education Centers	93.107	<u>76,791</u>
<i>Passed through Southern NH Area Health Education Center:</i>		
Chronic Disease Self Management Program - ARRA	93.189	<u>10,458</u>
<i>Passed through the National Association of County and City Medical Reserve Corps</i>		
	93.008	8,911
<i>Passed through the JSI Research &amp; Training Institute:</i>		
Medical Reserve Corps	93.008	<u>10,000</u>
Total Medical Reserve Corps		<u>18,911</u>
<b>Total Expenditures of Federal Awards</b>		<u>\$ 1,195,862</u>

See accompanying notes to schedule of expenditures of federal awards.

**NORTH COUNTRY HEALTH CONSORTIUM, INC.  
AND SUBSIDIARY  
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED SEPTEMBER 30, 2014**

**Note 1. Basis of Presentation**

The accompanying schedule of expenditures of federal awards presents the activity of all federal financial assistance and federal cost-reimbursement contracts of North Country Health Consortium, Inc. and Subsidiary (the Organization). The Organization receives federal awards directly and indirectly through pass-through entities.

Federal program expenditures included in the accompanying schedules are presented on the accrual basis of accounting. The information on this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-profit Organizations*.

# A.M. PEISCH & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS  
& BUSINESS CONSULTANTS

## INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors of  
North Country Health Consortium, Inc. and Subsidiary

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary (the Organization) (a New Hampshire nonprofit organization) which comprise the consolidated statement of financial position as of September 30, 2014, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 24, 2015.

### Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of North Country Health Consortium, Inc. and Subsidiary's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether North Country Health Consortium, Inc. and Subsidiary's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*A.M. Peisch and Company, LLP*

St. Johnsbury, Vermont  
February 24, 2015  
VT Reg. No. 92-0000102

# A.M. PEISCH & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS  
& BUSINESS CONSULTANTS

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

To the Board of Directors of  
North Country Health Consortium, Inc. and Subsidiary

### Report on Compliance for Each Major Federal Program

We have audited North Country Health Consortium, Inc. and Subsidiary's compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of North Country Health Consortium, Inc. and Subsidiary's major federal programs for the year ended September 30, 2014. North Country Health Consortium, Inc. and Subsidiary's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

### Management's Responsibility

Management is responsible for compliance with the requirement of laws, regulations, contracts, and grants applicable to its federal programs.

### Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of North Country Health Consortium, Inc. and Subsidiary's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about North Country Health Consortium, Inc. and Subsidiary's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.



We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of North Country Health Consortium, Inc. and Subsidiary's compliance.

### **Opinion on Each Major Federal Program**

In our opinion, North Country Health Consortium, Inc. and Subsidiary complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2014.

### **Report on Internal Control Over Compliance**

Management of North Country Health Consortium, Inc. and Subsidiary is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered North Country Health Consortium, Inc. and Subsidiary's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of North Country Health Consortium, Inc. and Subsidiary's internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

*A.M. Pesch and Company, LLP*

St. Johnsbury, Vermont  
February 24, 2015  
VT Reg. No. 92-0000102

**NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED SEPTEMBER 30, 2014**

**A. SUMMARY OF AUDIT RESULTS**

1. The auditor's report expresses an unmodified opinion on the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary.
2. No material weakness or significant deficiencies relating to the audit of the financial statements of North Country Health Consortium, Inc. and Subsidiary are reported in the Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Governmental Auditing Standards*.
3. No instances of noncompliance material to the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No material weakness or significant deficiencies relating to internal control over compliance for major federal award programs are reported in the Independent Auditor's Report on Compliance for Each Major Program and on Internal Control over Compliance Required by OMB Circular A-133.
5. The auditor's report on compliance for the major federal award programs for North Country Health Consortium, Inc. and Subsidiary expresses an unmodified opinion on the major federal programs.
6. There were no audit findings that are required to be reported in this schedule in accordance with Section 510(a)(3) or (4) of OMB Circular A-133.
7. The program tested as a major program was U.S. Department of Health and Human Services – Rural Health Care Services and Quality Improvement (CFDA Number 93.912).
8. The threshold for distinguishing Types A and B programs was \$300,000.
9. North Country Health Consortium, Inc. and Subsidiary was determined to be a low-risk auditee.

**B. FINDINGS – FINANCIAL STATEMENT AUDIT**

There were no reported findings related to the audit of the financial statements for the year ended September 30, 2014.

**C. FINDINGS AND QUESTIONED COSTS – AUDIT OF MAJOR FEDERAL AWARD PROGRAMS**

There were no reported findings related to the audit of the federal program for the year ended September 30, 2014.

**NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY  
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS  
YEAR ENDED SEPTEMBER 30, 2014**

**2013 and 2012 FINDINGS AND QUESTIONED COSTS – AUDIT OF MAJOR FEDERAL  
AWARD PROGRAMS**

**2013 Finding:**

There were no reported findings related to the audit of the federal program for the year ended September 30, 2013.

**2012 Finding:**

There were no reported findings related to the audit of the federal program for the year ended September 30, 2012.

***Board of Directors  
2014 - 2015***

**Officers:**

Elaine	Bussey	President
Edward	Shanshala	Vice President
Maria	Ryan	Treasurer
Kristina	Fjeld-Sparks	Secretary
Charlie	Cottom	Asst. Secretary

**Directors:**

Sharon Beaty  
Nancy Bishop  
Jonathar Brown  
Gail Clark  
Michael Coughlin  
Rob Darling  
Kenneth Gordon  
Scott Howe  
Russell Keene  
Tony Poekert  
Roxie Severance  
Margo Sullivan  
Warren West

## NANCY FRANK, MPH

### PROFESSIONAL EXPERIENCE

#### **North Country Health Consortium**

Littleton, New Hampshire

August 2011 – present

##### **Executive Director**

- Responsible for supervision of all agency staff
- Director of the Northern New Hampshire Area Health Education Center
- Lead strategic planning and board development efforts
- Prepare and manage organization's budget
- Provide oversight and technical assistance to all agency projects and programs

December 2009- July 2011

##### **Development Director/Workforce Development**

- Responsible for researching and writing grant applications, developing work plans, identifying funding opportunities
- Serves as North Country Health Consortium Evaluator
- Provides consultation to member organizations and assists in community needs assessment, evaluation, and resource development
- Serves as project director on workforce development initiatives
- Provides supervision to the Workforce Development Program
- Member of NCHC Management Team

#### **Vermont Department of Health**

St. Johnsbury, Vermont

November 2006-June 2008

##### **Public Health Supervisor**

- Responsible for administration of local public health programs, including school health, immunizations, healthy babies, ladies first (breast and cervical cancer screening), and environmental health
- Participated in local emergency preparedness planning
- Collaborated with community partners to develop community health education prevention programs
- Participated in local community health assessment and identification of public health priorities
- Facilitated local Maternal/Child Health coalition
- Supervision of professional/para-professional staff

#### **Northeastern Vermont Area Health Education Center**

St. Johnsbury, Vermont

December 1999-October 2006

##### **Community Resource Coordinator**

##### **Program Coordinator, National Community Center of Excellence in Women's Health**

- Responsible for coordination of community health education programs in a six county region in Northeastern Vermont
- Collaborated with five regional hospitals to increase access to health information and education programs
- Worked with community partners to plan and implement community health and wellness

- programs
- Developed community health status reports
- Responsible for grant writing, including successful award for five year federal grant to establish National Community Center of Excellence in Women's Health (CCOE) in Vermont's Northeast Kingdom
- Responsible for all aspects of development, implementation, management, and evaluation of a rural CCOE model
- Responsible for submission of all federal reports and documentation of CCOE program highlights
- Attended and presented at national meetings

**Northeastern Vermont Area Health Education Center**

St Johnsbury, Vermont

July 1999 – October 1999

**Consultant, Community Diabetes Project**

- Established partnerships with primary care provider practices to plan and implement diabetes education program
- Developed educational packets for providers and patients with an emphasis on chronic disease management

**Vermont Department of Health**

Burlington, Vermont

June 1992 – December 1998

**Public Health Specialist (February 1998 - December 1998)**

**Primary Care Coordinator**

- Wrote, managed, and administered Federal Grant establishing Vermont's Primary Care Cooperative Agreement
- Assessed access to primary care services for all Vermonters, particularly underserved populations
- Assisted communities, providers, and special populations in development of strategies to increase access to care
- Participated in policy development related to primary care delivery systems
- Responsible for Vermont's applications for Federal Health Professional Shortage Area designations
- Facilitated and coordinated meetings of Primary Care Cooperative Agreement Steering Committee

**Maternal and Child Health Planning Specialist (October 1993 - February 1998)**

**Project Coordinator, State Systems Development Initiative**

- Facilitated community health needs assessment process in various communities throughout the state by providing technical assistance for development and data analysis
- Managed community grants focused on integrated health care systems development for children and families.
- Responsible for development of community assessment and evaluation tools.
- Responsible for federal grant and report writing
- Member of statewide advisory boards, including the Primary Care Cooperative Agreement, the Robert Wood Johnson Making the Grade Project, and the Indicator and Outcomes Committee of the State Team for Children and Families

**Maternal and Child Health Planning Specialist (June 1992 - September 1993)**

- Responsible for statewide planning for maternal and child health programs and policies.



- Evaluated Department of Health programs and make recommendations for programmatic changes
- Responsible for coordinating Vermont's Maternal and Child Health Title V grant proposal and annual report
- Coordinator for statewide systems development project focused on the primary health care needs of children and adolescents in Vermont.
- Vermont Genetics Coordinator - manage contracts and grants with the Vermont Regional Genetics Center
- Responsible for grant and report writing
- Member of Vermont's Child Fatality Review Committee

**University of Illinois at Chicago, School of Public Health**

Prevention Research Center, Chicago, IL

January 1990 – May 1991

**Project Director, Youth AIDS Prevention Project**

- Responsible for directing all aspects of a multiple risk reduction HIV prevention education/research project
- Developed comprehensive risk reduction curriculum for 7th and 8th grade students
- Developed research questionnaires for students, parents, and school administrators
- Responsible for writing annual National Institutes of Mental Health progress and evaluation reports
- Participated in budget management of project
- Supervised staff of three health educators and two research assistants

**Cook County Department of Public Health**

Maywood, Illinois

September 1987 – January 1990

**AIDS Education Coordinator (July 1988 - January 1990)**

- Responsible for administration, planning and implementation for all HIV/AIDS community and school-based education programs
- Managed subcontracts with community based organizations
- Responsible for writing quarterly progress/evaluation reports submitted to the Illinois Department of Public Health
- Supervised staff of four health educators

**Community Health Educator (September 1987 - July 1988)**

- Organized and conducted conferences, workshops, training, and classes for students, teachers, and community groups on a variety of public health issues, emphasis on HIV/AIDS and sexuality education

**Case Western Reserve University**

Cleveland, Ohio

November 1982 – May 1985

**Research Assistant, Department of Nutrition**

- Primary research assistant for the laboratory analysis component of a project to study the vitamin D levels of bottle-fed versus breast-fed infants

**Research Assistant, Department of Medicine**

- Prepared statistical and technical data for publications
- Managed research grants

### **PROFESSIONAL AFFILIATIONS/BOARDS**

- Grafton County Mental Health Court, Advisory Council
- New England Rural Health Round Table, Board Member
- New Hampshire Oral Health Coalition, Steering Committee
- New Hampshire Governor's Primary Care Workforce Commission
- National Cooperative of Health Networks
- American Public Health Association

### **EDUCATION**

May 1987 Master of Public Health, Community Health Sciences, Maternal & Child Health  
University of Illinois at Chicago, School of Public Health

June 1981 Bachelor of Science, Consumer Science  
University of Wisconsin - Madison

# Amy J. Holmes

## Education

1993 **Tulane University**. School of Public Health and Tropical Medicine  
New Orleans, Louisiana

Master of Health Administration

1990 **Tulane University**.

New Orleans, Louisiana

Bachelor of Science: Anthropology Minor: Biology

## Professional Experience

10/09– PRESENT **COMMUNITY AND PUBLIC HEALTH DIRECTOR**, North Country Health Consortium,  
Whitefield, NH

Responsibilities include:

Oversee and support collaborative work with public and private sector partners to develop and implement public health interventions aimed at fulfilling the 10 essential services of public health in the North Country of New Hampshire. Duties: utilize community health data; research and implement strategies for population-based health promotion and disease prevention; develop and implement plans to evaluate program activities; coordinate communications activities; provide technical assistance to local citizen groups; supervise to program staff; liaise with academic, state, federal, and private departments and agencies involved with public health and prevention work; manage program budgets

11/08 - 10/09 **Workforce Education and Development Program Manager**, Northern New Hampshire Area Health Education Center (AHEC), a program of the North Country Health Consortium, Whitefield, NH

Responsibilities include:

- Developing, planning, and coordinating continuing education programs for health and human service providers in northern New Hampshire communities
- Working with the central New Hampshire AHEC to promote health care careers and health professional continuing education
- Managing funding sources and budgets for education programs and projects
- Community health promotion and training activities through the various programs of the North Country Health Consortium.

## **Volunteer Work**

9/03 - 9/06 **President**, Littleton Regional Hospital Auxiliary

Responsibilities included:

- Presiding at all board meetings and supervising the Auxiliary Board Members
- Creating quarterly newsletters to maintain communications with Auxiliary membership
- Appointing committee chairpersons as necessary
- Representing the Auxiliary at regional and state meetings

3/05 - 3/06 **Member**, Profile / Littleton School District Regionalization Committee

**References Available Upon Request**

## Colleen Gingue

Self-Starter

Team Player

Task Oriented

Cheerful

### Highlights of Qualifications

- Proficient in Microsoft Suite (Access, Excel, Power Point, Word) and Microsoft Outlook (Email, Calendar, Reminder, Notes), QuickBooks Pro, Customer Relationship Management (CRM), SharePoint, ADP, ReportSmith, Red Beam

### Experience

#### *Finance Director North Country Health Consortium 2012-Present*

- Prepare monthly financial management reporting packages and analyses
  - Present financial statements to Finance Committee and Board
- Direct preparation of monthly, quarterly, and annual budget reports with recommendations for areas of improvements
- Direct administration of financial management systems, strategies, fiscal policy and procedures
- Oversee and participate in annual external audit
  - Review auditor reports and financial statements, and provide recommendation as needed
- Supervise annual insurance renewals and review coverage requirements
- Supervise Administrative Assistant

#### *Multi-Client Bookkeeper Service Abacus Bookkeeping 2012*

- Assist Montpelier tax preparer and bookkeeper service with QuickBooks and Intuit ProSeries tax preparation software
  - Concentration in reconciliations, Excel spreadsheets, and analysis

#### *Accounting Manager microDATA 911, Inc. 2002-2011*

- Supervise and Participate in Management of Accounting Department
  - Reconcile A/R, A/P, Payroll, Accrual and Prepaid Accounts, Fixed Assets
- Perform Daily Cash Management and Monthly/Annual Projections
- Prepare Financial Reports for Internal and External Distribution
- Team with external CPA for Annual Review and Tax Return Preparation
- Supervise and Participate in Year-End Closing Duties
  - Payroll Multi-State Reporting Requirements
  - Closing Journal Entries and Financial Statement Preparation
  - New year Prepaid, Accrual and Depreciation Journal Entries
  - Interview, Manage Benefits, Provide Employee Reviews & Coaching

#### *Office Manager/Accountant Gingue Electric Corporation 1989-2007 (closed)*

- Orchestrate Multitude of Tasks for Successful Business Operation
  - Manage Payroll and Employee Benefit Duties
  - Track Apprenticeship Program Requirements
  - Manage Full-Charge Bookkeeper Duties: A/P, A/R, Financial Reporting
  - Create and Maintain Inventory and Billing Database

**Experience** (continued)

*Accountant*                                      *Deerfield Village Furniture*                      *1999-2002(office closed)*  
• Perform A/R, A/P, Payroll, General Ledger, and Financial Reporting Duties

*Various Positions with Northern Community Management Corporation*                      *1993-1998*  
Property Manager - Administrative Manager - Accounting Manager

**Education**

Bachelor's Degree in Business Administration, Johnson State College (in progress)  
Cum Laude Graduate with Associate in Science in Accounting, Champlain College

## FRANCINE C. MORGAN

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**EDUCATION:** Master of Business Administration in Human Resources (MBA/HRM), April 2008  
University of Phoenix Online, Phoenix AZ  
B.S. in Hospitality Management, May 1997  
University of New Hampshire, Durham NH

**WORK  
EXPERIENCE:**

**Senior Program Manager**

North Country Health Consortium, Littleton NH (Oct. 2013 – present)

- Health access responsibilities including management and coordination of the ACA Health Insurance Marketplace Enrollment and Outreach initiatives for Northern NH
- Responsible for assessing, interpreting and incorporating new and revised regulatory and government contract requirements into operations
- Develop and manage grant and program budgets in conjunction with Finance Director
- Coordination and collaboration for projects as needed, such as project management consulting for Ammonoosuc Community Health Services, Federally Qualified Health Center (FQHC) Dental & Oral Health Center in Littleton, NH

**The Molar Express, Oral Health Program Manager**

North Country Health Consortium, Littleton NH (June 2012 – present)

- Direct management and supervision of department administrative and clinical staff including timekeeping and scheduling, interviewing, training, planning, performance appraisal, discipline, problem solving and conflict resolution
- Implementation updates of Softdent EMR practice management software for dental clinic including administration of providers, users and clinical set up of paperless environment
- Provide leadership in the development and implementation of clinic policies and procedures
- Ensure compliance with standards, laws, and regulations with respect to the appropriate overseeing agencies
- Coordinate and design marketing, public relations, community outreach and oral health education activities for The Molar Express on behalf of the North Country Health Consortium
- Collects and compiles statistical clinic and patient data as needed for grant development and other reporting requirements
- Assists with development of grants as required and reporting to funding agencies
- Monitors established programmatic budgets and subcontracts

**Area Health Education Center (AHEC) Program Coordinator**

North Country Health Consortium, Littleton NH (Aug. 2010 – June 2012)

- Plans, implements, coordinates and evaluates health careers activities designed to stimulate interest in health career professions, community education trainings, and other wellness programming
- Assists with data collection and tracking of program offerings
- Assists in identifying collaborative activities with other Consortium projects and partners
- Assists with development of grants as required and reporting to funding agencies
- Monitors established programmatic budgets and subcontracts

**Adjunct Faculty, Granite State College, Conway NH (Jan. 2010 – 2012)**

- Teach advanced business courses in Diversity Management, Conflict Management and other business and human resources related content

**Human Resources Rep., Kendal at Hanover, Hanover NH (June 2005 – Jan. 2008)**

- Training and consulting services on a per diem basis

# FRANCINE C. MORGAN

(Resume, continued)

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## WORK

### EXPERIENCE:

**Human Resources Rep.**, Kendal at Hanover, Hanover NH (Sept. 2001- June 2005)

- Management of employee relations for 250+ employees
- Executed performance management through job descriptions and a strategically aligned broad band compensation structure
- Responsible for market wage analysis and appropriate measures to prevent compression issues
- Planned, organized and executed New Hire Orientation in compliance with all state and federal requirements
- ServSafe food safety instructor, sexual harassment, coaching and counseling training
- HealthStream facility administrator- computer and web-based teaching and testing software
- Ensured compliance with DOL, OSHA, ADA, HIPAA, FMLA, EEOC, and COBRA labor laws
- Also provided recruiting, recordkeeping, payroll, and benefit support

**Senior Event Manager**, Boston Marriott Copley Place, Boston MA (June 1999- June 2001)

- Managed complex conventions along with all Event Management responsibilities
- Handled conventions from 200-3000+ attendees

**Event Manager**, Boston Marriott Copley Place, Boston MA (Apr. 1998- June 1999)

- Coordinated all details for a customer's conference and integrate teams to carry out events
- Handled groups and conventions from 2-200 attendees
- Ensured proper group rooms and catering cost forecasting to maximize usage and profitability

**Assistant Banquet Manager**, Boston Marriott Copley Place, Boston MA

- Expedited banquet functions from 2 to 2,500 people and 60+ staff (Aug. 1997-Apr. 1998)
- Responsible for staff attendance records, progressive discipline, staff reviews

**CERTIFICATION:** **Certified Application Counselor:** Health Insurance Marketplace (October 2013)

**Chronic Disease Self-Management Program Leader:** Stanford University in collaboration with the NH Chronic Disease Self Management Program Network (March 2011)

**Plant-based Nutrition:** eCornell and T. Collin Campbell Foundation (Feb. 2012)

### COMPUTER:

Robust computer skills including all Microsoft Office Products, Softdent Electronic Dental Records, Ceridian Human Resource Information System (HRIS) and payroll systems, iWeb website design, Blackboard

### LANGUAGE

#### SKILLS:

Fluent in French, competent in Spanish

### PROFESSIONAL

#### AFFILIATION:

Society for Human Resource Management (SHRM)

Professional in Human Resources (PHR) certification exam

# KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium

Name of Program: Regional Public Health Network Services

BUDGET PERIOD: <b>SPY 16</b>				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM FHS CONTRACT	AMOUNT PAID FROM FHS CONTRACT
Nancy Frank	Executive Director	\$92,622	6.78%	
Amy Holmes	Community/Public Health Director	\$66,356	65.50%	
Colleen Gingue	Finance Director	\$69,334	5.00%	
Francine Morgan	Senior Program Manager	\$63,804	20.00%	
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>				

BUDGET PERIOD: <b>SPY 17</b>				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM FHS CONTRACT	AMOUNT PAID FROM FHS CONTRACT
Nancy Frank	Executive Director	\$95,401	6.21%	
Amy Holmes	Community/Public Health Director	\$68,347	64.25%	
Colleen Gingue	Finance Director	\$71,414	5.00%	
Francine Morgan	Senior Program Manager	\$65,718	20.00%	
<b>TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)</b>				



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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527  
603-271-4535 1-800-852-3345 Ext. 4535  
Fax: 603-271-4506 TDD Access: 1-800-735-2964



Nicholas A. Toumpas  
Commissioner

José Thier Montero  
Director

G&C APPROVED  
Date: 02/11/15  
Item # 11

**G&C Approved**

January 8, 2015

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

Date 2/11/15  
Item # 9

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Systems, Policy and Performance, and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to amend agreements with 12 vendors by increasing the total price limitation by \$288,000 from \$5,078,864 to \$5,366,864 to provide regional public health emergency preparedness and substance misuse prevention services, to be effective the date of Governor and Council approval through June 30, 2015. Funds are 100% Federal.

Nine of these agreements were originally approved by Governor and Council on June 19, 2013, (Item #s 95, 96, 97, 98, 99, 100, 102, 103 104B), and three of these agreements were originally approved by Governor and Council on July 10, 2013, (Item # 101), July 24, 2013 (Item #27B), and September 4, 2013 (Item #54).

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	SFY 2015 Budget Increase Amount	Revised Modified Budget
Carroll County Coalition for Public Health	Ctr. Ossipee, NH	\$303,032	✓ \$25,000	\$328,032
Cheshire County	Keene, NH	\$320,236	✓ \$22,000	\$342,236
City of Nashua, Div of PH & Community Svcs	Nashua, NH	\$614,960	✓ \$25,000	\$639,960
Goodwin Community Health	Somersworth, NH	\$334,092	✓ \$18,000	\$352,092
✓ Granite United Way	Concord, NH	\$321,138	✓ \$25,000	\$346,138
✓ Lakes Region Partnership for Public Health <i>LLC</i>	Laconia, NH	\$309,486	✓ \$25,000	\$334,486
Manchester Health Dept.	Manchester, NH	\$915,560	✓ \$25,000	\$940,560
Mary Hitchcock Mem Hsp dba Dartmouth Hitchcock	Lebanon, NH	\$296,602	✓ \$25,000	\$321,602
Mid-State Health Center	Plymouth, NH	\$303,760	✓ \$23,000	\$326,760
North County Health Consortium	Littleton, NH	\$452,760	✓ \$25,000	\$477,760
✓ Sullivan County <i>LLC</i>	Newport, NH	\$302,010	✓ \$25,000	\$327,010
Town of Derry	Derry, NH	\$302,326	✓ \$25,000	\$327,326
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
TOTAL		\$5,078,864	\$288,000	\$5,366,864

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
January 8, 2015  
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Funds to support this request are available in the following accounts for SFY 2015, with authority to adjust amounts within the price limitation without further approval from Governor and Executive Council.

05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE

05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY AND PERFORMANCE

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

**See attachment for financial details**

#### **EXPLANATION**

This requested action seeks approval of 12 agreements that represent \$288,000 to be spent statewide to continue regional public health emergency preparedness and substance misuse prevention services. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services. Because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

The Division of Public Health Services is providing funding for the development of Community Health Improvement Plans that are aligned with the priorities established in the State Health Improvement Plan published in 2013. Each contractor will work with members of their respective Regional Public Health Advisory Council, which were established under the original contracts, to develop regional goals and objectives to improve the health of their communities. This work will result in a coordinated and focused effort among regional partners to implement complementary activities to address key health problems.

The Bureau of Drug and Alcohol Services, Division of Community Based Care Services is providing funding to convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup to educate members of the Regional Public Health Advisory Council on the impacts of substance use disorders. This work is intended to continue in the next biennium with the development of Resiliency and Recovery Oriented System of Care across the continuum of prevention, treatment, and recovery in each of the designated public health regions.

All vendors were offered \$10,000 for Community Health Improvement Planning activities and \$15,000 for Substance Disorder and Resiliency and Recovery Oriented Systems activities, for a total of \$25,000 to each vendor. However, the Town of Exeter chose not to accept the funds and instead the Department contracted with the United Way of Greater Seacoast, which was approved at the January 14, 2015 Governor and Council meeting, and Mid-State Health Center requested \$2,000 less than the \$25,000 available. In addition, in this same item, the Department is reducing funding that was dedicated to planning to receive evacuees in the event of a radiological emergency related to the Seabrook Station in Goodwin Community Health's contract by \$7,000, and Cheshire County's contract by \$3,000. The Department has modified its response plan in these two areas, eliminating the need for the specific planning that was originally funded.

Should Governor and Executive Council not authorize this Request, both public health and substance misuse services will be less coordinated and comprehensive in the thirteen public health regions. Developing a strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

The original contracts were awarded to the Regional Public Health Network agencies through a competitive bid process. The bid scoring summary is attached.

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

Community Health Improvement Planning

- Completion and approved work plan within one month of the approved contract.
- Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.

Substance Use Disorders and Resiliency and Recovery Oriented Systems of Care

- Completion and approved work plan within one month of the approved contract.
- Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
- Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
- Number of, content and attendance of the following:
  - Educational meetings related to the impact of substance use disorders;
  - Resource sharing meetings related to substance use disorders;
  - Educational meeting on Resiliency and Recovery Oriented System of Care;
  - Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
  - The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
January 8, 2015  
Page 4 of 4


- Convene Public Health Advisory Committee and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
- Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

Area served: Statewide.

Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

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

Respectfully submitted,

  
José Thier Montero, MD, MHCDS  
Director  
Division of Public Health Services

  
Diane Langley  
Director  
Division of Community Based Care Services

Approved by:   
Nicholas A. Toumpas  
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS  
85.45% Federal Funds and 14.55% General Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2015	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	123,476	-	123,476

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2015	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	380,200	-	380,200

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2015	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	100,732	-	100,732

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2015	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	149,878	-	149,878

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2015	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	157,726	-	157,726

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2015	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	665,510	-	665,510

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2015	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	301,000	-	301,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2015	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	103,966	-	103,966

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2015	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	104,542	-	104,542
			<b>SUB TOTAL</b>	<b>2,695,030</b>	<b>-</b>	<b>2,695,030</b>

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS  
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	104,000	-	104,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	20,000	-	20,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2015	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	119,290	-	119,290

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600
			<b>SUB TOTAL</b>	<b>486,090</b>	-	<b>486,090</b>

**05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE  
100% Other Funds (Transfer from Emergency Management)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	13,000	-	13,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	13,000	(3,000)	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	26,000	(3,000)	23,000



**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	7,000	-	7,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	7,000	(7,000)	-
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	14,000	(7,000)	7,000
			<b>SUB TOTAL</b>	<b>40,000</b>	<b>(10,000)</b>	<b>30,000</b>

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION  
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	20,272	-	20,272

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	20,500	-	20,500

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2015	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	13,842	-	13,842

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2015	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	19,250	-	19,250
			<b>SUB TOTAL</b>	<b>157,864</b>	-	<b>157,864</b>

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES  
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760
			<b>SUB TOTAL</b>	<b>1,699,880</b>	<b>-</b>	<b>1,699,880</b>

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

**05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES  
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000
			<b>SUB TOTAL</b>	-	<b>60,000</b>	<b>60,000</b>

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY AND PERFORMANCE  
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	8,000	8,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	8,000	8,000

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000
			<b>SUB TOTAL</b>	-	<b>58,000</b>	<b>58,000</b>

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES  
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000



**FINANCIAL DETAIL ATTACHMENT SHEET  
Regional Public Health Networks (RPHN)**

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000
			<b>SUB TOTAL</b>	-	180,000	180,000
			<b>TOTAL</b>	<b>5,078,864</b>	<b>288,000</b>	<b>5,366,864</b>



**State of New Hampshire  
Department of Health and Human Services  
Amendment #1 to the  
Regional Public Health Network Services**

This 1<sup>st</sup> Amendment to the North Country Health Consortium, contract (hereinafter referred to as "Amendment One") dated this 14<sup>th</sup> day of November, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and North Country Health Consortium, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 262 Cottage Street, Suite 230, Littleton, NH 03561.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #97, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, the parties agree to change the scope of services and the price limitation, and

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

1. **Change** price limitation in P-37, Block 1.8, of the General Provisions, to read:

\$477,760.

2. **Add** Exhibit A-1, Additional Scope of Services

3. **Amend** Exhibit B, Purchase of Services, Contract Price, to add:

- 1.1. The contract price shall increase by \$25,000 for SFY 2015 for a total increase of \$25,000.

- 1.2. Funding is available as follows:

- \$15,000 - 100% Federal Funds from the Substance Abuse and Mental Health Services, CFDA #93.959, Federal Award Identification Number (FAIN), TI010035-14;
- \$10,000 - 100% Federal Funds from the Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN), B01OT009037.

4. **Amend** Exhibit B, Purchase of Services, Contract Price, to:

**Delete:** Paragraph 6 and,



New Hampshire Department of Health and Human Services

---

**Replace** with:

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

5. **Amend** Budget to add: Exhibit B-1 (2015)

6. **Amend** Exhibit C, Special Provisions to:

**Delete**: Exhibit C, Special Provisions,

**Replace** with: Exhibit C, Special Provisions Amendment #1

7. **Add**: Exhibit C-1, Revisions to General Provisions

8. **Amend** Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance to:

**Delete**: Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and;

**Replace** with: Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-based Organizations and Whistleblower Protection Amendment #1

This amendment shall be effective upon the date of Governor and Executive Council approval.



New Hampshire Department of Health and Human Services

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

State of New Hampshire  
Department of Health and Human Services

11/15/15  
Date

[Signature]  
Brook Dupee  
Bureau Chief


North Country Health Consortium

11/14/14  
Date

[Signature]  
Name: Nancy Frank  
Title: Executive Director

Acknowledgement:

State of NH, County of Grafton on 11/14/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]  
Signature of Notary Public or Justice of the Peace  
Amy Holmes, Notary  
Name and Title of Notary or Justice of the Peace  



My Commission Expires: May 23, 2017



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

OFFICE OF THE ATTORNEY GENERAL

Date 1/24/15

  
Name: Megan A. Hoyle  
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Contractor Initials: MM  
Date: 1/14/15



Exhibit A-1

**ADDITIONAL SCOPE OF SERVICES**

**1. Required Services**

The Contractor shall:

A. Community Health Improvement Planning

Consistent with the responsibilities of the Public Health Advisory Council (PHAC) established under the original agreement:

- 1.1 Collaborate with the PHAC to determine whether a regional Community Health Improvement Plan has been published within the prior 3 years that has the following elements:
  - 1.1.1 Is based on data that assessed key public health issues;
  - 1.1.2 Is the result of a collaborative effort among key regional public health partners
  - 1.1.3 Set priorities for action by regional partners
- 1.2 Determine which of following best describes the current status of a regional Community Health Improvement Plan:
  - 1.2.1 No plan exists that meets the criteria in section 1.1 above.
  - 1.2.2 A plan exists that meets the criteria in section 1.1 above.
- 1.3 Based on that determination, the Public Health Advisory Council shall conduct:
  - 1.3.1 In regions that meet the criteria in item 1.2.1 the contractor shall convene and facilitate a regional process to develop and publish a Community Health Improvement Plan that meets the criteria described in item 1.1, and includes priorities related to at least five of the Priority Areas identified in the State Health Improvement Plan, including Emergency Preparedness and Misuse of Alcohol and Drugs. This includes the setting of region-specific objectives based on the statewide objectives.
  - 1.3.2 In regions that meet the criteria in item 1.2.2. the contractor shall determine the degree of alignment between the priorities included in the Community Health Improvement Plan and the New Hampshire State Health Improvement Plan published by the Division of Public Health Services That plan is available at: <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf>
    - 1.3.2.1 When the Community Health Improvement Plan includes priorities related to fewer than five of the Priority Areas identified in the State Health Improvement Plan, the contractor shall collaborate with the Public Health Advisory Council to develop additional regional priorities that address specific objectives and recommended actions that are identified in the State Health Improvement Plan in order to expand the existing plan in order to address at least five of Priority Areas, including Emergency Preparedness and Misuse of Alcohol and Drugs. This includes the setting of region-specific objectives based on the statewide objectives.
    - 1.3.2.2 When the Community Health Improvement Plan includes priorities related to more than five of the Priority Areas identified in the State Health Improvement Plan, including Emergency Preparedness and Misuse of Alcohol and Drugs, the contractor shall collaborate with the Public Health Advisory Council to:
    - 1.3.2.3 Consider whether additional priorities should be added to the Community Health Improvement Plan and, when a determination is

*NT*  
Date 11/14/14



## Exhibit A-1

made to do so, develop the new regional priorities to address specific objectives and recommended actions that are identified in the State Health Improvement Plan. This includes the setting of region-specific objectives based on the statewide objectives.

- 1.3.2.4 When no additional priorities are needed, take action to implement an intervention from the existing Plan.
- 1.4 Activities to develop, update, or revise a Community Health Improvement Plan shall be done in accordance with guidance to be issued by the Division of Public Health Services.

### B. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care

These funds are to support planning for the development of organizational structures needed within each of the Regional Public Health Networks to study and develop capacity for a seamless substance misuse continuum of care approach that includes: environmental strategies, prevention, early intervention, treatment and recovery support services. Activities will include training, education, and orientation for Public Health Advisory Councils in substance misuse and the progression of substance use disorders and its effect on individuals, families, and communities, including financial impact. This work will include outlining a comprehensive approach to address the misuse of alcohol and drugs within a Resiliency and Recovery Oriented System of Care context.

Building on information from the Regional Continuum of Care Roundtables, and using local expertise as much as possible, the Contractor will develop and implement a work plan to:

- 1.1 Recruit and convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup who will help plan, implement and facilitate these deliverables within Resiliency and Recovery Oriented Systems to educate the Public Health Advisory Council about an integrated/collaborative continuum of care Substance Use Disorder strategies and services.
- 1.2 Provide education, training and information to Public Health Advisory Council on the impact of the misuse of alcohol and drugs to help members:
  - 1.2.1 Understand the nature of substance use disorders;
  - 1.2.2 Learn about the impact of substance use disorders on individuals, families and communities;
  - 1.2.3 Increase their knowledge of the financial impact of substance use disorders – at the state level, community level, and community sector level;
  - 1.2.4 Understand the relationship between, and integration of, healthcare and behavioral health, and its relationship to misuse of substances and substance use disorders;
  - 1.2.5 Learn about the components of Resiliency and Recovery Oriented Systems of Care what they do, and the interrelationship with:
    - 1.2.5.1 Environmental strategies
    - 1.2.5.2 Prevention services
    - 1.2.5.3 Intervention services
    - 1.2.5.4 Treatment services
    - 1.2.5.5 Recovery support services
- 1.3 Discover, understand and envision a comprehensive approach to preventing, treating and recovering from substance use disorders.
  - 1.3.1 Connect with and recruit representatives from Community Health Centers, hospital networks and local primary care so that they can provide information to the Public Health Advisory Council on the integration of healthcare and

*[Handwritten Signature]*



## Exhibit A-1

- behavioral health, e.g. Screening and Brief Intervention and Referral to Treatment and other evidenced informed practices;
- 1.3.2 Work with Substance Misuse Prevention Coordinator and local prevention coalitions to present information on prevention to the Public Health Advisory Council and the role prevention plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
  - 1.3.3 Connect with and recruit representatives from intervention/treatment providers to provide information on treatment to the Public Health Advisory Council, and the role intervention/treatment plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
  - 1.3.4 Connect with and recruit representatives from the recovery community to provide information on recovery and recovery supports to the Public Health Advisory Councils, and the role recovery supports play in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
  - 1.3.5 Familiarize the Public Health Advisory Council with the "Misuse of Alcohol and Drugs" section of the State Health Improvement Plan to prepare them for the development of the Community Health Improvement Plan described in the section above.
  - 1.3.6 The Center for Excellence, a technical assistance contractor to the Bureau of Drug and Alcohol Services, will provide materials and host a webinar on elements of a comprehensive system in environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders.

## 2. Deliverables Schedule

### 2.1. Compliance Requirements

1. 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, the Contractor must 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 10 days of the contract effective date.

### 2.2. Reporting Requirements

1. Submit quarterly progress reports by completing additional sections that are added to the existing Survey Monkey report used to report on Public Health Advisory Council activities.

### 2.3. Performance Measures

- A. Community Health Improvement Planning
  1. Completion and approved work plan within one month of the approved contract.
  2. Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.
- B. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care
  1. Completion and approved work plan within one month of the approved contract.

  mz  

  11/14/14





**Exhibit A-1**

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2. Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
3. Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
4. Number of, content and attendance of the following:
  - 4.1 Educational meetings related to the impact of substance use disorders;
  - 4.2 Resource sharing meetings related to substance use disorders;
  - 4.3 Educational meeting on Resiliency and Recovery Oriented System of Care;
  - 4.4 Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
  - 4.5 The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".
  - 4.6 Convene Public Health Advisory Council and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
    - 4.6.1 Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

  JF  

  11/11/14

**Exhibit B-1 - Amendment 1  
Budget**

**New Hampshire Department of Health and Human Services**

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Amendment  
Budget Request for: Award  
*(Name of RFP)*

Budget Period: SFY 2015 (Date of G&C Approval through 6/30/15)

Line Item	Allocation Method for		Total
	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 17,003.00	\$ -	\$ 17,003.00
2. Employee Benefits	\$ 3,741.00	\$ -	\$ 3,741.00
3. Consultants	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -
5. Supplies:	\$ 254.00	\$ -	\$ 254.00
Educational	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -
6. Travel	\$ 440.00	\$ -	\$ 440.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -
Telephone	\$ 85.00	\$ -	\$ 85.00
Postage	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -
Audit and Legal	\$ 465.00	\$ -	\$ 465.00
Insurance	\$ 285.00	\$ -	\$ 285.00
Board Expenses	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ 454.00	\$ -	\$ 454.00
Indirect (10%)	\$ -	\$ 2,273.00	\$ 2,273.00
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ 22,727.00</b>	<b>\$ 2,273.00</b>	<b>\$ 25,000.00</b>

Indirect As A Percent of Direct

10.0%

Contractor Initials:   MJ    
Date:   11/14/14



**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;



- 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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11/14/14

New Hampshire Department of Health and Human Services  
Exhibit C Amendment #1



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

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

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11/14/14



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

*[Handwritten Signature]*  
11/14/14



- 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.

*MT*



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
  4. **CONDITIONAL NATURE OF AGREEMENT.**

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

As referenced in the Request for Proposals, Renewals Section, DHHS in its sole discretion may decide to offer a two (2) year extension of the competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

*MT*

11/14/14





Exhibit C-1

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4. Insurance

Subparagraph 14.1.1 of the General Provisions of this contract is deleted and the following subparagraph is added:

14.1.1 The contractor certifies that it is a 501(c)(3) contractor whose annual amount of contract work for the State of New Hampshire does not exceed \$500,000. Per RSA 21-I:13, XIV, (Supp 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work for the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate.

  NJ



**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- Amendment #1

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

Contractor Initials

*ND*

Date

4/14/14

New Hampshire Department of Health and Human Services  
Exhibit G – Amendment #1



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:

11/14/14  
Date


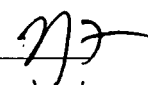
  
Name: Nancy Frank  
Title: Executive Director

Exhibit G- Amendment #1

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

Contractor Initials



Date

11/14/14



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9559 1-800-852-3345 Ext. 9559  
Fax: 603-271-8431 TDD Access: 1-800-735-2964



Nicholas A. Toumpas  
Commissioner

José Thier Montero  
Director

JUN06'13 PM 1:38 DAS

9 / Best

May 13, 2013

G&C Approved

Date 6/19/13  
Item # 97

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to enter into an agreement with North Country Health Consortium (Vendor #158557-B001), 262 Cottage Street, STE 230, Littleton, NH 03561, in an amount not to exceed \$452,760.00, to improve regional public health emergency preparedness and substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

90.33% Fed. 6.67% GF

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$150,500.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$150,500.00
			Sub-Total	\$301,000.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
			Sub-Total	\$130,760.00

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:  
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
			Sub-Total	\$21,000.00
			Total	\$452,760.00

**EXPLANATION**

Funds in this agreement will be used to allow North Country Health Consortium to align a range of public health and substance misuse prevention and related health promotion activities. North Country Health Consortium will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness; Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

North Country Health Consortium will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. North Country Health Consortium will also coordinate a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

This agreement includes \$70,00 per year to support a regional Disaster Behavioral Health Coordinator to serve Belknap, Coos, Carroll, and Grafton counties.

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated more than 46,000 individuals. Also, during 2011 and 2012, a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

North Country Health Consortium will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals "live, work, learn and play."

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire's epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

North Country Health Consortium will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 60% in the 2011-2012 influenza season and from 32% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

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Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; coordinate overall public health response activities in this region; and provide disaster behavioral health expertise in four counties. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

North Country Health Consortium was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with North Country Health Consortium being the sole bid to provide these services in this region. This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Emergency preparedness, including disaster behavioral health services and substance misuse prevention and related health promotion services were contracted previously with this agency in SFY 2012 in the amounts of \$157,000 and \$75,000 respectively. Emergency preparedness funding will increase by \$7,500 due a new funding formula that included both a base award plus a population-based allocation. Substance misuse prevention and related health promotion services will be reduced by \$9,620 as a result of an increase from 10 to 13 in the number of regional prevention networks being funded. This is the initial agreement with this Contractor for school-based influenza clinics.

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

**Regional Public Health Advisory Committee**

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.

- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).
- Establish and increase over time, regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

#### **Substance Misuse Prevention and Related Health Promotion**

- Percentage of increase of evidence-based programs, practices and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outline in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

#### **Regional Public Health Preparedness**

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

#### **Disaster Behavioral Health Coordination**

- Number of Disaster Behavioral Health Response Team volunteers that have met training requirements and are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Disaster Behavioral Health Response Team.

Area served: Atkinson and Gilmanton Academy Grant, Bath, Beans Grant, Beans Purchase, Benton, Berlin, Bethlehem, Cambridge, Carroll, Chandlers Purchase, Clarksville, Colebrook, Columbia, Crawfords Purchase, Cutts Grant, Dalton, Dixs Grant, Dixville, Dummer, Easton, Errol, Ervings Location, Franconia, Gorham, Greens Grant, Hadleys Purchase, Haverhill, Jefferson, Kilkenney, Lancaster, Landaff, Lisbon, Littleton, Low and Burbank's Grant, Lyman, Martins Location, Milan, Millsfield, Monroe, Northumberland, Odell, Pinkham's Grant, Pittsburg, Randolph, Sargents Purchase, Second College Grant, Shelburne, Stark, Stewartstown, Stratford, Success, Sugar Hill, Thompsons & Meserves Purchase, Wentworths Location and Whitefield.



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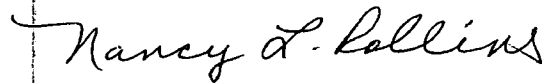
Source of Funds is 90.33% Federal Funds from the U.S. Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration and 9.67% General Funds.

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

Respectfully submitted,

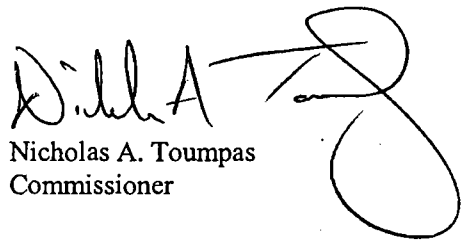


José Thier Montero, MD  
Director



Nancy L. Rollins  
Associate Commissioner

Approved by:



Nicholas A. Toumpas  
Commissioner

JTM/NLR/NT/js

Program Name  
 Contract Purpose  
 RFP Score Summary

Division of Public Health Services and Division of Community Based Care Services  
 Regional Public Health Network Services

	1	2	3	4	5	6	7	8	9	10	11
<b>RFA/RFP CRITERIA</b>											
Agy Capacity	40	35.50	37.00	34.00	38.00	36.00	29.00	37.00	37.00	37.00	32.00
Program Structure	40	37.50	33.00	30.00	36.00	35.00	26.00	34.00	38.00	37.00	34.00
Budget & Justification	18	16.50	17.00	15.00	16.00	16.00	14.00	17.00	17.00	16.00	17.00
Format	2	1.50	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
<b>TOTAL POINTS</b>	<b>100</b>	<b>91.00</b>	<b>89.00</b>	<b>80.00</b>	<b>92.00</b>	<b>89.00</b>	<b>71.00</b>	<b>90.00</b>	<b>94.00</b>	<b>92.00</b>	<b>85.00</b>

<b>BUDGET REQUEST</b>	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL BUDGET REQUEST</b>		\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
<b>BUDGET AWARDED</b>	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
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	Year 03	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL BUDGET AWARDED</b>		\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00

RFP Reviewers		Name	Job Title	Dept/Agency	Qualifications
		Neil Twitchell	Administrator I	Department of Health and Human Services, Division of Public Health Services, Division of Community Based Care Services	This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention.
		Ann Crawford	Regional Coordinator	Regional	

\*Manchester Health Department and City of Nashua, Division of Public Health & Community Services awards include amounts for preparedness that are awarded through sole source. These funds and competitive Public Health Network awards have always been combined into a single contract.

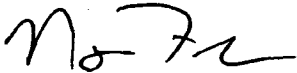
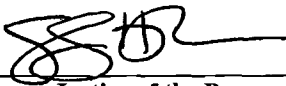

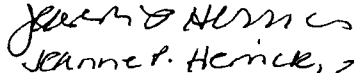
Subject: Regional Public Health Network Services

**AGREEMENT**

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

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name North Country Health Consortium, Inc.		1.4 Contractor Address 262 Cottage Street, STE 230 Littleton, NH 03561	
1.5 Contractor Phone Number (603) 259-3700	1.6 Account Number 05-95-90-902510-5171-102-500731 See Exhibit B for additional account numbers.	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$452,760.00
1.9 Contracting Officer for State Agency Lisa L. Bujno, MSN, APRN Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Nancy Frank Executive Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Grafton</u> On <u>4/23/13</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 			
1.13.2 Name and Title of Notary or Justice of the Peace Amy J. Holmes, Notary and NCHC Community & Public Health Director			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Jeanette P. Hericke, Attorney On: <u>27 Mar 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").

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

**4. CONDITIONAL NATURE OF AGREEMENT.**

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

**5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.**

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

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

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

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

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

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

**7. PERSONNEL.**

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

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

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

**8. EVENT OF DEFAULT/REMEDIES.**

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

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

- 8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
- 8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
- 8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
- 8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

**9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.**

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

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

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

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

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

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

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

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

**14. INSURANCE.**

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

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

Contractor Initials:   MF    
Date:   4/23/13

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

**15. WORKERS' COMPENSATION.**

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

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

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

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

**18. AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

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

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

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

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

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

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

NH Department of Health and Human Services

Exhibit A

Scope of Services  
Regional Public Health Network Services

CONTRACT PERIOD: July 1, 2013 or Date of G&C approval, whichever is later,  
through June 30, 2015

CONTRACTOR NAME: North Country Health Consortium, Inc.  
262 Cottage Street, STE 230  
ADDRESS: Littleton, NH 03561  
Executive Director: Nancy Frank  
TELEPHONE: (603) 259-3700

**The Contractor shall:**

The contractor, as a recipient of federal and state funds will implement recommendations from the NH Division of Public Health Service's (DPHS) report Creating a Regional Public Health System: Results of an Assessment to Inform the Planning Process to strengthen capacity among public health system partners to deliver essential public health services in a coordinated and effective manner by establishing a Regional Public Health Advisory Committee.

The contractor will implement the 2012 Regional Strategic Plan for Prevention pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed June 2012, located on:  
<http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.

The contractor will develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.

The contractor in selected regions will also implement initiatives that respond to other public health needs as identified in this Exhibit A.

All contractors will ensure the administrative and fiscal capacity to accept and expend funds provided by the DPHS and the Bureau of Drug and Alcohol Services (BDAS) for substance misuse prevention and related health promotion and other public health services as such funding may become available.

To achieve these outcomes, the contractor will conduct the following activities:

**1. Regional Public Health Advisory Committee**

Develop and/or maintain a Regional Public Health Advisory Committee comprised of representatives from the community sectors identified in Table 1 of the RFP. At a minimum, this entity shall provide an advisory role to the contractor and, as appropriate, subcontractors to assure the delivery of the services funded through this agreement.

The Regional Public Health Advisory Committee should strive to ensure its membership is inclusive of all local agencies that provide public health services beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related

services and continue implementation of the Strategic Prevention Framework (SPF) and substance misuse prevention and related health promotion as appropriate to the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-based to meet improved health outcomes; and advance the coordination of services among partners.

#### A. Membership

At a minimum, the following entities within the region being served shall be granted full membership rights on the Regional Public Health Advisory Committee.

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each DPHS-designated community health center
5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. At least one representative from each of the following community sectors shall also be granted full membership rights: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

#### **Responsibilities**

Perform an advisory function to include:

1. Collaborate with the contractor to establish annual priorities to strengthen the capabilities within the region to prepare for and respond to public health emergencies and implement substance misuse prevention and related health promotion activities.
  - 1.1. Upon contracting, recruit and convene members to determine a name for the region that is based on geography (ex. Seacoast, North Country) by September 30.
2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.
  - 2.1. Disseminate the 2012 NH State and Regional Health Profiles, the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance Survey (BRFSS) reports, and the forthcoming State Public Health Improvement Plan to public health system partners in the region in order to inform partners of the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.
  - 2.2. Participate in local community health assessments, prioritizing the Community Benefits Assessment conducted by hospitals as required under RSA 7:32.
  - 2.3. Participate in regional, county and local health needs assessments convened by other agencies.
  - 2.4. Participate in community health improvement planning processes being conducted by other agencies.
3. Liaison with municipal and county government leaders to provide awareness of and, as possible, participation in the Regional Public Health Advisory Committee and its role to coordinate activities regionally.
4. Designate representatives to other local or regional initiatives that address emergency preparedness and response, substance misuse prevention and related health promotion, and other public health services.
5. Develop and maintain policies and procedures related to the Regional Public Health Advisory Committee that include:
  - 5.1. Organizational structure
  - 5.2. Membership
  - 5.3. Leadership roles and structure
  - 5.4. Committee roles and responsibilities
  - 5.5. Decision-making process
  - 5.6. Subcommittees or workgroups
  - 5.7. Documentation and record-keeping



- 5.8. Process for reviewing and revising the policies and procedures
6. Complete the PARTNER survey during the fourth quarter of SFY 2014.
7. The chair of the Regional Public Health Advisory Committee or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.

## 2. Substance Misuse Prevention and Related Health Promotion

- a. Ensure oversight to carry out the regional three-year strategic plan (available at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>) and coordination of the SPF and other processes as described in this RFP and mapped out within the BDAS Regional Network System Logic Model (Attachment 8):
  1. Maintain and/or hire a full-time-equivalent coordinator to manage the project with one person serving as the primary point of contact and management of the scope of work.
    - a. The Prevention Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
  2. Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).
  3. Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
  4. Ensure the continuance of a committee to serve as the content experts for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Committee.
    - a. The expert committee shall consist of the six sectors representative of the region with a shared focus on prevention misuse of substances and associated consequences. The committee will inform and guide the regional efforts to ensure priorities and programs are data-driven, evidence-based, and culturally appropriate to the region to achieve outcomes.
    - b. Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the three-year strategic plan and other contract deliverables and serves as the liaison to the Regional Public Health Advisory Committee.
    - c. Recruit and maintain various members from the six core sectors to conduct the steps of the SPF in reaching key milestones and producing key products as outline in Attachment 2.
    - d. Submit any and all revised regional network strategic plans as required to BDAS that are data-driven and endorsed by regional members and the expert committee/workgroup.
    - e. Promote and communicate regional outcomes, goals, objectives, activities and successes through media and other community information channels to the regions' coalitions, local drug free community grantees, prevention provider agencies, and other prevention entities as appropriate.
    - f. Cooperate with and coordinate all evaluation efforts as required by BDAS conducted by the Center for Excellence, (e.g. PARTNER Survey, annual Regional Network Evaluation, and other surveys as directed by BDAS).
    - g. Maintain effective training and on-going communication within the coalition, expert committee, broader membership, six core sectors, and all subcommittees.
    - h. Attend all State required trainings, workshops, and bi-monthly meetings.
    - i. Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Synar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities).
    - j. Assist with other State activities as needed.
    - k. Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).
    - l. Conduct 10 Appreciative Inquires annually and utilize Community-Based Participatory Research approach in outreach efforts as stated in RFP.

- m. Meet the requirements of the National Outcomes as outlined in Attachment 7.
- n. Meet the required outcomes measures as outlined in BDAS Regional Network System Logic Model (Attachment 8).
- o. Provide hosting and/or collaborative efforts for one full time Volunteers in Service to America (VISTA) volunteer provided by Community Anti-Drug Coalitions of America (CADCA) at minimum for one-year to work within and across regions to support military personnel and their families in support of the goals and objectives of the VetCorps-VISTA Project:
  - Increase the number of veterans and military families (VMF) receiving services and assistance by establishing partnerships and developing collaborations with communities to help create a network and safety net of support similar to that of military bases;
  - Increase the capacity of community institutions and civic and volunteer organizations to assist local VMFs in several areas 1) Enhancing opportunities for healthy futures for VMF focusing on access to health care and health care services, with an emphasis on substance abuse prevention, treatment and outreach; 2) Facilitating the provision of and access to social, mental and physical health services to VMF; 3) Enhancing economic opportunities for VMF (focusing on housing and employment); and 4) Increasing the number of veterans engaged in service opportunities.

### **3. Regional Public Health Preparedness**

#### **A. Regional Public Health Emergency Planning**

The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the Capabilities Standards. All activities shall build on current efforts and accomplishments within each region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.

1. In collaboration with the Regional Public Health Advisory Committee described in that section of this document provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices (Attachment 11). The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to: [http://www.fema.gov/pdf/about/divisions/npd/CPG\\_101\\_V2.pdf](http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf).
  - 1.1 Participate in an annual Regional Annex Technical Assistance Review (RATAR) developed by the NH DPHS. The RATAR outlines planning elements to be assessed for evidence of the Public Health Regions' (PHRs) overall readiness to mount an effective response to a public health emergency or threat. Revise and update the RPHEA, related appendices and attachments based on the findings from the RATAR.
  - 1.2 Participate in an annual Local Technical Assistance Review (LTAR) as required by the CDC Division of Strategic National Stockpile (DSNS). The LTAR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the LTAR.
  - 1.3 Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.

- 1.4 Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.5 Disseminate the RPHEA and related materials to planning and response partners including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.
2. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners with(in) the region. Health(care) Coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.<sup>1</sup>
3. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
4. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
5. Coordinate a hazard vulnerability assessment (HVA) (aka jurisdictional risk assessment) focused on public health, health care and behavioral health systems. The HVA will consist of 3 half-day meetings of regional partners that assess the impact to these three systems in the region from various types of hazards; identify existing preparedness capabilities that mitigate the impact; and identify priority interventions to address gaps. The HVA will be led by DHHS staff and an agency contracted by the DPHS.

**B. Regional Public Health Emergency Response Readiness**

1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
  - 1.1. Collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services (Attachment 3).
2. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
  - 2.1. Coordinate the procurement, rotation and storage of supplies necessary for the activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
  - 2.2. Develop and execute MOUs with agencies to store, inventory, and rotate these supplies.
  - 2.3. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
  - 2.4. Disseminate information about, and link appropriate public health and health care professionals with, the NH Responds to allow for the timely activation of volunteers during emergency events. For more information about NH Responds go to: (<https://www.nhresponds.org/nhhome.aspx>).
  - 2.5. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.

<sup>1</sup> Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.

- 2.6. Based on a determination made by regional partners, administer a regional HIAN in accordance with DPHS policies, procedures, and requirements.
- 2.7. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
- 2.8. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs.
3. In coordination with the DHHS, maintain a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
  - 3.1 Identify current members or enlist new members to serve in a leadership capacity to further develop the capability, capacity and programs of the regional MRC.
  - 3.2 Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, related appendices, and to support the school-based immunization clinics described in this Exhibit. Conduct outreach in other venues to recruit non-clinical volunteers.
  - 3.3. Enter and maintain data about MRC members in a module within the NHResponds system administered by the NH DHHS to ensure the capability to notify, activate, and track members during routine public health or emergency events. Utilize this system to activate members and track deployments. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
  - 3.4. Enter information about training programs and individuals trained into a learning management system administered by NH DHHS to track training programs completed by MRC members.
  - 3.5 Conduct training programs that allow members to meet core competency requirements established by the NH MRC Advisory Committee and the NH DHHS. Provide at least one opportunity per year for members to take each of the on-site courses required to meet the core competency requirements. These courses may be offered in the region or an adjoining region when feasible.

**C. Public Health Emergency Drills and Exercises**

1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
  - 1.1 Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.
  - 1.2 Coordinate participation of regional partners in a HSEEP compliant functional exercise regarding the section in the regional annex to provide low-flow oxygen support to patients in an ACS. The exercise will be offered through a vendor contracted by the DPHS.
  - 1.3 Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM).
  - 1.4 Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
  - 1.5 To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

#### **4. Regional Disaster Behavioral Health Services in Belknap Carroll, Coos and Grafton Counties**

##### **A. Disaster Behavioral Health Planning**

The contractor, in coordination with a community mental health center, will hire and supervise a regional Disaster Behavioral Health Liaison (DBHL), to ensure the completion of the following activities:

1. Integrate disaster behavioral health planning efforts with those of public health, public safety and emergency medical entities to ensure coordination with local, regional and state plans. Promote behavioral health as an essential component of emergency planning and responses activities.
  - 1.1 Establish and maintain relationships with the Regional Public Health Advisory Committee as well as community mental health centers, hospitals, schools, Red Cross Chapters, Department of Safety field representatives and other governmental agencies in the assigned region.
  - 1.2 Attend regularly scheduled meetings convened by the above named agencies and organizations. Engage other stakeholders as appropriate.
2. Provide technical assistance to community mental health centers, hospitals, schools and local municipalities to integrate behavioral health capabilities in their respective emergency response plans.
3. Inform the NH DHHS ESU Disaster Behavioral Health Coordinator (DBHC) of local/regional needs and planning issues that may require the attention of the State.
4. Assist the DBHC to develop First Responder Peer-based Critical Incident Stress Management teams through training, consultation and technical assistance.
5. Ensure sustainability of the behavioral health component of the RPHEA. Conduct annual reviews of the behavioral health components of the RPHEA and, as requested, other agencies such as hospitals, schools and community mental health centers, to ensure behavioral health capabilities are integrated and up-to-date.
6. Disseminate disaster behavioral health templates to agencies for integration into agency response plans.

##### **B. Disaster Behavioral Health Response Readiness**

1. Assist the DBHC in maintaining a resource directory of state and local behavioral health services that provide acute crisis, intermediate and long term behavioral health support to disaster victims, families, vulnerable populations, first responders and the general public.
  - 1.1 Ensure the directory is accurate and complete.
  - 1.2 Disseminate and promote the use of the directory with local and regional emergency response entities.
2. Recruit and train Disaster Behavioral Health Response Team (DBHRT) members.
  - 2.1. Maintain regional DBHRTs to ensure that team members meet the conditions of their team membership agreement in order to ensure their capacity to respond to an emergency.
  - 2.2. Conduct semi-annual meetings of DBHRT members to share information, solicit concerns and explore suggestions for improving team functioning.
  - 2.3. Recruit new team members, arrange for and provide their initial training.
  - 2.4. Coordinate and provide ongoing training for established DBHRT members with the ESU DBHC. This includes DBHRT Basic Training, DBHRT Team Leader training, Psychological First Aid, Family Assistance Center, Critical Incident Stress Management (Group), Compassion Fatigue and Community Resiliency.
  - 2.5. Assist the DBHC in developing and providing new trainings such as: Responding to Traumatic Events in Schools, Grief and Shattered Assumptions, Working in a POD and Working in a Shelter.
  - 2.6. Coordinate DBHRT members' participation in drills and exercises. Inform state-level DBHC of team member involvement in drills/exercises, training and response to actual events.
  - 2.7. Enter and maintain data about DBHRT members in the NHResponds system administered by the NH DHHS ESU to ensure the capability to notify, activate, and track members during emergency events. Utilize this system to activate members and track deployment. The agency funded under

this agreement will be granted administrative access rights to this web-based system in order to complete this activity.

3. In the event of an emergency event or critical incident, assist the DHHS ESU in coordinating the behavioral health response with local and state officials, regional DBHRT team leaders and the state-level DBHC.
  - 3.1. Conduct an Initial Community Needs Assessment to determine the local behavioral health needs.
  - 3.2. Assist in the activation of DBHRT members.
  - 3.3. Coordinate orientation and pre-deployment briefings for DBHRT members.
  - 3.4. Serve in a Team Leader role in the absence of team leaders.
  - 3.5. Assist in the coordination of response and recovery efforts. Provide leadership in local planning, coordination and collaboration of behavioral health services to disaster victims.
  - 3.6. Conduct post-deployment checks of all DBHRT members who respond to an event.

### **C. Disaster Behavioral Health Emergency Drills and Exercises**

1. Participate in the design of and attend all drills, simulations and exercises in the assigned regions. Contribute to After Action Reports (AARs).
2. Assist to develop Improvement Plans based on the findings of the AAR for drills, exercises and responses to real events.

### **5. School-Based Seasonal Influenza Vaccination Services**

1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
  - 1.1 Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
  - 1.2 School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
  - 1.3 As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
  - 1.4 Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
  - 1.5 Report all known adverse reactions according to protocols established by the NHIP.
  - 1.6 Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
  - 1.7 Conduct debriefings after each clinic to identify opportunities for improvements.

### **6. Performance Measures**

#### **Regional Public Health Advisory Committee**

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the DPHS that participate in the regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

### **Substance Misuse Prevention and Related Health Promotion**

Outcome and evaluation measure instruments will be administered in cooperation with the NH Center for Excellence and Monthly submission of process evaluation data via the web-based performance monitoring system (P-WITS) and other surveys and reports as required by BDAS (e.g. PARTNER survey, Regional Network Evaluation, Regional Network Annual Report)

- Percentage of increase of evidence-based programs, practices and policies adopted by sector as recorded in P-WITS.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies as recorded in P-WITS.
- Number and increase in the diversity of Center for Substance Abuse Prevention (CSAP) categories implemented across Institute of Medicine (IOM) classifications as outlined in the Block Grant Requirements (Attachment 7) as recorded in P-WITS.
- Number of persons served or reached by IOM classification as recorded in P-WITS.
- Number of key products produced and milestones reached as outlined in Attachment 2 and reported annually in the Regional Network Annual Report and as recorded in P-WITS.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional System Logic Model (Attachment 8).
  - a) Long-term outcomes measured and achieved as applicable to the region's 3-year strategic plan.

### **Regional Public Health Preparedness**

- Score assigned to the region's capacity to dispense medications to the population based on the CDC LTAR.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the DPHS' RATAR.
- Number of MRC volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by MRC units.

### **Disaster Behavioral Health Emergency Planning**

- Number of DBHRT volunteers that have met training requirements and are deemed eligible to respond to an emergency (DBHRT awardee only).
- Percent of requests for deployment during emergencies met by DBHRT (DBHRT awardee only).

### **School-Based Vaccination**

- Number of schools hosting a seasonal influenza clinic (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

## **7. Training and Technical Assistance Requirements**

The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.

### **Regional Public Health Preparedness**

1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.
2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
3. Complete the training standards recommended for Preparedness Coordinators (See Attachment 12).
4. Attend the annual Statewide Preparedness Conferences in June 2014 and 2015.

### **Disaster Behavioral Health Planning and Response**

1. The Regional DBHL will complete the following training programs:
  - American Red Cross
    - Foundations of Disaster Mental Health
    - Disaster Assessment Basics
    - Shelter Operations
    - Mass Care
  - Federal Emergency Management Agency-Incident Command System (FEMA-ICS)
    - IS 100.b
    - IS-200.b
    - ICS-300
    - IS-700a
    - HSEEP
  - DHHS ESU
    - NHResponds System Administrator training

### **Medical Reserve Corps**

1. Participate in the development of a statewide technical assistance plan for MRC units.
2. Participate in monthly MRC unit coordinator meetings.
3. Attend the annual Statewide MRC Leadership Conference.

### **Substance Misuse Prevention and Related Health Promotion**

1. On going quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and learning collaborative(s).

### **Immunization Services**

1. Participate in bi-monthly conference calls with NHIP staff.
2. Attend a half-day Training of Trainers in-service program offered by the NHIP.



## **8. Administration and Management**

### **A. All Services**

#### **1. Workplan**

Monitor progress on the final workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each of the following:

- a. Regional Public Health Advisory Committee
- b. Substance Misuse Prevention and Related Health Promotion
- c. Regional Public Health Emergency Preparedness
- d. Regional Disaster Behavioral Health
- e. School-based Vaccination Services
- f. Training and Technical Assistance
- g. Administration and Management

#### **2. Reporting, Contract Monitoring and Performance Evaluation Activities**

##### **All Services**

1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
  - 1.1 A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
  - 1.2 Subcontractors must attend all site visits as requested by DHHS.
  - 1.3 A financial audit in accordance with state and federal requirements.
2. Maintain the capability to accept and expend funds to support funded services.
  - 2.1 Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
  - 2.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
  - 2.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
3. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
4. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in Exhibit C, paragraph 14.
5. Provide other programmatic updates as requested by the DHHS.
6. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
  - 6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.
  - 6.2. Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

**3. Subcontractors**

- 3.1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the DHHS must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.
- 3.2. In addition, the original contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

**4. Transfer of assets**

- 4.1 Upon notification by the DHHS and within 30 days of the start of the contract, coordinate with the DHHS the transfer of any assets purchased by another entity under a previous contract.

**Public Health Preparedness, Disaster Behavioral Health and School- Based Immunization Clinics**

- 1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the DPHS' Community Health Development Section that describes activities under each section of this Exhibit that the contractor is funded to provide. The Section will be responsible to distribute the report to the appropriate contract managers in other DPHS programs.
- 2. Complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

**Substance Misuse Prevention and Related Health Promotion**

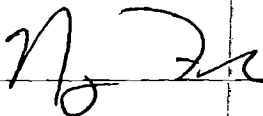
- 1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
  - 1.1. Contractor will submit the following to the State:
    - 1.1.1. Submit updated or revised strategic plans for approval prior to implementation.
    - 1.1.2. Submit annual report to BDAS due June 25, 2014 and 2015 (template will be provided by BDAS).
    - 1.1.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. PARTNER Survey, annual environmental measure, and other surveys as directed by BDAS).
    - 1.1.4. Provide additional information as a required by BDAS.

**Fiscal Agent**

- 1. As requested by regional partners, serve as a fiscal agent for federal, state or other funds to provide public health services within the PHR. Services provided using these funds may be implemented by the contractor or other partnering entities.

I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract we will contact the appropriate DHHS office immediately for additional guidance.

Executive Director Signature: \_\_\_\_\_



NH Department of Health and Human Services

Exhibit B

Purchase of Services  
Contract Price

Regional Public Health Network Services

CONTRACT PERIOD: July 1, 2013 or date of G&C approval, whichever is later, through June 30, 2015

CONTRACTOR NAME: North Country Health Consortium, Inc.  
262 Cottage Street, STE 230  
ADDRESS: Littleton, NH 03561  
Executive Director: Nancy Frank  
TELEPHONE: (603) 259-3700

Vendor #158557-B001	Job #90077021	Appropriation #05-95-90-902510-5171-102-500731
	Job #95846502	Appropriation #05-95-49-491510-2988-102-500734
	Job #90023010	Appropriation #05-95-90-902510-5178-102-500731

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

\$161,000 for Public Health Preparedness – Regional Planning, Response and Exercises and Drills, funded from 85.45% federal funds from the U.S. Centers for Disease Control and Prevention (CDC), (CFDA #96.069), and 14.55% general funds and, \$140,000 Public Health Preparedness – Disaster Behavioral Health, funded from 85.45% federal funds from the CDC, (CFDA #96.069), and 14.55% general funds, \$130,760 for Substance Misuse Prevention and Related Health Promotion, funded from 100% federal funds from the Substance Abuse and Mental Health Services Administration (CFDA #93.959), and \$21,000 for School Based Vaccination Clinics, funded from 100% federal funds from the National Center for Immunization and Respiratory Diseases, CDC, (CFDA #93.268).

**TOTAL: \$452,760**

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

6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20<sup>th</sup> of each contract year.
7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars (\$300) and with a useful life beyond one year.

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NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

1. **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:
2. **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.
3. **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.
4. **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.
5. **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.
6. **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.
7. **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.
8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors 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:

- 8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;
- 8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;
- 8.3 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:**

9. **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:
  - 9.1 **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.
  - 9.2 **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 recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
  - 9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
10. **Audit:** Contractor shall submit an annual audit to the Department within nine months 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.
  - 10.1 **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.
  - 10.2 **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.
11. **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 directed 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.

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.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 **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.

12.2 **Final Report:** A final report shall be submitted within sixty (60) 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.

13. **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.

14. **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:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole 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.

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 government 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. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

**Insurance Requirement for (1)** - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

(1) ✓ The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

**Insurance Requirement for (2)** - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: 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, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

(2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, DHHS in its sole discretion may decide to offer a two (2) year extension, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

18. **Authority to Adjust**

Notwithstanding paragraph 18 of the P-37 and Exhibit B, Paragraph 1 Funding Sources, to adjust funding from one source of funds to another source of funds that are identified in the Exhibit B Paragraph 1 and within the price limitation, and to adjust amounts if needed and justified between State Fiscal Years and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Council.



18. **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.

19. **Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;**

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

**SPECIAL PROVISIONS – 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.

**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:** Whenever 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 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.

NH Department of Health and Human Services

Standard Exhibit G

**CERTIFICATION REGARDING THE AMERICANS WITH DISABILITIES ACT COMPLIANCE**

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

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

  
Contractor Signature

*Executive Director*  
Contractor's Representative Title

North Country Health Consortium, Inc.  
Contractor Name

4/23/13  
Date