40-B

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
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NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

June 18, 2013

86.53% fed
11.01% other (REBATES)
Retroactive

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, to enter into an agreement with JSI Research & Training Institute, Inc. dba Community Health Institute (Vendor #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, in an amount not to exceed $1,362,200.00, to provide a broad range of programmatic support services across a number of public health programs to include public health strategic planning, needs assessment, training and technical assistance; implementation of health communications campaigns; and a coordinated system for the placement of clinical health providers in areas of the State designated as being medically underserved, to be effective **retroactive** to July 1, 2013, through June 30, 2015.

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in the 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.

See attachment for financial details

EXPLANATION

Retroactive approval is being requested for this agreement because the complexity in the procurement process of consolidating six program areas and ten funding sources was more time-consuming than originally anticipated. Lessons learned during this initial attempt to consolidate agreements will be applied in the future and result in savings of staff time and resources.

Funds in this agreement will be used to implement programs in six different areas:

State Health Improvement Planning

- Conduct a re-assessment of the National Public Health Performance Standards by convening and supporting a one-day conference and publishing a report of the findings.

- Support to revise the 2011 Division of Public Health Services Strategic Plan by convening and supporting a one-day conference and publishing a final report.

Climate Change and Public Health Adaptation Planning

- Provide training and technical assistance services to develop and implement an action plan to increase the capacity for public health systems to manage and mitigate the health impacts related to climate change.

Public Health Preparedness Training and Technical Assistance

- Provide training and technical assistance programs to strengthen local, regional, and state partners' ability to meet federal preparedness standards.
- Provide logistics support for two, one-day conferences each year sponsored by the Department of Health and Human Services and the Department of Safety, Homeland Security and Emergency Management.

Immunization Health Communications

- Develop, implement, and evaluate health communication messaging to New Hampshire residents to increase immunization rates in New Hampshire among children, adolescents, and adults.

HIV Comprehensive Needs Assessment

- Design, implement, and analyze a Comprehensive Needs Assessment for residents who are living with HIV disease.

Clinical Placement Program

- Collaborate with clinical health care provider sites in New Hampshire designated as being medically underserved, state healthcare workforce officials, and New Hampshire-based medical training programs to create a coordinated clinical placement system for primary care provider students.

Should Governor and Executive Council not authorize this Request there will be a reduction in the Division's ability to implement a recommendation of the Legislative Commission on Primary Care Workforce Issues to develop an effective system to place health care providers in undeserved areas; provide training and technical expertise to local and regional public health emergency responders; and improve the quality and cost-effectiveness of services provided to individuals living with HIV. Additionally, it will delay implementation of a communications strategy to increase seasonal influenza vaccination rates, and prepare for and reduce the impacts on health from climate change.

JSI Research & Training Institute, Inc. dba Community Health Institute 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 April 2, 2013 through April 29, 2013. In addition, a bidder's teleconference was held on April 8, 2013.

Two Letters of Intent were submitted in response to this statewide competitive bid; two proposals were received. Nine reviewers who work internal and external to the Department of Health and Human Services reviewed the proposals. The reviewers represent seasoned public health administrators and managers with between five to 25 years experience in contract and vendor management, public health administration and management, program management, emergency preparedness, client services, and case management. Each reviewer was selected for the specific skill set they possess and their experience. Their decision followed a thorough discussion of the strengths and weaknesses to the proposals. The final decision was made by taking an average of all reviewers' scores. The Bid 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 Council.

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

State Health Improvement Planning

- At least 75% of participants rate the re-assessment of the National Public Health Performance Standards as either "excellent" or "very good" in an evaluation survey.

Climate Change and Public Health Adaptation Planning

State Fiscal Year 2014

- At least 85% of participants rate the planning sessions as either "excellent" or "very good" in an evaluation survey.
- The technical assistance provided to support development of project evaluation plan is rated as either "excellent" or "very good" by the Division.
- The climate-related health impact review, technical assistance, and written recommendations is rated as either "excellent" or "very good" by the Division.
- The review of "best available" interventions, technical assistance, and written recommendations is rated as either "excellent" or "very good" by the Division.
- The Climate Change and Public Health Adaptation Plan report is rated as either "excellent" or "very good" by the Division prior to printing or publishing to the Web.

State Fiscal Year 2015

- Support provided for development and finalization of the Climate Change and Public Health Adaptation Plan is rated as either "excellent" or "very good" by the Division.
- At least 85% of participants rate the four training sessions as either "excellent" or "very good" in an evaluation survey.
- The training module provided to the Division for future trainings is rated as either "excellent" or "very good" by DPHS.
- The technical assistance provided to support assessment and presentation of findings is rated as either "excellent" or "very good" by the Division.

Public Health Preparedness

- At least 90% of high-priority technical assistance needs identified by Regional Public Health Networks as part of an annual technical assistance plan are met.
- At least 90% of high-priority technical assistance requests made by the Division or the Emergency Services Unit are met.
- At least 85% of participants rate the training programs as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either "excellent" or "very good" in an evaluation survey.

Immunization Health Communications

- At least 90% of high-priority technical assistance requests made by the New Hampshire Immunization Program are met.
- The health communication strategy and plan is rated as either "excellent" or "very good" by the Division.
- At least 85% of the high priority components of the health communications plan are implemented and evaluated.
- At least 85% of training participants rate the training programs as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either "excellent" or "very good" in an evaluation survey.

HIV Comprehensive Needs Assessment

- The Comprehensive Needs Assessment for individuals who are living with HIV disease in the State of New Hampshire is rated as either "meets expectations" or "exceeds expectations" by the Division. Clinical Placement Program
- At least 75% of training program participants rate the placement experience as either "excellent" or "very good".
- At least 75% of the clinical site program participants rate the placement experience as either "excellent" or "very good".

Area served: statewide.

Source of Funds: 86.53% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention and the Health Resources and Service Administration; the US Food and Drug Administration; 11.01% Other Funds from Pharmaceutical Rebates; and 2.46% 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

Approved by:
Nicholas A. Toumpas
Commissioner

Program Name Public Health Program Services Support
Contract Purpose Provide broad range of public health professional services
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Training Instute, Inc. dba Community Health Institute, 501 South Street 2nd Floor, Bow,	Joshua B. Lipsman dba JBL Systems, LLC, PO Box 41, Athens NY 12015
Agy Capacity	**30**	27.67	19.67
Program Structure	**30**	26.44	20.67
Workplan	**20**	18.60	15.10
Budget & Justification	**18**	16.00	15.44
Format	**2**	1.89	1.89
Total	**100**	90.60	72.77

BUDGET REQUEST			
Year 01		$697,200.00	$696,516.00
Year 02		$665,000.00	$624,780.00
Year 03		$0.00	$0.00
TOTAL BUDGET REQUEST		**$1,362,200.00**	**$1,321,296.00**
BUDGET AWARDED			
Year 01		$681,100.00	-
Year 02		$681,100.00	-
Year 03		$0.00	-
TOTAL BUDGET AWARDED		**$1,362,200.00**	**-**

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Neil Twitchell	Administrator	DPHS/DHHS	The reviewers represent seasoned public health administrators and managers with between five to 25 years experience in contract and vendor management, public health administration and management, program management, emergency preparedness, client services, and case management.
2	Michael Dumond	Bureau Chief	DPHS/DHHS	
3	Laura Holmes	Program Planner	DPHS/DHHS	
4	Sarah McPhee	Program Manager	DPHS/DHHS	
5	Karen Blizzard Royce	Program Specialist	DPHS/DHHS	
6	Alisa Druzba	Administrator	DPHS/DHHS	
7	Jeanie Holt	Past President	NH Public Health Association	
8	Joyce Heck	Manager	Court Appointed Special Advocates of NH	
9	Leslie O'Neil	Case Manager	Dartmouth Hitchcock Medical Center	

FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services

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
SFY 2014/2015 - 85.45% Federal Funds and 14.55% General Funds

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90077021	$115,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90077021	$115,000.00
			Sub-total	$230,000.00

05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS
SFY 2014/2015 - 100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90077700	$170,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90077700	$170,000.00
			Sub-Total	$340,000.00

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
SFY 2014/2015 - 100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90073000	$40,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90073000	$40,000.00
			Sub-Total	$80,000.00

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
SFY 2014/2015 - 100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90023013	$110,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90023013	$110,000.00
			Sub-Total	$220,000.00

05-95-90-901010-5997 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE
SFY 2014/2015 - 100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90001001	$27,200.00
			Sub-Total	$27,200.00

FINANCIAL DETAIL ATTACHMENT SHEET
Public Health Program Services Support Services

05-95-90-902510-5189 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HIV/AIDS PREVENTION
SFY 2014/2015 - 100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90024000	$50,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90024000	$50,000.00
			Sub-Total	$100,000.00

05-95-90-902510-2222 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, RYAN WHITE PART B
SFY 2014/2015 - 100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	567-500919	Title II HIV Care Assistance	90024100	$75,000.00
SFY 2015	567-500919	Title II HIV Care Assistance	90024100	$75,000.00
			Sub-Total	$150,000.00

05-95-90-902510-2229 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES
SFY 2014/2015 - 100% Other Funds (Pharmaceutical Rebates)

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	530-500371	Drug Rebates	90024600	$75,000.00
SFY 2015	530-500371	Drug Rebates	90024600	$75,000.00
			Sub-Total	$150,000.00

05-95-90-903010-5350 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, FDA FERN MICRO
SFY 2014/2015 - 100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	020-500239	Current Expense	90069017	$5,000.00
			Sub-Total	$5,000.00

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
SFY 2014/2015 - 100% Federal Funds

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 2014	102-500731	Contracts for Prog Svc	90007936	$30,000.00
SFY 2015	102-500731	Contracts for Prog Svc	90007936	$30,000.00
			Sub-Total	$60,000.00
			Total	$1,362,200.00

Subject: Public Health Program Services Support

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 JSI Research & Training Institute, Inc. dba Community Health Institute		**1.4 Contractor Address** 501 South Street, 2nd Floor Bow, NH 03304	
1.5 Contractor Phone Number (603) 573-3300	**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** $1,362,200.00
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** Jonathan Stewart Director	

1.13 Acknowledgement: State of NH, County of Merrimack

On 5/24/13 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Sylvia L. Currier

1.13.2 Name and Title of Notary or Justice of the Peace

SYLVIA L. CURRIER, Notary Public
My Commission Expires December 18, 2013

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Brook S. Dyer ~~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: Jeanne P. Herrick Attorney	On: 17 Jun. 2013
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.

Contractor Initials: _____
Date: 5/21/13

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: _____
Date: 5/21/13

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

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

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

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

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

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

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

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

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

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

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

Contractor Initials: _____
Date: 5/21/13

NH Department of Health and Human Services

Exhibit A

Scope of Services

Public Health Program Services Support

CONTRACT PERIOD: Retroactive to July 1, 2013, through June 30, 2015

CONTRACTOR NAME:	JSI Research & Training Institute, Inc. dba Community Health Institute
	501 South Street, 2nd Floor
ADDRESS:	Bow, NH 03304
Director:	Jonathan Stewart
TELEPHONE:	(603) 573-3300

The Contractor shall:

Provide a broad range of programmatic support services across a number of public health issues and Division of Public Health Services (DPHS) operational areas. These support services include conducting strategic planning and needs assessment processes; providing training and technical assistance; implementing health communications campaigns; and implementing a coordinated system for the placement of clinical health care providers. The contractor must also have the capability to implement similar services addressing the same or other public health priorities using additional funds as they may become available during the contract period.

The contractor will coordinate activities with DPHS programs as follows:
State Health Improvement Planning - Public Health Improvement Section
Climate Change and Public Health Adaptation Planning – Climate Change and Public Health Program
Public Health Preparedness Training and Technical Assistance –Community Health Development Section
Immunization Health Communications – Immunization Program
HIV Comprehensive Needs Assessment – Ryan White CARE Program
Clinical Placement Program – Rural Health / Primary Care Section

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

1. **Required Activities**

State Health Improvement Planning (SHIP)

1. By October 1, 2013, complete a re-assessment process of the National Public Health Performance Standards (NPHPS) in coordination with the DPHS. It is anticipated that 6 to 8 Essential Services may have been re-assessed using the NPHPS prior to the start date of the contract.
   - 1.1 Plan and facilitate the re-assessment for any essential services not yet reassessed;
   - 1.2 Provide re-assessment data for those essential services to the Centers for Disease Control and Prevention (CDC) for analysis, in a format prescribed by CDC, within 10 working days of the assessment;
   - 1.3 Conduct at least one follow up meeting with partners once the CDC analysis is completed, to choose capacity priorities and create action plans for those priorities.
   - 1.2 Coordinate all planning team and event logistics (see definition below); and
   - 1.3 Draft a final report of the re-assessment that includes an Executive Summary of no more than five (5) pages. The document shall be submitted to DPHS in Microsoft Word and PDF formats within 30 days of the date of the reassessment and be approved by DPHS prior to publication.

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1.4 Develop and conduct a survey of participants regarding their satisfaction with the event.

2. By October 1, 2013, develop the structure and content of web pages for the NH SHIP per DPHS requirements. At a minimum, content will include each of the ten SHIP priority areas and summaries of the SHIP development process. These web pages will conform to the design and technical requirements of the NH Department of Health and Human Services (DHHS) website for inclusion on the DPHS web page. The web pages must be approved by DPHS prior to publishing to the web.
3. By October 1, 2013, coordinate with DPHS to revise the 2011 DPHS Strategic Plan:
   3.1 Plan and facilitate a 1-day planning retreat for an estimated 50 participants;
   3.2 Coordinate all planning team and event logistics; and
   3.3 Draft a final report of the strategic plan that includes an Executive Summary of no more than five (5) pages. The document shall be submitted to DPHS in Microsoft Word and PDF formats within 30 days of the date of the strategic planning retreat. The plan must be approved by DPHS prior to publication.
   3.4 Develop and conduct a survey of participants regarding their satisfaction with the retreat.
4. Background: On July 1, 2011, the NH Department of Environmental Services (DES) Laboratory was merged with the NH Public Health Laboratories (PHL) as part of the Bureau of Laboratory Services, which is an operating unit within the DPHS. In 2011, the DPHS Strategic Plan was published (referenced in #3 above) and the PHL would now like to complete a strategic plan specific to the Bureau of Laboratory Services. The PHL has completed some preliminary work for strategic planning, including the completion of an environmental scan: strengths, weaknesses, opportunities and threats (SWOT) analysis. Consequently, the lab seeks a contractor to facilitate their strategic planning process and the drafting of the strategic planning document.
   4.1 By August 31, 2013, coordinate with NH PHL and NH DPHS to conduct a Public Health Laboratory Strategic Planning session and write a PHL Strategic Plan:
      4.1 Plan and facilitate a 1 and a half-day planning retreat for up to 30 people.
      4.2 Provide meeting logistics support as described on pages 35 and 36 of this RFP.
         - Review and consider the preliminary work completed to date such as PHL SWOT analysis and DPHS Strategic Plan
      4.3 Draft a NH PHL Strategic Plan to include one hard copy and one copy in MS WORD on CD.

<u>Climate Change and Public Health Adaptation Planning (CCPHAP)</u>

<u>By June 30, 2014</u>

1. Host and facilitate four sessions to provide input for development of a strategic plan for public health related climate adaptation. Sessions will be four hours long, for up to 50 partners, with break out groups utilizing climate impact data and models provided by previously contracted vendors.
2. Design, layout, and assist with drafting a CCPHAP Graphics will include photos specific to NH (ex. planning team, locations, disaster impacts), charts, tables, etc. and maps provided by the DPHS' Geographic Information Systems (GIS) staff. The plan will be submitted electronically in a format that conforms to the design and technical requirements of the DHHS website. Coordinate the development of the plan, building on existing plans, with the Climate Adaptation and Public Health Program Manager, who will have primary responsibility for writing the plan.
3. Provide technical assistance to develop an evaluation plan component to be included in the strategic plan. This will be closely coordinated with the Climate and Health Manager and in accordance with guidance from the U.S. CDC.
4. Provide epidemiological technical assistance consisting of a literature review of the health impacts related to climate change as well as a review of inputs from DPHS epidemiologists that support this planning to describe health impacts and populations most affected by climate related events. Provide similar support to identify the best available interventions for climate adaptation strategies for public health systems and vulnerable populations. This work will support the Climate and Health Intervention Assessment component of the CCPHAP.

By June 30, 2015

1. Collaborate with the DPHS program manger to develop and finalize the CCPHAP. The program manager will act as primary editor and organizer of the plan. Support will include assistance with overall layout, structure, graphics and integrating the information gathered and literature review findings. The completed plan will be used to structure implementation trainings.
2. Develop content for and logistics support for training sessions targeted to state and local partners to introduce and implement the Climate Change and Public Health Adaptation Plan. Partners will include Public Health Network (PHN) partners, state agencies identified in the plan, and other stakeholders. Four, one-day sessions will be provided in selected regions, with one held in the Concord area targeted to state agencies. The training will be evaluated to assess increased knowledge, awareness and capacity among attendees, with a particular emphasis on strengthening capacity to implement interventions that are identified in the strategic plan.
3. Collaborate with the program manager to develop evaluation and research methods that can assess the potential impact of future interventions identified in the plan. This process will link to the evaluation planning noted in year one. All activities will be conducted in a manner to allow for the contribution to the evidence-based literature for effective climate adaptation interventions for public health systems and for vulnerable populations.
4. Coordinate with the program manager to identify other opportunities to disseminate the plan.

Public Health Preparedness Training and Technical Assistance

Technical Assistance to Regional Partners

a. Develop and implement an annual technical assistance needs assessment survey of PHN coordinators.
b. Based on the survey findings and other needs identified during the project period, develop an individualized technical assistance plan for each PHN. The plan shall be developed in collaboration with each coordinator and DPHS staff, and identify high-priority needs for each state fiscal year.
c. Provide technical assistance on an ongoing basis based on the technical assistance plans.
d. Conduct quarterly technical assistance sessions with each of the PHN coordinators. The primary purpose of these sessions is to provide individualized assistance. As warranted, small group sessions may be held in lieu of individual sessions when there are similar technical assistance needs among PHN coordinators.
e. Participate in quarterly meetings with appropriate staff from the DPHS and the DHHS' Emergency Services Unit (ESU) to develop joint approaches to meet the PHNs' technical assistance needs.
f. Based on identified technical assistance needs, provide input to DPHS staff to identify topics and speakers for bimonthly meetings of PHN coordinators organized and facilitated by the DPHS.

Technical Assistance and Funding of Medical Reserve Corps (MRC) Units

a. Develop and implement an annual technical assistance needs assessment survey of MRC coordinators.
b. Based on the survey findings and other needs identified during the project period, develop a single technical assistance plan for all MRC coordinators statewide. The plan shall be developed in coordination with DPHS and ESU staff.
c. Provide technical assistance by hosting bimonthly meetings of the 15 MRC coordinators. Ensure the ability for participation via conference call.
d. Execute a subcontract with each of the 13 agencies registered with the U.S. Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps, to support recruitment, training and deployment of the MRC serving their region. The funding amount for each subcontract will be determined by DPHS and ESU staff.
e. In consultation with the DPHS and ESU, review workplan and budget proposals from each MRC unit. As needed, negotiate revisions to these proposals prior to the execution of the subcontract.
f. Collect quarterly programmatic and financial reports from each MRC unit.
g. Participate in quarterly meetings with appropriate staff from the DPHS and the ESU to develop joint approaches to meeting the MRC coordinators' technical assistance needs.

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State Partners

a. In collaboration with the DPHS, conduct hazard vulnerability assessments (HVAs) that include eight PHNs (Regions 1 – 8). The HVAs will be specific to the public health, healthcare, and behavioral health systems and include: determining the impacts to these three systems resulting from seven different scenarios; determining the current level of regional preparedness to mitigate these impacts; and identifying high-priority interventions to be implemented by PHNs to further mitigate impacts. The exact HVA methodology will be determined in consultation with DPHS staff.
b. Assist with the development of templates of emergency operations plans, annexes, and appendices under development by the DPHS and ESU to be used by regional partners.
c. Develop, implement, and maintain a web-based progress reporting system for use by PHN and MRC coordinators that includes MRC reporting elements. Provide individual and summary reports to DPHS.
d. As requested by the DPHS and as funding allows, respond to requests for additional technical assistance from state agencies (i.e. DPHS, ESU). Provision of any services under this section shall be negotiated in advance with the DPHS' Community Health Development Section (CHDS) Administrator.
e. Review the results of a 2011 training needs assessment conducted by the DPHS and the Preparedness and Emergency Response Learning Center at Harvard (PERLC-Harvard). In consultation with the DPHS, identify high-priority training needs based on the core competencies and the knowledge, skills and abilities of the NH public health preparedness workforce.
f. Develop at least two trainings targeted to PHN partners in each fiscal year based on the findings from the above review and other input. All trainings shall be based on adult learning models.
g. Deliver new training programs using the various training modalities (i.e. classroom, web-based training of trainers, etc.) to maximize the reach of these programs. Programs shall be co-sponsored by the appropriate PHN(s).
h. Revise, as needed, existing training programs developed during previous years. Revisions shall be responsive to the findings from the PERLC-Harvard needs assessment and revisions to state and regional response plans.
i. Provide logistical support for an annual statewide preparedness conference of up to 500 participants and an annual MRC volunteer conference of up to 200 participants.

Immunization Health Communications

1. Immunization Outreach Marketing Plan:
   By September 15, 2013, prepare a workplan to implement the marketing plan during the remainder of the project period.
   a. By October 1, 2013, review and assess the current Immunization Marketing Assessment and identify potential barriers and identify needed changes.
   b. By December 1, 2013, using the most current education strategies and behavioral theories, develop and present creative concepts and ideas to the New Hampshire Immunization Program (NHIP) that include campaigns and educational materials that increase understanding and awareness about the importance of recommended vaccinations.
   c. By September 15, 2013, prepare a workplan to implement the marketing plan during the remainder of the project period.
2. Develop Educational Materials:
   a. By December 31, 2013, research available materials and, after approval by the NHIP, develop new materials to improve childhood and adult immunization rates.
      - Provide a first draft of new materials for NHIP review.
      - Based on the NHIP review, submit a second draft.
      - After acceptance by the NHIP and by February 15, 2014, institute changes and then coordinate project completion including printing and delivery of materials.
3. Manage Meetings and Conferences
   a. Provide logistical support for an annual statewide immunization conference to be held in March of each year for the purposes of offering educational hours to improve the skills and knowledge of health care

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personnel. Expenses incurred during these events will be paid with funds from this contract or revenue generated by the conference.

b. Based on a timeline to be determined by the NHIP and as funding allows, coordinate, implement and evaluate trainings for NHIP staff and health care providers to reduce medical errors, vaccine wastage and vaccine declination.

c. Conduct, facilitate and evaluate a one-day strategic planning session for NHIP staff to be held in October each year.

4. Materials for Emergency Preparedness
   a. By September 1 of each year develop and implement a seasonal influenza campaign to increase public awareness of influenza vaccination.
   b. By March 30 of each year evaluate the seasonal influenza campaign.
   c. By August 15 of each year develop and print educational materials to increase awareness school-based influenza vaccination clinics. Coordinate the printing of materials with key messages and assume all related printing costs as funding allows.
   d. By March 30 of each year evaluate the marketing component of the school-based clinic initiative in collaboration with PHN coordinators.
   e. In the event of an imminent influenza pandemic and at the request of the DPHS and as funding allows, develop, print and evaluate educational materials related pandemic influenza.

HIV Comprehensive Needs Assessment (HIV-CNA)

1. Comply with the rules, regulations and policies as outlined by U.S. Health Resources Services Administration (HRSA), NH DHHS, DPHS, and the Bureau of Infectious Disease Control (BIDC).
2. Comply with all applicable provider/subgrantee responsibilities outlined in the HRSA National Monitoring Standards, as instructed by DPHS. The National Monitoring Standards are available at:
   Fiscal Standards: http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf
   Program Standards: http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf
   Universal Standards: http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf
3. The SFY 2014 Comprehensive Needs Assessment process must be compliant with a mandate to adhere to the Ryan White CARE Act Needs Assessment Guide which is available at: http://hab.hrsa.gov/tools/needs. This guide identifies five components to be included in a Comprehensive Needs Assessment. The contractor is required to produce a document that includes all five components outlined as follows:

A. Epidemiological Profile

HIV surveillance data will be provided by the BIDC. The contractor is responsible to review this data and create an epidemiological profile report that will:

1. Summarize pertinent information including prevalence, incidence, and unmet need data by age, gender, race/ethnicity, transmission mode and geographic area.
2. Identify descriptive trends in HIV and associated co-morbidities since case reporting by name began in 2005.
3. Create projections about the status of the epidemic statewide over the next three to five years. The profile should include any co-morbidities, especially Sexually Transmitted Diseases (STDs), Tuberculosis (TB) and Hepatitis, associated with the HIV/AIDS epidemic in NH.
4. Provide community population estimates, the number of individuals diagnosed and living with HIV/AIDS within each Public Health Region (PHR) and a comparison to the rates and percentages for the state. The data shall also include a description of those individuals at-risk for HIV infection based on rates of sexually transmitted diseases.
5. Publication of the epidemiological profile shall be in compliance with state and federal security and confidentiality guidelines as well as the DPHS Data Release Policy. The BIDC is prohibited from releasing data to the public that could be constructively identifying. For example, publishing HIV risk by county could potentially result in values that are small and could therefore result in identifying a client.

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B. Assessment of Service Needs among Affected Populations

1. Gather information from People Living with HIV/AIDS (PLWHA), their families and caregivers in an effort to identify common themes and trends through the use of targeted focus groups with select priority populations that will yield:
   a. Qualitative feedback for the Needs Assessment, and
   b. Survey questions to be utilized in a questionnaire to be conducted of targeted statewide populations including, but not limited to those who are in or out of HIV medical care and those with co-morbidities such TB, STDs, Hepatitis C, mental illness and substance abuse.
2. Create statistical reports reflecting the results of the survey.
3. Conduct an analysis of the data to obtain necessary information and generate recommendations. Preliminary results will be shared with the Bureau of Infectious Disease Prevention, Investigation and Care Services (ID-PICS) Section in order to obtain input into final recommendations.
4. Assure that targeted priority PLWHA populations are included in the Needs Assessment including, but not exclusive to:
   a. Men who have sex with men
   b. Black and Hispanic women
   c. Adolescents
   d. Injecting drug users and other substance users
   e. PLWHA with "unmet need" for primary medical care including those who have not yet entered care, those who have been in care but are not currently receiving primary medical care.
   f. African American men

C. Resource Inventory

This portion of the Comprehensive Needs Assessment will address all services available to PLWHA in NH, regardless of funding source.

1. Develop a full illustration of services available statewide to address the medical, social and economic needs of targeted populations identified by PHR.
2. Work with the ID-PICS Section to develop a resource inventory survey based on existing needs assessment data.

D. Profile of Provider Capacity and Capability

The profile identifies the extent to which the services identified in the resource inventory are accessible, available, appropriate, affordable and acceptable to PLWHA. The estimate of capacity describes how much of a service can actually be provided. Capability is an assessment of how well the provider can actually provide a service, including the expertise of agency staff and its accessibility.

1. Develop and implement a provider survey to determine capacity and capability to deliver services identified in the resource inventory. The contractor will collaborate with the BIDC ID-PICS Section to develop the provider survey.

E. Assessment of Service Gaps/Unmet Need

This segment of the report shall include both quantitative and qualitative data on service needs, resources and barriers to help set priorities and allocate resources.

1. Conduct a thorough assessment of unmet need for PLWHA who know their status but are not in primary medical care.
2. Make recommendations based on quantitative and qualitative data on service needs, resource and barriers to help set priorities and allocate resources.

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3. Present options for meeting service needs by maximizing identified resources and overcoming identified barriers, including coordinating Ryan White and HIV Prevention services with other health care delivery systems.
4. Present recommendations for improving service delivery, bridging gaps and reducing duplicative services, as appropriate within the Ryan White and HIV Prevention service delivery system.
5. Make recommendations for future gap analysis with emphasis on perceived and unmet needs statewide.
6. In collaboration with the ID-PICS Section, develop a strategy for meeting training, education and capacity needs of HIV providers, as identified by the assessment of service gaps/unmet need.

The above activities shall be conducted in accordance with the schedule below.

Activity	Timeline	Deliverable(s)
Maintain regular contact with the DPHS	Ongoing	Quarterly in-person meetings with Section staff; weekly emails and/or telephone calls with Section staff
Draft report of epidemiological profile to ID-PICS	January 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Assessment of service needs draft	April 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Resource Inventory Draft Provider Capacity Draft	June 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Assessment of Service Gaps/Unmet Need	October 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Strategy for meeting needs of HIV providers, as identified by the assessment of service gaps/unmet need	December 2014	Electronic draft submitted to ID-PICS Section staff, for review and approval
Submit final report to the DPHS	May 2015	Final Report in electronic form submitted to ID-PICS Section staff, for review and approval
Make presentation on final report to DPHS in person	June 2015	Presentation to ID-PICS and other interested DPHS staff

Clinical Placement Program (CPP)

The Clinical Placement Program (CPP) will create a conduit between clinical sites and training programs to improve the clinical placement experience for all involved, while building a transparent structure that can prioritize students most apt to meet identified workforce needs in NH. As part of this process, the contractor will work with NH clinical sites to identify and grow clinical opportunities for health professions students in the state.

Students with NH roots and those training in NH-based programs shall be prioritized in the CPP. Additional factors to be weighed in placing students would be based on annual workforce assessments by clinics, hospitals, and state workforce planners. These may be site-specific factors and general factors. At all times, educational programs and clinical sites have the final decision-making authority to approve placements.

The CPP may function in a number of ways relating to these payments: a) work to standardize payments from programs to providers, to "level the playing field"; b) use the variation in payments as an additional weighted factor in considering assignments of students to sites (this could be done in a site specific fashion, or in a generalized fashion); or c) maintain a minimal role, allowing programs and sites to settle up after clinical placements have been made.

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The contractor will be required to:

1. Convene a group of NH-based training programs to provide feedback on the CPP.
2. Convene a group of NH clinical placement sites to provide feedback on the CPP.
3. Collect and keep confidential data from NH-based training programs on current clinical placement sites and produce a map of the locations.
4. Research best practices and create a report on other clinical placement systems in the region or the US. This report must be approved by DPHS and completed by October 4, 2013.
5. Create a plan and cost estimate for an information technology approach to managing the CPP. The plan and cost estimate must be approved by DPHS and completed by December 20, 2013.
6. Research best practices and create report on curriculum to support clinical placement sites. The report must be approved by DPHS and completed by June 30, 2014.

Required Activities for Conference and Meeting Logistical Support - All Services

For the purposes of this RFP, logistical support for trainings and conferences is defined as:

1. Convene and facilitate meetings of the respective planning teams. Record and disseminate meeting minutes and materials.
2. Coordinate development of the training/conference agenda.
3. Compile e-mail lists to promote the training/conference using addresses supplied by DPHS and other planning team members.
4. Design and electronically publish a training/conference brochure, flyers or other marketing materials.
5. Design, layout and print materials for attendees.
6. Coordinate logistics with speakers.
7. As applicable, coordinate logistics with vendors. This includes executing contracts, supporting their logistical needs during the conference and receiving payment from vendors. All revenue generated must be put toward other activities funded by the program that was the source of funds used for each specific conference or training.
8. Provide logistical services during the training/conference including registering attendees, coordinating with the conference site staff and vendors; and other activities typically associated with conference support. Provide light refreshments during events that are two hours or longer.
9. Compile data from attendee's evaluation forms and analyze the data. Provide a report to the DPHS.
10. Upon a request from the DPHS' Public Health Laboratory execute an agreement to procure training services from the National Laboratory Training Network.
11. Upon a request from the DPHS execute an agreement to procure a web-based collaboration tool selected by the DPHS. The collaboration tool is a password-protected secure website that provides document-sharing, discussion boards, and a shared calendar among other features.

2. Performance Measures:

State Health Improvement Planning

- At least 75% of participants rate the re-assessment of the National Public Health Performance Standards as either "excellent" or "very good" in an evaluation survey.

Climate Change and Public Health Adaptation Planning

State Fiscal Year 2014

- At least 85% of participants rate the planning sessions as either "excellent" or "very good" in an evaluation survey.
- The technical assistance provided to support development of project evaluation plan is rated as either "excellent" or "very good" by DPHS.

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- The climate-related health impact review, technical assistance, and written recommendations is rated as either "excellent" or "very good" by DPHS.
- The review of "best available" interventions, technical assistance, and written recommendations is rated as either "excellent" or "very good" by DPHS.
- The CCPHAP report is rated as either "excellent" or "very good" by DPHS prior to printing or publishing to the Web.

State Fiscal Year 2015

- Support provided for development and finalization of the CCPHAP is rated as either "excellent" or "very good" by DPHS.
- At least 85% of participants rate the four training sessions as either "excellent" or "very good" in an evaluation survey.
- The training module provided to DPHS for future trainings is rated as either "excellent" or "very good" by DPHS.
- The technical assistance provided to support assessment and presentation of findings is rated as either "excellent" or "very good" by DPHS.

Public Health Preparedness

- At least 90% of high-priority technical assistance needs identified by RPHNs as part of an annual technical assistance plan are met.
- At least 90% of high-priority technical assistance requests made by DPHS or the ESU are met.
- At least 85% of participants rate the training programs as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either "excellent" or "very good" in an evaluation survey.

Immunization Health Communications

- At least 90% of high-priority technical assistance requests made by the NHIP are met.
- The health communication strategy and plan is rated as either "excellent" or "very good" by DPHS.
- At least 85% of the high priority components of the health communications plan are implemented and evaluated.
- At least 85% of training participants rate the training programs as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference participants rate the elements pertaining to conference logistics as either "excellent" or "very good" in an evaluation survey.
- At least 85% of conference planning committee members rate the conference planning support as either "excellent" or "very good" in an evaluation survey.

HIV Comprehensive Needs Assessment

- The Comprehensive Needs Assessment for individuals who are living with HIV disease in the State of New Hampshire is rated as either "meets expectations" or "exceeds expectations" by ID-PICS Section.

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Clinical Placement Program

- At least 75% of training program participants rate the placement experience as either "excellent" or "very good".
- At least 75% of the clinical site program participants rate the placement experience as either "excellent" or "very good".

Contract Administration and Management

1. Progress and Financial Reporting, Contract Monitoring and Performance Evaluation Activities

All Services

1. Participate in an annual or semi-annual site visit with staff from each participating DPHS program. 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. On-site reviews may be waived or abbreviated at the discretion of the CHDS. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.
   1.3. Subcontractors must attend all site visits as requested by DHHS.
   1.4. A financial audit in accordance with state and federal requirements.
   1.5 Key personnel involved in the implementation of the CPP at any and all locations where funded activities occur, as well as appropriate records, must be available for site visits.
2. Monitor progress on the final two-year workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each program area.
   2.1 Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the DPHS' CHDS that describes activities under each section of this Exhibit. The Section will be responsible to distribute the report to the appropriate contract managers in other DPHS programs.
   2.2 Corrective actions shall be implemented as advised by DPHS programs if contracted services are not found to be provided in accordance with this Exhibit.
3. Maintain the capability to accept and expend funds to support funded services.
   3.1 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.
   3.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
4. Ensure the capability to accept and expend new state or federal funds during the contract period for similar program support services.
5. Submit for approval all educational materials developed with these funds. All 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.
6. Provide other programmatic and financial updates as requested by the DHHS.
7. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

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Date: 5/21/13

3. Subcontractors

3.1. When 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. Staffing Provisions

New Hires

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

Vacancies

The Contractor must notify the CHDS in writing if any of the key professional staff positions funded under this agreement are vacant for more than three months. This may be done through a budget revision. In addition, the CHDS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

5. State and Federal Laws

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

1. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offences.

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.

Contractor Initials: [signature]

Date: 5/21/13

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Public Health Program Services Support

CONTRACT PERIOD: Retroactive to July 1, 2013, through June 30, 2015

CONTRACTOR NAME:	JSI Research & Training Institute, Inc. dba Community Health Institute
	501 South Street, 2nd Floor
ADDRESS:	Bow, NH 03304
Director:	Jonathan Stewart
TELEPHONE:	(603) 573-3300

Vendor #161611-B001	Job #90077021	Appropriation #05-95-90-902510-5171-102-500731
	90077700	05-95-90-902510-2239-102-500731
	90073000	05-95-90-901010-7965-102-500731
	90023013	05-95-90-902510-5178-102-500731
	90001001	05-95-90-901010-5997-102-500731
	90024000	05-95-90-902510-5189-102-500731
	90024100	05-95-90-902510-2222-102-500731
	90024600	05-95-90-902510-2229-102-500731
	90069017	05-95-90-903010-5350-102-500731
	90007936	05-95-90-901510-7936-102-500731

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:

   - $230,000 for Public Health Preparedness Training and Technical Assistance, funded from 85.45% Federal Funds from the US Centers for Disease Control and Prevention, (CDC) (CFDA #93.069) and 14.55% General Funds;
   - $340,000 for Medical Reserve Corps, funded from 100% Federal Funds from the US Department of Health and Human Services, Assistant Secretary for Preparedness and Response, (CFDA #93.889);
   - $80,000 for Rural Health Workforce, funded from 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, (CFDA #93.913);
   - $220,000 for Immunization, funded from 100% Federal Funds from the US CDC, (CFDA #93.268);
   - $27,200 for Public Health Improvement, funded from 100% Federal Funds from the US CDC (CFDA #93.507);
   - $100,000 for HIV Needs Assessment, funded from 100% Federal Funds from the US CDC (CFDA #93.940);
   - $150,000 for HIV Needs Assessment funded from 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration (CFDA #93.917);
   - $150,000 for HIV Needs Assessment, funded from 100% Other Funds (Pharmaceutical Rebates);

Contractor Initials: [signature]
Date: 5/21/13

- $5,000 for Public Health Laboratories Strategic Planning, funded from 100% Federal Funds from the US Food and Drug Administration (CFDA #93.448);

- $60,000 for Climate and Public Health funded from 100% Federal Funds from the US CDC, (CFDA #93.070).

TOTAL: $1,362,200.00

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 20th of each contract year.

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

The remainder of this page is intentionally left blank.

Contractor Initials: [signature]

Date: 5/21/13

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 fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials: [signature]

Date: 5/21/13

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.

Contractor Initials: [signature]

Date: 5/21/13

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.

Contractor Initials: [signature]

Date: 5/21/13

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).

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

14.1.1 comprehensive general liability against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $1,000,000 per occurrence and excess/umbrella liability coverage in the amount of $1,000,000 per occurrence, and.

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, DHHS in its sole discretion may decide to offer a two (2) year renewal 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.

18. Authority to Adjust

Notwithstanding paragraph 18 of the P-37 and Exhibit B, Paragraph 1 Funding Source(s), 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.

Contractor Initials: [illegible]

Date: 5/21/13

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.

Contractor Initials: [illegible]

Date: 5/21/13

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.

Contractor Initials: [illegible]

Date: 5/21/13

NH Department of Health and Human Services

Standard Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I – FOR GRANTEES OTHER THAN INDIVIDUALS

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

This certification is required by the regulations implementing Sections 5151-51-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). the January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630 of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

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

1) The grantee certifies that it will or will continue to provide a drug-free workplace by:

   (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

   (b) Establishing an ongoing drug-free awareness program to inform employee's about:

      (1) The dangers of drug abuse in the workplace;
      (2) The grantee's policy of maintaining a drug-free workplace;
      (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
      (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

   (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

   (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

      (1) Abide by the terms of the statement; and

Contractor Initials: [illegible]
Date: 5/21/13

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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

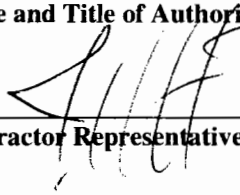
Place of Performance (street address, city, county, State, zip code) (list each location)

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

JSI Research & Training Institute, Inc. dba Community Health Institute
Contractor Name

Retroactive to July 1, 2013, through June 30, 2015
Period Covered by this Certification

Jonathan Stewart, Director
Name and Title of Authorized Contractor Representative



5/21/13
Contractor Representative Signature **Date**

NH Department of Health and Human Services

Standard Exhibit E

CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

Contract Period: Retroactive to July 1, 2013, through June 30, 2015

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

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

(2) If any funds, other than Federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions, attached and identified as Standard Exhibit E-I.

(3) The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

	Director
Contractor Signature	**Contractor's Representative Title**
JSI Research & Training Institute, Inc. dba Community Health Institute	5/21/13
Contractor Name	**Date**

NH Department of Health and Human Services

Standard Exhibit F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

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

Instructions for Certification

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transition. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transition," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntary excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rule implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction", "provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

Contractor Initials: CH

Date: 5/21/13

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

PRIMARY COVERED TRANSACTIONS

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

   a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

   b. have not within a three-year period preceding this proposal (contract) been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

   c. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 1 b of this certification; and

   d. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

Lower Tier Covered Transactions

By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

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

(b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

	Director
Contractor Signature	**Contractor's Representative Title**
JSI Research & Training Institute, Inc. dba Community Health Institute	5/21/13
Contractor Name	**Date**

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.

	Director
Contractor Signature	**Contractor's Representative Title**
JSI Research & Training Institute, Inc. dba Community Health Institute	5/21/13
Contractor Name	**Date**

NH Department of Health and Human Services

STANDARD EXHIBIT H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Signature	Director Contractor's Representative Title
JSI Research & Training Institute, Inc. dba Community Health Institute Contractor Name	5/21/13 Date

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILTY ACT
BUSINESS ASSOCIATE AGREEMENT

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

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.

b. "Business Associate" has the meaning given such term in section 160.103 of Tile 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

Contractor Initials: _____

Date: 5/21/13

l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreasonable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Use and Disclosure of Protected Health Information.

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:

I. For the proper management and administration of the Business Associate;
II. As required by law, pursuant to the terms set forth in paragraph d. below; or
III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

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

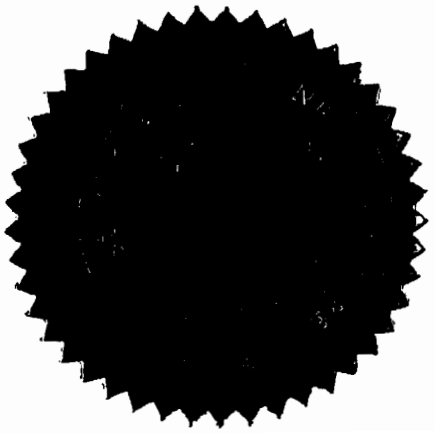
Contractor Initials: _____

Date: 5/21/13

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Community Health Institute is a New Hampshire trade name registered on March 29, 2007 and that JSI RESEARCH AND TRAINING INSTITUTE, INC. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of April, A.D. 2013

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;

2. By Unanimous Consent in Writing of the Board of Directors in Lieu of the 2008 Annual Meeting, the following is true copy of one resolution duly adopted by the Board of Directors of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, duly dated October 24, 2008;

   RESOLVED: Appointment of Jonathan Stewart as Director of the Community Health Institute with the authority to enter into contracts and agreements binding the Corporation.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 21, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 21st day of May, 2013.

Joel H. Lamstein, President

STATE OF New Hampshire

COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 21st day of May, 2013 by Joel H. Lamstein.

Sylvia L. Currier

Notary Public/Justice of the Peace
My Commission Expires: 12/18/2013

SYLVIA L. CURRIER, Notary Public
My Commission Expires December 18, 2013

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/06/2012

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

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

PRODUCER	CONTACT NAME: Deborah Meaney
Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 02382 Deborah Meaney	PHONE (A/C, No, Ext): 781.447.5531 FAX (A/C, No): 781.447.7230 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
John Snow, Inc. JSI Research and Training Institute, Inc. World Education, Inc. 44 Farnsworth St. Boston, MA 02110-1214	INSURER A: Federal Insurance Company	20281
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 12-13 LIAB/E&O D&O** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			35873320	09/09/2012	09/09/2013	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			73546634	09/09/2012	09/09/2013	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION $ 10,000			79861066	09/09/2012	09/09/2013	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			71733182	09/09/2012	09/09/2013	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
A	ERRORS & OMISSIONS DIRECTORS & OFFICERS			82120859 81595534	09/09/2012 09/09/2012	09/09/2013 09/09/2013	PER CLAIM/AGG -$1,000,000 PER CLAIM/AGG - $3,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
It is understood and agreed that the State of New Hampshire Department of Health and Human Services is included as an additional insured as respects general liability as required by written contract per the terms and conditions of the policy.

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

PHIL MASON

NORMAN R. FOUGERE, JR. CPA
99 HERITAGE LANE
DUXBURY, MA 02332-4334

PHONE: 781-934-0460
FAX: 781-934-0606

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
JSI Research and Training Institute, Inc.

We have audited the accompanying statement of financial position of JSI Research and Training Institute, Inc. (a Massachusetts non-profit organization) as of September 30, 2012, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from JSI Research and Training Institute, Inc.'s 2011 financial statements, and in our report dated April 10, 2012, we expressed an unqualified opinion on those financial statements.

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

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

In accordance with *Government Auditing Standards*, we have also issued a report dated April 9, 2013 on our consideration of JSI Research and Training Institute, Inc.'s internal control over financial reporting and 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* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements of JSI Research and Training Institute, Inc. taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 basic financial statements taken as a whole.

Duxbury, Massachusetts
April 9, 2013

JSI Research and Training Institute, Inc.
STATEMENT OF FINANCIAL POSITION
September 30, 2012
(With Comparative Totals for 2011)

	2012	2011
ASSETS		
Current Assets:		
Cash and cash equivalents	$ 34,406,589	$ 30,376,741
Receivables for program work:		
U.S. Department of Health and Human Services	72,147	82,270
Commonwealth of Massachusetts	653,636	263,550
Other	1,813,913	1,658,434
Field advances - program	379,372	411,461
Employee advances	92,078	73,816
Total Current Assets	37,417,735	32,866,272
Property and Equipment:		
Office furniture and equipment	219,206	219,206
Less: Accumulated depreciation	(219,206)	(213,516)
Net Property and Equipment	-	5,690
Other Assets:		
Deposits	44,015	43,545
TOTAL ASSETS	**$ 37,461,750**	**$ 32,915,507**
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and payroll withholdings	$ 1,857,671	$ 1,910,386
Accrued vacation	979,051	915,939
Advances for program work:		
U.S. Agency for International Development	1,919,095	2,497,939
U.S. Dept. of Health and Human Services	45,638	18,352
U.S. Dept. of Homeland Security	-	-
Other	18,611,504	16,166,468
Loans payable	484,718	572,193
Contingencies	-	-
Total Current Liabilities	23,897,677	22,081,277
Net Assets:		
Unrestricted	13,564,073	10,834,230
Total Net Assets	13,564,073	10,834,230
TOTAL LIABILITIES AND NET ASSETS	**$ 37,461,750**	**$ 32,915,507**

See notes to financial statements.

JSI Research and Training Institute, Inc.
STATEMENT OF ACTIVITIES
Year Ended September 30, 2012
(With Comparative Totals for 2011)

	2012	2011
UNRESTRICTED NET ASSETS:		
Public Support and Revenue		
Public Support:		
Government grants and contracts:		
U.S. Government	$ 109,963,987	$ 113,359,455
Commonwealth of Massachusetts	4,932,870	4,116,778
Other grants and contracts	30,219,590	28,472,866
Program income	107,143	211,341
Contributions	504,214	1,254,616
In Kind Project Contributions	9,085,542	3,676,017
Interest income	31,542	28,928
Total Unrestricted Support and Revenue	154,844,888	151,120,001
Expenses		
Program Services:		
International programs	127,894,661	125,569,002
Domestic programs	9,524,715	9,499,017
Total Program Services	137,419,376	135,068,019
Supporting Services:		
Management and General	14,695,669	12,832,979
Total Expenses	152,115,045	147,900,998
Increase (Decrease) in Unrestricted Net Assets	2,729,843	3,219,003
Net Assets at Beginning of Year	10,834,230	7,615,227
Net Assets at End of Year	**$ 13,564,073**	**$ 10,834,230**

See notes to financial statements.

JSI Research and Training Institute, Inc.
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended September 30, 2012
(With Comparative Totals for 2011)

	PROGRAM SERVICES			SUPPORTING SERVICES	TOTAL EXPENSES	
	International Programs	Domestic Programs	Total	Management And General	2012	2011
Salaries	$ 14,065,428	$ 4,489,160	$ 18,554,588	$ 2,196,852	$ 20,751,440	$ 18,451,025
Consultants	8,972,878	2,117,944	11,090,822	30,733	11,121,555	10,650,276
Cooperating National Salaries	17,953,147	-	17,953,147	-	17,953,147	16,063,822
Travel	6,389,747	517,681	6,907,428	175,729	7,083,157	7,514,440
Allowance & Training	3,616,288	4,295	3,620,583	78,037	3,698,620	3,952,796
Sub-contracts	23,667,424	755,435	24,422,859	-	24,422,859	27,144,346
Equipment, Material and Supplies	4,639,368	56,520	4,695,888	74,599	4,770,487	5,561,441
Other Costs	39,504,839	1,583,680	41,088,519	12,134,029	53,222,548	54,880,835
In-kind project expenses	9,085,542	-	9,085,542	-	9,085,542	3,676,017
Depreciation	-	-	-	5,690	5,690	6,000
TOTAL EXPENSE	**$ 127,894,661**	**$ 9,524,715**	**$ 137,419,376**	**$ 14,695,669**	**$ 152,115,045**	**$ 147,900,998**

See notes to financial statements.

JSI Research and Training Institute, Inc.
STATEMENT OF CASH FLOWS
Year Ended September 30, 2012
(With Comparative Totals for 2011)

	2012	2011
Cash Flows From Operating Activities:		
Increase (Decrease) in net assets	$ 2,729,843	$ 3,219,003
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	5,690	6,000
(Increase) Decrease in receivables for program work	(535,442)	772,566
(Increase) Decrease in field advances - program	32,089	416,290
(Increase) Decrease in employee advances	(18,262)	(18,773)
(Increase) Decrease in deposits	(470)	(10,845)
Increase (Decrease) in accounts payable and payroll withholdings	(52,715)	389,276
Increase (Decrease) in accrued vacation	63,112	53,564
Increase (Decrease) in advances for program work	1,893,478	3,160,370
Net Cash Provided (Used) By Operating Activities	4,117,323	7,987,451
Cash Flows From Investing Activities:		
Acquisition of property and equipment	-	(2,904)
Net Cash Provided (Used) By Investing Activities	-	(2,904)
Cash Flows From Financing Activities:		
Proceeds from loans payable	603,542	804,124
Payments of loans payable	(691,017)	(634,320)
Net Cash Provided (Used) By Financing Activities	(87,475)	169,804
Net Increase (Decrease) in Cash and Cash Equivalents	4,029,848	8,154,351
Cash and Cash Equivalents at Beginning of Year	30,376,741	22,222,390
Cash and Cash Equivalents at End of Year	**$ 34,406,589**	**$ 30,376,741**

See notes to financial statements.

JSI Research and Training

Mission Statement

JSI Research and Training Institute was incorporated in 1987 as a 501©3 non-profit organization in the Commonwealth of Massachusetts. Our mission is to alleviate public health problems both in the United States and in developing countries around the world through applied research, technical assistance and training. JSI maintains offices in Boston, Massachusetts; Washington, D.C.; Denver, Colorado and Concord, New Hampshire; as well as seven overseas offices in developing nations. Since its inception, JSI has successfully completed more than 400 contracts in the health and human service fields.

Community Health Institute

Mission Statement

The Community Health Institute's mission is to support and strengthen New Hampshire's health care system by providing coordinated information dissemination and technical assistance resources to health care providers, managers, planners, and policy makers, statewide. Our success translates into improved access to quality health and social services for all New Hampshire residents.

JSI Research & Training Institute, Inc.
d.b.a Community Health Institute

501

South Street

Second Floor

Bow

New Hampshire

03304

■

Voice: 603.573.3300

■

Fax: 603.573.3301

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A Division of

JSI Research & Training

Institute, Inc.

A Nonprofit Organization

Officers

Name	Title	Term
Joel H. Lamstein	President	2012 - 2013
Joel H. Lamstein	Treasurer	2012 - 2013
Patricia Fairchild	Clerk	2012 - 2013
Joanne McDade	Assistant Clerk	2012 - 2013

Board of Directors

Name	Term
Joel H. Lamstein	2012 - 2013
Patricia Fairchild	2012 - 2013
Herbert S. Urbach	2012 - 2013
Norbert Hirschhorn	2012 - 2013

New Hampshire's Public Health Institute

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services
Division of Public Health Services

Agency Name: JSI Research & Training Institute, Inc. dba Community Health Institute

Name of Bureau/Section: Division of Public Health Services

BUDGET PERIOD:	SFY 2014	July 1, 2013 - June 30, 2014	
Name & Title Key Administrative Personnel	**Annual Salary Of Key Administrative Personnel**	**Percentage of Salary Paid By Contract**	**Total Salary Amount Paid By Contract**
Jonathan Stewart, Executive Director	$114,756	17.55%	$20,139.39
Susan Friedrich, Managing Director	$138,000	1.74%	$2,400.00
Amy Cullum, Project Director	$87,000	13.21%	$11,499.67
Karyn Madore, Project Director	$89,000	13.48%	$11,995.65
Peter Freeman, Project Director	$58,580	50.00%	$29,290.00
Katie Robert, Project Manager	$50,000	17.17%	$8,587.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			$83,901.71

BUDGET PERIOD:	SFY 2015	July 1, 2014 - June 30, 2015	
Name & Title Key Administrative Personnel	**Annual Salary Of Key Administrative Personnel**	**Percentage of Salary Paid By Contract**	**Total Salary Amount Paid By Contract**
Jonathan Stewart, Executive Director	$114,756	23.64%	$27,125.72
Susan Friedrich, Managing Director	$138,000	0.00%	$0.00
Amy Cullum, Project Director	$87,000	13.15%	$11,444.75
Karyn Madore, Project Director	$89,000	12.88%	$11,466.75
Peter Freeman, Project Director	$58,580	51.50%	$30,168.70
Katie Robert, Project Manager	$50,000	27.81%	$13,906.10
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			$94,104.02

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel MUST be listed, even if no salary is paid from the contract. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

JONATHAN A. STEWART, MA

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EDUCATION

DUKE UNIVERSITY SCHOOL OF MEDICINE, DURHAM, NORTH CAROLINA
Department of Health Administration, Master of Health Administration, 1986
Department of Biochemistry, Master of Arts, Biochemistry, 1984

UNIVERSITY OF DELAWARE, NEWARK, DELAWARE
School of Arts & Sciences, Bachelor of Arts, Biology, 1981

EXPERIENCE

Community Health Institute, Bow, New Hampshire
Regional Director, September 2000 to present
Provide technical assistance, training and evaluation to health and human service organizations to support the development of effective public health and health care systems.

Selected Technical Assistance & Training Projects

NH Community and Public Health Development Program: Project Director providing technical assistance and training support to communities involved in development of improved local public health infrastructure; worked with multiple partners to develop the statewide New Hampshire Public Health Network.

Boston Metropolitan Area Hazard Vulnerability Assessment: Technical Assistance including planning, facilitation and analytic support to Massachusetts and New Hampshire state health departments and regional partners for assessment of hazards, risks and preparedness for health care, behavioral health and public health infrastructure.

Metrowest Community Health Care Foundation (Massachusetts): Capacity and readiness assessment of seven municipalities in Metro-Boston for developing collaborative models for local public health service delivery.

*Robert Wood Johnson Foundation; Multistate Learning Collaborative for Quality Improvement in the Context of Assessment or Accreditation Programs (MLC-2): Co-*Project Director in collaboration with NH Division of Public Health for establishment of standards for workforce competencies and measures of public health system performance.

Robert Wood Johnson Foundation; New Hampshire Turning Point Initiative: Project Director for multi-year initiative to develop sustainable strategies for improved local public health capacity.

HRSA, Bureau of Primary Health Care, Uniform Data System: Trainer and report editor for annual Uniform Data System reports for federal Community and Migrant Health Center program.

Selected Program Evaluation Projects

Endowment for Health & NH Department of Health & Human Services: Project Evaluator of NH Systems Transformation and Realignment (NH STAR) initiative to pilot improved service delivery and funding systems for supporting children with behavioral health needs who are in or at-risk for out-of-home placement.

Central New Hampshire Health Partnership: Evaluator for two federal Rural Health Outreach Grant Initiatives: the first for improving care coordination of socially and medically vulnerable populations; the second for improving care transitions from hospital to home and community.

Communities for Alcohol and Drug free Youth (Plymouth, NH): Program Evaluator for community-based coalition involved in multiple initiatives to promote positive and healthy school and community environments for youth.

NH Division of Alcohol & Drug Prevention & Recovery: Project Director for evaluation of state-wide ATOD prevention initiative involving multiple community-based coalitions implementing a range of programs including family strengthening, school-based education, mentoring and community action for environmental change.

Family Planning Private Sector Project (Nairobi, Kenya): Operations research on cost effectiveness and sustainability of FP/MCH service delivery sites throughout Kenya to assist USAID in resource allocation decisions and to improve cost recovery capability of clinics.

New York State Department of Health (Albany, New York): Qualitative Evaluation of New York State Healthy Heart Program; an initiative intended to influence CVD risk factors through community intervention and social marketing.

Selected Research Projects

National Network of Public Health Institutes and Robert Wood Johnson Foundation: Qualitative Assessment of Local and State Health Officials awareness of, interest in, and capacity to employ computer modeling for emergency preparedness.

Endowment for Health: Study of the effect of New Hampshire's Community Benefits Law for Health Care Charitable Trusts. Cooperative effort with NHDHHS Office of Health Planning and the NH Office of the Attorney General.

Bureau of Health Professions (Rockville, MD): Study of the effect of AIDS Education and Training Centers on physician attitudes and practices; Comparative analysis of parallel CDC-funded study of the general primary care physician population.

Bureau of Primary Health Care Delivery and Assistance (Rockville, MD): Study to assess preparedness of C/MHC's to respond to HIV-related service needs

Bureau of Primary Health Care, Rockville, Maryland: Survey project designed to gather information on provider practices in Community and Migrant Health Services relative to recommendations of the 1988 US Preventive Services Task Force.

North Country Health Consortium, Littleton, New Hampshire
Executive Director, 12/97 to 8/00 Founding Director of rural health network formed by four hospitals, two community health centers, two home health agencies, a mental health and developmental services organization, and a community action program.

Ammonoosuc Community Health Services, Littleton, New Hampshire
Operations Director, 11/94 to 12/97 of federally-funded, multi-site rural Community Health Center Network.

John Snow, Inc., Boston, Massachusetts
Consultant, 10/86 to 7/94 providing assistance in health services evaluation, financial analysis and program management.

SELECTED PUBLICATIONS | REPORTS

Rosenfeld, LA, Fox CE, Kerr D, Marziale E, Cullum A, Lota K, **Stewart J**, and Thompson MZ. *"Use Of Computer Modeling For Emergency Preparedness Functions By Local And State Health Officials: A Needs Assessment"*. J Public Health Management Practice, 15(2), 96–104, *2009*.

Stewart J, Kassler W, McLeod M. *"Public Health Partnerships: A New Hampshire Dance"*. Transformations in Public Health, Volume 3, Issue 3, *Winter 2002*.

Stewart, JA, Wroblewski S, Colapietro J, Davis H. *"Survey of US Physicians Trained by Regional AIDS Education and Training Centers"*. Abstract No. PO-D21-4047; IXth International Conference on AIDS. Berlin, Germany, *June –1, 1993*.

Kibua T, **Stewart JA**, Njiru S, Gitari A. *"Sustainability and Cost Effectiveness of Family Planning Private Sector Subprojects"*. United States Agency for International Development; Nairobi, Kenya, *March 1990*.

SELECTED WORKSHOPS | PRESENTATIONS

Public Health Performance Improvement – The New Hampshire Experience (with Joan Ascheim, NHDHHS); 6th Annual National Public Health Performance Standards Training Workshop; Nashville, TN; *April 1–6, 2008*.

Dartmouth College, Center for Evaluative Clinical Sciences (now The Dartmouth Institute), MPH Program, guest lecturer on project management, logic models, coalition development, Public Health 101; academic review of capstone theses; *2004–2007*.

Building the Public Health Infrastructure: State Lessons Learned and Keys to Success; Nebraska Health and Human Services, Expanding Our Vision – Transforming Vital Public Health Systems, *October 2006*.

Building Infrastructure in Public Health - RWJF National Turning Point Showcase Conference, Denver, CO; *May 2004*

Community Benefits Exemplary Practices – New Hampshire statewide conference; *November 2002*

SELECTED BOARDS | AFFILIATIONS

National Network of Public Health Institutes, Board of Directors, *2008 to present*
New Hampshire Public Health Services Improvement Council, *2008 to present*
Bridges to Prevention, Leadership Board, *2010 to present*
New Hampshire Healthy People 2010 Leadership Council; Co-chair, *2000–2002*
New Hampshire Public Health Association; Treasurer, *1999–2003*

SUSAN FRIEDRICH, MBA

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EDUCATION

PROJECT MANAGEMENT INSTITUTE (PMI)
PROJECT MANAGEMENT PROFESSIONAL (PMP®), 2010

BOSTON UNIVERSITY GRADUATE SCHOOL OF MANAGEMENT
M.B.A., Concentration in Health Care Management, 1985

BROWN UNIVERSITY
Post-Baccalaureate, 1980 to 1982

AMHERST COLLEGE
B.A., Concentration in Biological Sciences, 1980

EXPERIENCE

JSI Research & Training Institute, Inc. (JSI)
Managing Director, June 1985 to present
Provide consultation to public health and health care organizations in the areas of health services delivery, public health, practice management, managed care, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers. JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

Community Health Institute, NH's Public Health Institute, *July 1995 to present*
Executive Director, July 1995 to 2000
Established and operated the Community Health Institute (CHI), a public-private partnership between the New Hampshire Department of Health and Human Services and JSI. The CHI provides technical assistance to public health and health care organizations to improve the health, safety and well-being of people and communities in New Hampshire (NH).

Urban Family Health Partnership
Deputy Chief of Party, September 2000 to 2001
Served as Deputy for The Urban Family Health Partnership (UFHP), a project of the USAID in Bangladesh. Lead responsibility for developing and implementing a strategy for institutional development to support long term sustainability of project partners and the health care delivery system. UFHP contracted with 25 non-governmental organizations (NGOs) to provide high quality and high impact family health services through a network of over 250 clinics and 2000 satellite locations serving 85 municipalities.

CONSULTANCIES:

Connecticut Department of Public Health, Hartford, Connecticut – *Project Director* on a project to conduct a strategic planning process resulting in a 5-year strategic plan, a prerequisite to seeking accreditation as a public health agency.

Robert Wood Johnson Foundation, Princeton, New Jersey. Facilitated New Hampshire's Turning Point Initiative, a multi-year process to develop sustainable and innovative strategies to improve public health capacity in the State of New Hampshire. Responsible for facilitating work groups, developing consensus, and drafting recommendations and implementation strategies. Authored *2000 NH Public Health Improvement Plan.*

Building the Public Health Network, NHDHHS, NH. Provide technical assistance and training support to thirteen community-based public health coalitions funded by the State of New Hampshire to provide local public health services. Technical assistance is provided in support of the ten essential services of public health and includes local public health performance assessment, emergency preparedness planning, monitoring health status, policy development, mobilizing community partnerships and evaluating program effectiveness.

Providing Technical Assistance and Training to CDC OPHPR Awardees, Atlanta, Georgia. Project Director for four year project for Centers for Disease Control and Prevention (CDC) Office of Public Health `Preparedness and Response (OPHPR), Division of State and Local Readiness (DSLR) to provide training and technical assistance (TA) to train 62 state and territorial health departments on the Public Health Emergency Preparedness performance measures using on-line, downloadable training modules, quick reference guides and data collection forms, helpline and presentations.

Evaluation of State and Local Public Health Systems, NH DHHS, NH. Facilitated assessment processes at the state and local levels to identify strengths and weaknesses of the public health system. Drafted Public Health Improvement Plans incorporating recommendations of the assessment process.

Hazard Vulnerability Assessment of Boston Metro Area, NH DHHS and MA DPH. Team member on project to develop and implement an all-hazards, health care and public health systems-focused Hazard Vulnerability Assessment (HVA) of the Boston MSA comprised of 147 municipalities in Massachusetts and 50 municipalities in NH.

Bureau of Primary Health Care, Indian Health Service, Bureau of Health Professions, Washington, D.C. *Project Director* for two contracts to collect, validate and report the 'Uniform Data System' (UDS) from over 1300 federally funded programs. The project involves face-to-face trainings and on-line training opportunities, operation of a helpline and email box; development of reference materials including manual and FAQs, extensive data management and technical editing of reported data, and analysis and reporting of UDS data in standard reports and ad hoc queries. In addition to overall management of the project, serve as a trainer and reviewer.

Connecticut Department of Health's Bureau of Community Health (BCH) and the Family Health Division (FHD), Hartford, Connecticut - *Team Lead* on a project to facilitate a needs assessment and strategic planning process to identify priority needs for the state to serve as the basis for Maternal and Child Health Block Grant activities for the next 5-years. Based on findings, a priority setting exercise was conducted with FHD staff. Goals, objectives and action steps were drafted and performance measures identified to support program monitoring and evaluation for all high priority needs.

NH Department of Health's Bureau of Population Health and Community Services, Concord, NH - *Team Lead* on a project to facilitate a process to develop a shared vision for and approach to integrating chronic disease prevention and health promotion programs. The project included materials review, a 2 day retreat with program staff, development of a Logic Module for Program Integration, identification of priority areas for integrating program functions and a work plan for priority areas.

Statewide Plan for Healthy Eating and Active Living, HNH*foundation*, NH. Facilitated statewide process to develop plan for promoting healthy eating and active living to reduce overweight and obesity in New Hampshire. Authored *2008 Healthy Eating and Active Living Action Plan for NH.*

New Hampshire Diabetes Prevention and Control Program, NHDHHS, NH. Facilitated comprehensive assessment of the diabetes prevention and care system statewide using State Diabetes Public Health System Performance Assessment Instrument developed by the Centers for Disease Control. Authored *2006 NH Action Plan for Diabetes: Improving the Health and Quality of Life for NH Residents Affected by Diabetes.*

AMY LEE CULLUM, MA, MPH

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DEGREES

HARVARD SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
M.P.H., Population and International Health, 2000

AMERICAN UNIVERSITY, SCHOOL OF INTERNATIONAL SERVICE, WASHINGTON, D.C.
M.A., International Development, 1995

BROWN UNIVERSITY, PROVIDENCE, RHODE ISLAND
B.A., International Relations, 1990

ADDITIONAL EDUCATION

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM, BOW, NEW HAMPSHIRE AND BURLINGTON, VERMONT
Evaluator Certification, January 2008
Exercise Evaluation and Improvement Training Course, June 2006

NEW HAMPSHIRE DEPARTMENT OF SAFETY, DIVISION OF FIRE STANDARDS AND TRAINING, BRADFORD, NEW HAMPSHIRE
IS-701: NIMS Multi-Agency Coordination System, September 2008
IS-700: NIMS An Introduction, March 2007
IS-100: Introduction to ICS, March 2007
IS-200: ICS for Single Resources and Initial Action Incidents, March 2007
ICS-300: Incident Management/Unified Command for Complex and Expanding Incidents, July 2012

EXPERIENCE

Community Health Institute, Bow, New Hampshire
Senior Consultant, June 2002 to present
Provide technical assistance to local, state and national and international public health organizations and programs in the areas of planning, assessment, and evaluation to support the development of effective public health delivery systems. Topical expertise in local public health infrastructure development and public health emergency preparedness.

Selected Projects:

New Hampshire Public Health Emergency Planning Technical Assistance and Training, *July 2003 to present*
NH Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Directed training and technical assistance project to assist NH's public health emergency planning regions to increase regional preparedness and response capacity. Developed templates and materials to support plan development and state Influenza A (H1N1) and Hepatitis C responses. Developed and implemented training programs on such topics as continuity of operations planning (COOP); disease case investigation; social media in emergency response; working with the media in emergencies; family emergency preparedness and health information privacy in emergency response. Developed and implemented HSEEP-compliant exercises. Authored NH's H1N1 and Hepatitis C After Action Reports, including conducting a descriptive analysis of multiple data sets including two CHI-developed surveys of enrolled vaccine providers and the general population as well as multiple focus groups.

Boston Metropolitan Statistical Area (MSA) Hazard Vulnerability Assessment (HVA), *January 2012 to present*
NH Department of Health and Human Services, MA Department of Public Health. Technical lead on project to assess the public health, behavioral health, and health care system impacts of natural and manmade hazards for the Boston MSA. Adapted tool to assess hazard impacts for this data-driven HVA, including spearheading an indicator selection process; researching likely impacts from historical data and models; and designing a participatory process involving a variety of stakeholders to assess impacts and identify risk mitigation strategies for the Boston MSA.

New Hampshire Public Health Network, *June 2002-July 2007* NH Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Facilitated assessment of local public

health system capacity using the National Public Health Performance Standards, worked with community partners to achieve consensus on priorities, conducted community health assessments, developed community health profiles, drafted public health improvement plans and assisted with implementation of health improvement initiatives. Conducted bimonthly trainings for PHN staff on topics such as core principles of public health, community health assessment methods, community engagement, and community health improvement processes.

Public Health Quality Improvement through Performance Assessment and Accreditation, *April 2008- April 2010*
National Network of Public Health Institutes. Participated in Robert Wood Johnson Foundation-funded Multistate Learning Collaborative, a national collaborative effort to explore quality improvement strategies in public health. Project goals were to articulate specific measures and approaches for ongoing measurement and improvement of NH's performance on strategic public health system priorities; develop automated data collection, storage and reporting processes; and to improve the quality of public health practice by articulating public health workforce competencies.

Public Health Emergency Preparedness (PHEP) Training and Technical Assistance, *October 2010- April 2012*
Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLR). Developed and implemented multi-modal training program for 62 CDC-funded state, territorial, and municipal PHEP awardees and DSLR staff to support implementation of new CDC Public Health Emergency Preparedness capabilities-based framework. Conducted a needs assessment to inform training program development. Developed and implemented a comprehensive training program using state of the art technologies. Served as Emergency Preparedness Content Lead, providing technical content for training program.

Public Health Emergency Preparedness (PHEP) Data Collection and Reporting Training, *January 2010-May 2010*
Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLR). Provide training and technical assistance to 62 CDC-funded state, territorial, and municipal PHEP awardees on the collection, reporting, and use of public health emergency preparedness data for program evaluation and monitoring. Activities included conduct of a needs assessment to inform training program development, development and implementation of a comprehensive training program using state of the art technologies. Serve as the Emergency Preparedness Performance Improvement Advisor, providing technical content for training program.

Social Distancing Legal Assessment, *January 2010-May 2010* NH Department of Health and Human Services, Division of Public Health Services; Association of State and Territorial Health Officials (ASTHO). Work with NH Attorney General's office and to inventory NH legal authorities available to support social distancing measures against an influenza pandemic or a similar, highly virulent infectious disease. Design and conduct tabletop exercise to identifying potential gaps, ambiguities, or opportunities for improving NH social distancing law.

Community Health Center Preparedness Technical Assistance, NH Department of Health and Human Services, Division of Public Health Services; Bi-State Primary Health Care Association. Researched and developed template emergency operations plan for NH's Community Health Centers and provided training in the completion of the template; developed HSEEP-compliant tabletop exercise materials and a train-the trainer program to enable Community Health Centers to test the adequacy of their Emergency Operations Plans.

JSI, International Division, Boston Massachusetts and Washington, DC,
Consultant, April 1995 to June 2002.

Selected Projects:
Urban Family Health Partnership (UFHP), US Agency for International Development, Dhaka, Bangladesh. Served as Team Leader, Program Development. Responsible for leading design and evaluation of new service initiatives, including safe delivery pilot program based on qualitative and quantitative community-level needs assessments. Responsible for conduct of internal reviews of program activities and for ensuring that findings were fed back into the program. Managed technical assistance activities of Behavior Change Communications (BCC) Team, leading development and review of health BCC materials and BCC and counseling-related curricula for project and overseeing technical staff.

OTHER ACTIVITIES

NH Medical Reserve Corps, Concord, New Hampshire
Member, January 2010 – present
Boston University School of Public Health, Boston, Massachusetts
Guest Professor, Spring 2005, Spring 2006
Instructed Master's level course entitled, "Management of Reproductive Health Programs In Developing Countries".

KARYN DUDLEY MADORE, MEd

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EDUCATION

UNIVERSITY OF SOUTH FLORIDA, TAMPA, COLLEGE OF PUBLIC HEALTH GRADUATE CERTIFICATE PROGRAM
HEALTH COMMUNICATION IN PUBLIC HEALTH (ANTICIPATED GRADUATION SUMMER 2013)

PLYMOUTH STATE COLLEGE, PLYMOUTH, NEW HAMPSHIRE
M.Ed. 1995

PLYMOUTH STATE COLLEGE, PLYMOUTH, NEW HAMPSHIRE
B.S., 1987

EXPERIENCE

Community Health Institute, Bow, New Hampshire
Operations Director, August 1998 to present

Operations Director
Serve as Operations Director for the JSI-NH office, d.b.a. Community Health Institute. Provide operational oversight of office functions and operations including project and support staff workload division, professional and skill development and liaison to other JSI offices and departments.

NH Immunization Marketing *SFY2011 to present*
Serve as Project Director to develop a creative health marketing campaign, for the NH Immunization Program, that identifies priority audiences, best-practice outreach strategies, partner communication channels, effective educational outreach materials to advance the understanding of the health benefits of vaccines and immunizations and increase NH immunization rates. The team will review existing state and national materials, and create new graphics and logos.

NH Tobacco Addiction Treatment Services (TATS) *SFY2001 to present*
Serve as Project Director for the NH TATS project, which is a follow on to the NH Tobacco Use Cessation and Counter Marketing Project completed in FY07. This contract serves as the hub for the NH Tobacco Resource Center, which incorporates: 1) the NH Smokers' Helpline offering free and confidential counseling and services in English, Spanish and Portuguese; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) www.trytostopnh.org, a web-based resource for NH tobacco users and 4) QuitWorks-NH a resource for NH clinicians working with their patients to quit using tobacco by providing them with a single portal for referring their patients who use tobacco for state-of-the-art treatment (www.quitworknsnh.org). This initiative also includes the continued development of a consortium of health insurers who are willing to promote TTS-NH to their subscribers directly and endorse QuitWorks-NH to their contracted health care providers.

NH Environmental Public Health Tracking Program Data Utilization and Outreach Project *April 2012 to present*
Works with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Assist EPHT in developing a user analytics data collection process for web-based tools.

NH County Rankings Video Project –(MATCH) *2012*
Co-Lead the process to collaborate with the NH State County Health Rankings Team to produce three 5-minute videos and one 15-minute video. The videos focus on Public Health in NH as it relates to the NH County Health Rankings and the NH State Health Report. Data from the reports will be linked to stories gathered around the state that illustrate community actions to improve health or people impacted by improvements in public health. The videos serve to educate and motivate NH individuals and communities into action to improve the health of their community and state.

Mobilizing Action Toward Community Health (MATCH) *2011*
In partnership with DHHS and the North Country Health Consortium, developed the overarching concept for four videos. These videos highlight data found in the County Health Rankings Report, the NH State Health Report and highlights the role of public health in the state. CHI worked with the state in identifying local or statewide "success stories" to highlight. Lead script development process and worked with videographers to complete the video projects.

Expand and Promote Try-To Stop Resource Center
Serve as Project Director to expand and promote the NH Tobacco Helpline. With funding from the American Recovery and Reinvestment Act (ARRA), this project includes a population based media campaign that promotes free Nicotine Replacement Therapy (NRT) kits to a variety of audiences, including a pilot with employees of the Department of Transportation and their families, and then the entire state of NH. A variety of media will be used to promote the NH Tobacco Helpline including radio, TV, newspaper, bus and web advertising. Additionally, the plan includes a pilot project to implement systems change through Families First, where they will implement an electronic referral form to contact the Helpline rather than the fax referral currently in place.

NH Tobacco & Obesity Policy Project
Serve as Project Director to implement a feasibility assessment for implementing high-impact public policy in three identified domains of licensed child care settings, public schools and workplaces. This assessment is timely and a critical opportunity for NH stakeholders to engage in a collaborative educational process that will likely result in strengthening regulatory rules, implementation of high-impact public policy access strategies, educating municipalities and legislators and building stronger public health partnerships.

New Hampshire Public Health Emergency Planning Technical Assistance and Training
Co-created the development and implementation of a Public Information Officer Training for public health and safety officials and representatives of human service organizations likely to be called upon to fill a Public Information Officer (PIO) role in a public health event. The goal of this Regional PIO Training is to strengthen the communication skills of individuals to perform the role of a PIO in a public health emergency, including but not limited press releases, speaking with the press, key messaging, and audience definition. The training s continues on an as needed basis.

Communication Training
Researched, customized and implement a social communication training to help individuals identify their personal communication strengths and weaknesses in times of stress through interactive workshops. This training is an effective tool in organizational and leadership development, team building, and career planning and conflict resolution. To date this training has been provided to the following organizations: NH Tobacco Prevention and Control Program, NH Red Cross Granite Chapter, Community Health Institute, MIT Medical and JSI and continues to be offered by request.

Massachusetts Institute of Technology, Medical Department
Contracted to conduct a customer service assessment and training as part of an overall focused practice review resulting in the development of a customized customer service training to employees of the MIT Medical Department, building on the training originally developed for the OB/GYN service by customizing it to use in other services and to provide training sessions to employees of the MIT Medical Department.

NH Tobacco Use Cessation and Counter Marketing (TUCCM)
Served as Program and Media Manager for the NH TUCCM project completed June 30, 2007. This project incorporated three major components: 1) the toll free NH Smokers' Helpline offering services in English, Spanish and Portuguese through which smokers and other citizens of NH receive information on any aspect of tobacco and may be referred to state-of-the-art prevention and tobacco treatment resources, if appropriate; 2) the promotion of the NH Smokers' Helpline through a variety of traditional and non-traditional media outlets; and 3) a Tobacco Education Clearinghouse.

PROFESSIONAL ASSOCIATIONS

CDC Media Network Representative for NH
Circle Program, Mentor, 1993 to present
Concord Area Red Cross Board of Directors: 2001–2007, Vice-Chair, 2004–2005, President, 2005–2007
Comprehensive Cancer Collaborative Tobacco Prevention Workgroup, Member
MSA Violation Monitoring National Workgroup, Member
National Public Health Information Coalition, Member
NH Tobacco-Free Coalition, Member
Public Relations Society of America, Member
Tobacco Health Systems Change Collaborative 13 Workgroup Member – 13 States, CDC Funded

PETER F. FREEMAN, MPH

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EDUCATION

DEPAUL UNIVERSITY, CHICAGO, ILLINOIS
M.P.H., Community Health Practice

NAZARETH COLLEGE, ROCHESTER, NEW YORK
B.A., Psychology

EXPERIENCE

JSI Research & Training Institute, Inc., Boston, Massachusetts
Consultant, 2013 to present

Selected projects:
New York State Department of Health AIDS Institute, HIVQUAL-US, Monitoring and evaluation of HRSA-funded projects to build capacity and measure and improve quality among Part C- and D-funded HIV care and treatment programs.

Massachusetts Department of Public Health, Bureau of Substance Abuse Services Client Satisfaction System, Creating, implementing, and disseminating findings from a client satisfaction system across $100 million plus system of substance abuse treatment services for people with alcohol and drug use disorders.

Connecticut Department of Public Health, Connecticut Comprehensive Cancer Plan, Assisting the Connecticut Department of Public Advisory Group in organizing and executing the strategic planning process to write, edit, produce, and disseminate the 2014–2017 State of Connecticut Comprehensive Cancer Plan as part of the CDC-supported comprehensive cancer planning initiative to support states in assessing and prioritizing activities to reduce the burden of cancer from primary prevention to end-of-life care.

University of Illinois at Chicago, Chicago, Illinois
Statistician: Community Outreach Intervention Project, 2010–2012
Managed and analyzed incoming data for a federally funded, cohort-based HIV prevention behavioral trial targeting adolescents engaged with the juvenile justice system. Primary responsibilities included data management, statistical analysis, and research measure development.

Youth Network Council, Chicago, Illinois
Consultant: Cultural Competency Trainer, 2010–2012
Developed and delivered trainings related to effective youth work, including lesbian, gay, bisexual, and transgender youth, to youth service providers across the state of Illinois. Primary responsibilities included capacity building, professional facilitation, and training development.

Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois
Program Coordinator: Center for Gender, Sexuality, and HIV Prevention, 2011–2012
Developed, implemented, and managed 3 HIV prevention programs (2 HIV testing initiatives and 1 linkage-to-care program) targeting underserved adolescent populations, including young men who have sex with men, young trans-identified males and females, and HIV-positive youth. Primary responsibilities included program development and management, staff training, and community outreach.

Project Coordinator: Center for Gender, Sexuality, and HIV Prevention, 2008–2011
Coordinated the efforts of a community-based coalition in the identification and development of strategic, self-sustaining HIV interventions aimed at reducing the HIV burden among young men who have sex with men. Primary responsibilities included coalition management, sustainability planning, and capacity building.

University of Illinois at Chicago, Chicago, Illinois
Research Associate: Healthy Youth Program, 2006–2008
Assisted Primary Investigators, Project Managers, and Data Managers in successfully implementing and reporting on six federally funded HIV prevention studies. Primary responsibilities included data management, group facilitation, and clinical interviewing.

VOLUNTEER ACTIVITIES

American Public Health Association, Washington, D.C.
Chair: International Health Advocacy & Policy Committee, 2011 to present
Coordinate the advocacy initiatives of a volunteer-based coalition of professionals focused on global health. Primary responsibilities include coalition building, interagency relationship management, and strategic planning.

SELECTED PUBLICATIONS | PRESENTATIONS

Freeman, P., Cooper-Walker, B., Harris, D., Ellen, J., Garofalo, R. & the Adolescent Trials Network for HIV/AIDS Interventions. (April, 2010). YMSM who report using methamphetamine: Recruitment venues and HIV-related risk behavior. Paper presented at the meeting of the Society for Adolescent Medicine, Toronto, Canada.

Freeman, P., Cooper-Walker, B., Harris, D., Garofalo, R., Willard, N., Ellen, J., et al. (2011). Methamphetamine use and risk for HIV among young men who have sex with men in 8 US cities. Archives of Pediatrics & Adolescent Medicine, 136(81), 736-740. doi:10.1001/archpediatrics.2011.118

Freeman, P. & Emerick, M. (October, 2010). Supporting LGBTQ youth. Presented as part of the National Runaway Switchboard Youth and Resilience Professional Development Training series, Chicago, IL.

Freeman, P. & Emerick, M. (September, 2011). "Introducing LGBTQ Youth." UCAN LGBTQ Host Home Program, Trainer. Chicago, IL.

Freeman, P. & Ratevosian, J. (2011). Highlighting the health of men who have sex with men in the global HIV/AIDS response. American Public Health Association Policy Resolution #2011-C7. Washington, D.C.

Freeman, P. & Robles-Schrader, G. (August, 2009). A higher priority! Tools, frameworks and advocacy for structural interventions in community health and LGBTQI youth. Paper presented at the LGBTI Health Summit, Chicago, IL.

Freeman, P., Robles-Schrader, G. & Ellen, J. (November, 2009). Systems changes to promote sexual literacy. Paper presented at the meeting of the Society for the Scientific Study of Sexuality, Puerto Vallarta, Mexico.

COMPUTER SKILLS

Microsoft Office, SPSS, ATLAS.ti, ArcGIS

KATHERINE ROBERT, MPA

JSI Research & Training Institute, Inc. d/b/a Community Health Institute *krobert@jsi.com*
501 South Street 2nd floor, Bow, New Hampshire 03304 · (603) 573-3331

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE
Master of Public Administration, 2009
Bachelor of Arts in Political Science, 2006

EXPERIENCE

Community Health Institute, Bow, New Hampshire
Project Manager, December 2007 to present
JSI provides consultation to health care organizations in the areas of health services delivery, public health, practice management, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers (hospitals, group practices, community health centers, family planning organizations, health maintenance organizations, community-based coalitions and social service agencies). JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

Spark NH Needs Assessment *August 2012 to present* Work closely with the Spark NH Data Committee to finalize a needs assessment, document gaps, and identify policy and system recommendations for the NH Early Childhood System. This effort is in support of the Early Childhood Advisory Council's vision that all New Hampshire children and their families are healthy, learning and thriving now and in the future.

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) Services *May 2012 to present* Recruit and hire qualified consultants to implement NAP SACC in targeted NH communities. Provide technical assistance to consultants during the project period through program recruitment support, logistical support, and implementation support. Conduct an evaluation of past NAP SACC interventions from the perspective of trained sites and trainers.

NH Immunization Marketing *June 2010 to present* Provides project coordination support, and works with the NH DHHS Immunization Program staff and community stakeholders to research, and assist in the development and implementation of a statewide marketing and awareness campaign aimed at increasing immunization rates for the priority population. Assists in the development of provider trainings, and provides technical support in planning an annual conference.

NH Environmental Public Health Tracking Program Data Utilization and Outreach Project *April 2012 to present* Works with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Assist EPHT in developing a user analytics data collection process for web-based tools.

NH Breast and Cervical Cancer Program Focus Groups *April 2012 to present* Convened, facilitated, and summarized findings of four market research focus groups around promotional materials promoting breast and cervical cancer screenings. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for promotional materials development.

Dartmouth-Hitchcock Colorectal Cancer Screening Focus Groups *April 2012 to June 2012* Convened, facilitated, and summarized findings of two market research focus groups around six posters designed by the Dartmouth-Hitchcock Colorectal Cancer Screening Program. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for promotional materials development.

Tobacco and Obesity Policy Project *June 2010 to January 2012* Provided project management support, and worked with NH DHHS Obesity Prevention Program and Tobacco Prevention and Control Program staff and partners to assist in

the development of strategies and creation of trainings and materials for licensed childcare settings, schools, and workplaces to develop and adopt evidence-based guidelines around nutrition, physical activity, screen time, and tobacco exposure. Conduct qualitative research to inform process.

Dartmouth-Hitchcock Early Childhood Messaging Collaborative Focus Groups *December 2011 to January 2012* Convened, facilitated, and summarized findings of four market research focus groups around six logos and three graphic sets designed for the HNHfoundation-funded Early Childhood Messaging collaboration. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for the logo and graphic development.

NH County Rankings Video Project *September 2011 to December 2011* Participated in a collaborative process of the NH State County Health Rankings Team to produce video vignettes focusing on state and local Public Health. Data from the NH County Health Rankings and the NH State Health Report were linked to stories gathered around the state that illustrate community actions to improve health or people impacted by improvements in public health. The video(s) will be used to educate and motivate individuals and communities into action to improve the health of their community and state.

Manchester Sustainable Access Project (MSAP) *January 2008 to May 2011* Provided administrative and logistical support to the MSAP project. The goal of MSAP is to design and implement an integrated community network of primary care for the city's most vulnerable populations by integrating mental health, dental and primary care services. MSAP attempts to enhance community access to Federal 330 grant funding and Medicaid enhanced reimbursement for providers through the expansion of the FQHC programs in the area.

Strategic Prevention Framework – Local Regional Evaluation *January to March 2009* Data entry and data analysis for surveys of four strategic prevention framework regions. Worked in SPSS to clean and analyze the data. Created summary reports to provide to the client.

Manchester Community Needs Assessment *December 2008 to December 2009* Provided logistical support to the project by serving as a liaison between the MSAP Data Committee and the Community Health Institute team. Assigned team roles, managed the budget, and defined key deadlines. Collected quantitative state and local data, as well as analyzed and summarized focus group and key informant survey data. Assisted in the development and editing of the final Needs Assessment Report.

PROFESSIONAL ASSOCIATIONS

NH Public Health Association, Board of Directors, 2012 - Present

- Membership Committee – 2012 - Present

COMPUTER SKILLS

Proficient in Adobe InDesign CS5.5, Adobe Illustrator CS5.5, Microsoft Word, Excel, and Publisher.
Working knowledge of Microsoft Access, QuickBooks, Adobe Photoshop, and SPSS.

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

Bidder/Program Name: JSI Research & Training Institute, Inc. d/b/a Community Health Institute

Budget Request for: Public Health Program Services Support Services
(Name of RFP)

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

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 226,661.80	$ -	$ 226,661.80	
2. Employee Benefits	$ 86,131.48	$ -	$ 86,131.48	
3. Consultants		$ -	$ -	
4. Equipment:		$ -	$ -	
Rental	$ 4,058.00	$ -	$ 4,058.00	
Repair and Maintenance	$ 4,058.00	$ -	$ 4,058.00	
Purchase/Depreciation	$ 4,058.00	$ -	$ 4,058.00	
5. Supplies:		$ -	$ -	
Educational	$ 594.69	$ -	$ 594.69	
Lab		$ -	$ -	
Pharmacy		$ -	$ -	The Indirect Cost Line Item represents a portion of JSI Research & Training Institutute's federal approved Negotiated Indirect Cost Rate Agreement covering Information Systems, Accounting, Payroll, Human Resources and Administrative Staff Costs. These costs are derived from JSI's NICRA, but can fluctuate under this contract's budget structure as JSI's Indirect Costs are calculated using a different base than the contract requires. JSI's Indirect Costs are derived using direct labor as a base and this contract's budget structure uses total direct costs as a base. Due to this, contracts that include less labor costs and more non-labor costs will require less JSI to recover less indirect costs.
Medical		$ -	$ -	
Office	$ 10,784.69	$ -	$ 10,784.69	
6. Travel	$ 5,506.84	$ -	$ 5,506.84	
7. Occupancy	$ 22,315.26	$ -	$ 22,315.26	
8. Current Expenses		$ -	$ -	
Telephone	$ 780.00	$ -	$ 780.00	
Postage		$ -	$ -	
Subscriptions		$ -	$ -	
Audit and Legal		$ -	$ -	
Insurance		$ -	$ -	
Board Expenses		$ -	$ -	
9. Software	$ 500.00	$ -	$ 500.00	
10. Marketing/Communications	$ 550.00	$ -	$ 550.00	
11. Staff Education and Training	$ 1,000.00	$ -	$ 1,000.00	
12. Subcontracts/Agreements	$ 68,065.00	$ -	$ 68,065.00	
13. Other (specific details mandatory):		$ -	$ -	
SHIP - NPHPSR	$ 6,850.00	$ -	$ 6,850.00	
SHIP - DPHS SPR	$ 1,250.00	$ -	$ 1,250.00	
SHIP - PPHLST	$ 950.00	$ -	$ 950.00	
TTARSP - E-Studio	$ 8,200.00	$ -	$ 8,200.00	
TTARSP - Preparedness Conference	$ 10,000.00	$ -	$ 10,000.00	
TTARSP - Nat'l Lab Training Network	$ 5,200.00	$ -	$ 5,200.00	
MRC - MRC Units	$ 130,000.00	$ -	$ 130,000.00	
MRC - Volunteer Conference	$ 20,000.00	$ -	$ 20,000.00	
IHC - Materials & Printing	$ 5,000.00	$ -	$ 5,000.00	
IHC - Annual Immunization Conference	$ 5,000.00	$ -	$ 5,000.00	
HIV - Focus Group Participants	$ 1,440.00	$ -	$ 1,440.00	
HIV - Focus Group Food & Rent	$ 1,850.00	$ -	$ 1,850.00	
HIV - Survey Participants	$ 1,000.00	$ -	$ 1,000.00	
HIV - Recruitment Stipends	$ 20,000.00	$ -	$ 20,000.00	
14. Indirect: 7% of $651,803.76	$ -	$ -	$ -	
Information Systems (2.09%)	$ -	$ 13,618.87	$ 13,618.87	
Human Resources (1.39%)	$ -	$ 9,079.25	$ 9,079.25	
General Administration (1.39%)	$ -	$ 9,079.25	$ 9,079.25	
Payroll and Accounting (2.09%)	$ -	$ 13,618.87	$ 13,618.87	
TOTAL	**$ 651,803.76**	**$ 45,396.24**	**$ 697,200.00**	

Indirect As A Percent of Direct 7.0%

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available) **$ 697,200.00**

Reconciliation - (this line must be equal to or greater than $0) **$ -**

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

Bidder/Program Name: JSI Research & Training Institute, Inc. d/b/a Community Health Institute

Budget Request for: Public Health Program Services Support Services
(Name of RFP)

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

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 224,721.91	$ -	$ 224,721.91	
2. Employee Benefits	$ 85,394.33	$ -	$ 85,394.33	
3. Consultants		$ -	$ -	
4. Equipment:		$ -	$ -	
Rental	$ 4,880.93	$ -	$ 4,880.93	
Repair and Maintenance	$ 4,880.93	$ -	$ 4,880.93	
Purchase/Depreciation	$ 4,880.93	$ -	$ 4,880.93	
5. Supplies:		$ -	$ -	
Educational	$ 615.09	$ -	$ 615.09	
Lab		$ -	$ -	
Pharmacy		$ -	$ -	The Indirect Cost
Medical		$ -	$ -	Line Item represents
Office	$ 10,687.78	$ -	$ 10,687.78	a portion of JSI
6. Travel	$ 5,400.00	$ -	$ 5,400.00	Research & Training
7. Occupancy	$ 22,121.04	$ -	$ 22,121.04	Institutute's federal
8. Current Expenses		$ -	$ -	approved Negotiated
Telephone	$ 780.00	$ -	$ 780.00	Indirect Cost Rate
Postage		$ -	$ -	Agreement covering
Subscriptions		$ -	$ -	Information Systems,
Audit and Legal		$ -	$ -	Accounting, Payroll,
Insurance		$ -	$ -	Human Resources
Board Expenses		$ -	$ -	and Administrative
9. Software	$ 500.00	$ -	$ 500.00	Staff Costs. These
10. Marketing/Communications	$ 550.00	$ -	$ 550.00	costs are derived
11. Staff Education and Training	$ 500.00	$ -	$ 500.00	from JSI's NICRA,
12. Subcontracts/Agreements	$ 68,065.00	$ -	$ 68,065.00	but can fluctuate
13. Other (specific details mandatory):		$ -	$ -	under this contract's
SHIP - NPHPSR	$ -	$ -	$ -	budget structure as
SHIP - DPHS SPR	$ -	$ -	$ -	JSI's Indirect Costs
SHIP - PPHLST	$ -	$ -	$ -	are calculated using
TTARSP - E-Studio	$ 8,500.00	$ -	$ 8,500.00	a different base than
TTARSP - Preparedness Conference	$ 10,000.00	$ -	$ 10,000.00	the contract requires.
TTARSP - Nat'l Lab Training Network	$ 5,200.00	$ -	$ 5,200.00	JSI's Indirect Costs
MRC - MRC Units	$ 130,000.00	$ -	$ 130,000.00	are derived using
MRC - Volunteer Conference	$ 20,000.00	$ -	$ 20,000.00	direct labor as a
IHC - Materials & Printing	$ 5,000.00	$ -	$ 5,000.00	base and this
IHC - Annual Immunization Conference	$ 5,000.00	$ -	$ 5,000.00	contract's budget
HIV - Focus Group Participants	$ 1,850.00	$ -	$ 1,850.00	structure uses
HIV - Focus Group Food & Rent	$ 3,000.00	$ -	$ 3,000.00	total direct costs as
HIV - Survey Participants	$ -	$ -	$ -	a base. Due to this,
HIV - Recruitment Stipends		$ -	$ -	contracts that include
14. Indirect: 6.8% of $622,527.94	$ -	$ -	$ -	less labor costs and
Information Systems (2.05%)	$ -	$ 12,741.62	$ 12,741.62	more non-labor costs
Human Resources (1.36%)	$ -	$ 8,494.41	$ 8,494.41	will require less JSI
General Administration (1.36%)	$ -	$ 8,494.41	$ 8,494.41	to recover less
Payroll and Accounting (2.05%)	$ -	$ 12,741.62	$ 12,741.62	indirect costs.
TOTAL	**$ 622,527.94**	**$ 42,472.06**	**$ 665,000.00**	
Indirect As A Percent of Direct		6.82%		

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)	**$ 665,000.00**
Reconciliation - (this line must be equal to or greater than $0)	**$ -**