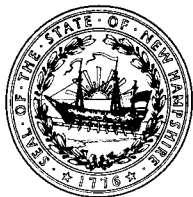


4/26



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



April 27, 2015

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and the Division of Community Based Care Services, to amend existing agreements with the five (5) vendors listed below in bold, for the provision of public health initiatives, and to exercise a renewal option with the same vendors for the continuation of regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, by increasing the total price limitation by \$2,957,486 from \$5,366,864 to \$8,324,350, to be effective the date of Governor and Council approval through June 30, 2017. These agreements were originally approved by Governor and Council on June 19, 2013, Item #95, #98, #100, #102, and September 4, 2013, Item #54, and amended on February 11, 2015, Item #9. Funds are 96.24% Federal and 3.76% General.

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
Carroll County Coalition for Public Health	Ctr. Ossipee, NH	\$328,032	\$574,431	\$902,463
Cheshire County	Keene, NH	\$342,236	\$0	\$342,236
City of Nashua, Division of Public Health and Community Services	Nashua, NH	\$639,960	\$0	\$639,960
Goodwin Community Health	Somersworth, NH	\$352,092	\$0	\$352,092
Granite United Way	Concord, NH	\$346,138	\$596,738	\$942,876
Lakes Region Partnership for Public Health	Laconia, NH	\$334,486	\$622,010	\$956,496
Manchester Health Department	Manchester, NH	\$940,560	\$0	\$940,560
Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock	Lebanon, NH	\$321,602	\$614,547	\$936,149
Mid-State Health Center	Plymouth, NH	\$326,760	\$549,760	\$876,520
North County Health Consortium	Littleton, NH	\$477,760	\$0	\$477,760
Sullivan County	Newport, NH	\$327,010	\$0	\$327,010
Town of Derry	Derry, NH	\$327,326	\$0	\$327,326
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
TOTAL		\$5,366,864	\$2,957,486	\$8,324,350

Funds are available in State Fiscal Year 2015, and are anticipated to be available in State Fiscal Years 2016 and 2017, upon the availability and continued appropriation of funds in the future operating budget, with

authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

See attachment for financial details.

EXPLANATION

This requested action seeks approval of 5 of 13 agreements that represent \$2,957,486 to be spent statewide to provide two distinct elements that affect all five of the attached contracts. The first is for public health initiatives in five distinct priority areas: physical activity, preventing falls, suicide prevention, motor vehicle crash prevention, and addressing the health effects of severe weather and climate. The second element exercises existing renewal language within the contracts to extend the completion dates of the contracts so that the vendors may continue to provide regional public health emergency preparedness, substance misuse prevention and related health promotion efforts, implement school-based influenza clinics and also coordinate other public health services in a specific geographic area. A similar request for seven of the vendors whose names are not in bold will be presented at an upcoming Governor and Executive Council meeting. Because the Town of Exeter has elected not to continue to participate as a Public Health Network site, a contract with Lamprey Health Care is being developed to provide Regional Public Health Network services in the Exeter and surrounding area. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

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

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

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

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

According to the 2012-2013 National Survey on Drug Use and Health¹, the most recent data available demonstrates that 49% of NH's 18-25 year olds reported binge drinking in the past 30 days. This rate is the third highest in the country and much higher than the national average of 38.7%. For pain reliever abuse, 10.5% of NH

¹ 1 Source: http://www.new-futures.org/sites/default/files/Summary%20Report_0.pdf

young adults reported this behavior in the past year, and 10% of young adults reported illicit drug use other than marijuana. This last prevalence indicator is important for several reasons. First, it is the most accessible data point relative to young adult opioid use because the illicit drug use indicator includes opioids. Secondly, NH's rate of 10% for 18-25 year olds reporting regular illicit drug use is the highest in the country and is 1.5 percentage points higher than the next closest state (Rhode Island, 8.6%) and higher than the national average of 6.9%. Furthermore, there were five times greater the number of heroin-related deaths in NH in 2014 than there were in 2008. Heroin-related Emergency Department visits and administrations of naloxone to prevent death from an overdose have also multiplied exponentially in the last two years. Consequently, alcohol and drug misuse cost NH more than \$1.84 billion in 2012 in lost productivity and earnings, increased expenditures for healthcare, and public safety costs. In addition to economic costs, substance misuse impacts and is influenced by poor mental health. From 2007 to 2011, suicide among those aged 10-24 was the second leading cause of death for NH compared to the third leading cause nationally.

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

Table 2: NH's Substance Use Rates are Higher than National Average				
18-25 year olds	NH	NE	US	Significant differences
Binge Drinking	49.0%	43.0%	38.7%	NH Higher than NE and US
Marijuana Use	27.8%	21.0%	18.9%	NH Higher than NE and US
Nonmedical use of pain relievers	10.5%	8.6%	9.5%	No significant difference
Dependent/abusing alcohol or illicit drugs	23.7%	19.1%	18.1%	NH Higher than NE and US

Youth and families across NH describe having little access to services and supports for Substance Use Disorder in NH. In fact, according to the National Survey on Drug Use and Health², NH ranks worst among the states in percentage of 18-25 year olds "needing but not receiving treatment" for alcohol or illicit drug use and is also among the bottom states for 12-17 year olds. Additionally, among 12-20 year olds, NH ranks highest and above the overall national average in both underage alcohol use in past month (NH: 35.72%, US: 23.52%) and underage binge alcohol use in past month (NH: 23.21%, US: 14.75%).

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

The original contracts were awarded through a competitive bid. The bid summary is attached.

A second Request for Proposals was posted on the Department of Health and Human Services' website from December 19, 2014 through February 12, 2015, for the provision of the new public health initiatives for five distinct priority areas:

1. Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity
2. Preventing Older Adult Falls
3. Preventing Suicide
4. Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers
5. Preventing Health Effects from Severe Weather and Climate

Fifteen proposals were received from five vendors in response to the Request for Proposals. Eight reviewers who work internal to the Department reviewed the proposals. The reviewers represent seasoned public health administrators and managers who have between eight to 32 years' experience managing agreements with

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

vendors for various public health programs. Each reviewer was selected for the specific skill set they possess and their experience. The 13 of 15 proposals that scored actual points of 98 or more were selected by the evaluation team for funding. Their decision followed a thorough discussion of the strengths and weaknesses of the proposals. The final decision was made through consensus scoring. The bid summary is attached.

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

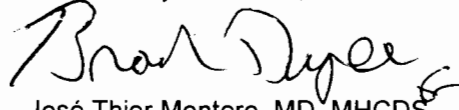
The attached performance measures will be used to measure the effectiveness of these agreements.

Area served: Statewide.

Source of Funds: 96.24% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration, and 3.76% 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, MHCDS
Director
Division of Public Health Services



Kathleen A. Dunn, MPH
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET

Regional Public Health Networks (RPHN)

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

85.45% Federal Funds and 14.55% General Funds

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

PO #

1032193

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

Cheshire County, Vendor # 177372-B001

PO #

1032189

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

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

PO #

1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

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

Granite United Way, Vendor # 160015-B001

PO #

1031488

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

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

PO #

1031728

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

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

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

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

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

PO #

1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

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

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

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

Sullivan County, Vendor # 177482-B004

PO #

1032408

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

Town of Derry, Vendor # 177379-B003

PO #

1032192

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

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

Town of Exeter, Vendor # 177386-B001

PO #

1031468

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

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

Cheshire County, Vendor # 177372-B001

PO #

1032189

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

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

PO #

1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

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

Granite United Way, Vendor # 160015-B001

PO #

1031488

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

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

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

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

Town of Derry, Vendor # 177379-B003

PO #

1032192

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

Town of Exeter, Vendor # 177386-B001

PO #

1031468

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

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

Cheshire County, Vendor # 177372-B001

PO #

1032189

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

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

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

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

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

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
			Sub-Total	20,272	22,000	42,272

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

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

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

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
		Sub-Total		20,500	22,000	42,500

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

PO #

1031728

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

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

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2015	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	11,000	11,000
		Sub-Total		13,842	22,000	35,842

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

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

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

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

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

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2015	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	19,250	-	19,250
			SUB TOTAL	157,864	110,000	267,864

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

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

PO #

1032193

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

Cheshire County, Vendor # 177372-B001

PO #

1032189

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

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

PO #

1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

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

Granite United Way, Vendor # 160015-B001

PO #

1031488

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

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

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

PO #

1031728

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

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

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

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

PO #

1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

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

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

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

Sullivan County, Vendor # 177482-B004

PO #

1032408

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

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

Town of Derry, Vendor # 177379-B003

PO #

1032192

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

Town of Exeter, Vendor # 177386-B001

PO #

1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc		-	-	-
SFY 2017	102-500731	Contracts for Prog Svc		-	-	-
			Sub-Total	130,760	-	130,760
			SUB TOTAL	1,699,880	1,653,800	3,353,680

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

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

PO #

1032193

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

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

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

Granite United Way, Vendor # 160015-B001

PO #

1031488

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

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

PO #

1031728

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

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

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

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

Sullivan County, Vendor # 177482-B004

PO #

1032408

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

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

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

PO #

1032193

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

Cheshire County, Vendor # 177372-B001

PO #

1032189

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

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

PO #

1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

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

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

PO # 1031728

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

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

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

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

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
		Sub-Total		10,000	30,000	40,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	8,000	-	8,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	15,000	15,000
		Sub-Total		8,000	30,000	38,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

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

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

Sullivan County, Vendor # 177482-B004

PO # 1032408

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

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		10,000	-	10,000
		SUB TOTAL		58,000	150,000	208,000

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

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

PO # 1032193

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

PO # 1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

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

Granite United Way, Vendor # 160015-B001

PO #

1031488

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

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

PO #

1031728

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

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

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

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

PO #

1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

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

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

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

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

Sullivan County, Vendor # 177482-B004

PO # 1032408

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

Town of Derry, Vendor # 177379-B003

PO # 1032192

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

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

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

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

PO # 1031728

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

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

PO # 1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

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

FINANCIAL DETAIL ATTACHMENT SHEET

Regional Public Health Networks (RPHN)

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

100% Federal Funds

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

PO #

1031728

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

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

PO #

1033195

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

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

85.45% Federal Funds and 14.55% General Funds

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

PO #

1032193

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

Cheshire County, Vendor # 177372-B001

PO #

1032189

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

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

PO #

1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

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

Granite United Way, Vendor # 160015-B001

PO #

1031488

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

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

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

PO #

1031728

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

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

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

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

PO #

1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

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

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

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

Sullivan County, Vendor # 177482-B004

PO #

1032408

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

Town of Derry, Vendor # 177379-B003

PO #

1032192

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

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

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

Cheshire County, Vendor # 177372-B001

PO #

1032189

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

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

PO #

1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

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

Granite United Way, Vendor # 160015-B001

PO #

1031488

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

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

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

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		-	-	-
		SUB TOTAL		-	20,000	20,000
		TOTAL		5,366,864	2,957,486	8,324,350



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

NH Regional Public Health Network Initiatives

#15-DHHS-DPHS-RPHN-08

RFP Name

RFP Number

Priority Area Initiatives Numbers 1-5

- #1 Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity**
- #2 Preventing Older Adult Falls**
- #3 Preventing Suicide**
- #4 Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers**
- #5 Preventing Health Effects from Severe Weather and Climate**

Proposals	Bidder Name	Maximum Points	Actual Points	Proposal Selected
1. Community Readiness	Carroll County Coalition for Public Health	140	117	Yes
2. Community Readiness	Granite United Way	140	91	NO
3. Community Readiness	Lakes Region Partnership for Public Health	140	91	NO
4. Community Readiness	Mary Hitchcock Memorial Hospital	140	119	Yes
5. Preventing Falls	Granite United Way	140	129	Yes
6. Preventing Falls	Lakes Region Partnership for Public Health	140	99	Yes
7. Preventing Falls	Mary Hitchcock Memorial Hospital	140	125	Yes
8. Preventing Falls	Mid State Health Center	140	118	Yes
9. Preventing Suicide	Carroll County Coalition for Public Health	140	113	Yes
10. Preventing Suicide	Granite United Way	140	122	Yes
11. Preventing Suicide	Lakes Region Partnership for Public Health	140	106	Yes
12. Preventing Suicide	Mary Hitchcock Memorial Hospital	140	122	Yes
13. Preventing MV Crashes	Lakes Region Partnership for Public Health	140	107	Yes
14. Climate	Mary Hitchcock Memorial Hospital	140	127	Yes
15. Climate	Lakes Region Partnership for Public Health	140	105	Yes

Reviewer Names

1 Neil Twitchell, Administrator	5 Albert Willis, Program Manager
2 Rhonda Siegel, Administrator	6 Mary Holliday, Administrator
3 Scot Foster, Health Promotion Advisor	7 Shelley Swanson, Administrator
4 Matt Cahillene, Program Manager	8 Philip J. Nadeau, Administrator

Regional Public Health Network Services Performance Measures

Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity

- 100% of the selected towns/cities will have:
 - a completed Community Readiness Assessment tool that includes a final readiness score by June 30, 2015;
 - a written action plan detailing at least one strategy for improving access to safe and affordable physical activity opportunities for city and town residents by July 31, 2015; and
 - the implementation of the selected strategy to improve access to safe and affordable physical activity opportunities for city and town residents by September 30, 2015.

Preventing Older Adult Falls

- A minimum of at least 60% of participants will have improved their functional ability between initiation and completion of the TJQMBB training as recorded on both functional tests (Timed Up and Go; and Five Times Sit and Stand).
- MOB: At least a 60% overall increase from baseline to post class in the Matter Of Balance (MOB) Falls Management Scale among participants.

Preventing Suicide

- 100% of participants in the "Connect" training will have increased their perceived effectiveness in recognizing suicidal risk.

Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers

- 5% aggregate increase in seatbelt usage among identified schools during the project period.

Preventing Health Effects from Severe Weather and Climate

- By June 30, 2015, submit a draft adaptation plan that documents at least three (3) vulnerable populations and three (3) health burdens relevant to the existing climate vulnerabilities. The draft plan can be hard copy or web-based.
- By September 30, 2015, submit a final adaptation plan that includes at least two (2) viable interventions that address regional weather or climate vulnerabilities.

School-Based Vaccinations

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

Regional Public Health Advisory Committee

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

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

- Number of subject matter experts from across the Continuum of Care Services recruited and serving on the workgroup.
- Number of educational resources developed to educate the PHAC.
- Number of educational events identified by the delivery modality (face to face meeting, webinars, etc.) to educate the PHAC.
- Number of PHAC members educated.

Regional Public Health Network Services Performance Measures

- Submission of PHAC endorsed statement/vision on what constitutes a substance use disorder comprehensive approach for your region's system of care.

Substance Misuse Prevention (SMP) and Related Health Promotion

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

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

- One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.
- CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
- Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
- Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
 - Identification of gaps in CC components and services that need to be developed or enhanced.
 - Identification of barriers to cooperation between CC components.
 - Identification of barriers to community/client access to component services.
- Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region

Regional Public Health Preparedness

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



New Hampshire Department of Health and Human Services

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

This 2nd Amendment to the Regional Public Health Network Services contract (hereinafter referred to as "Amendment Two") dated this 2nd day of April, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Carroll County Coalition for Public Health, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 1230 Route 16, Suite 3, Ossipee, NH 03864.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #95 and amended on February 11, 2015, Item #9, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: June 30, 2017.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$902,463.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Brook Dupee.
4. Delete Exhibit A Scope of Services and Exhibit A-1 Additional Scope of Services in their entirety and replace with Exhibit A Amendment #1 Scope of Services to be effective July 1, 2015 through June 30, 2017.
5. Add Exhibit A-2 Additional Scope of Services to be effective the date of Governor and Council approval through September 30, 2015.
6. Modify Exhibit B to add to paragraph 1:
 - 1.3. The contract shall increase by \$17,322 for SFY 2015, \$289,729 for SFY 2016, and \$267,380 for SFY 2017, for a total increase of \$574,431.
 - 1.4. Funding is available as follows:
 - \$22,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.268, Federal Award Identification Number (FAIN) H23IP000757. Account # 05-95-90-902510-5178-102-500731, \$11,000 in SFY 2016, and \$11,000 in SFY 2017.



New Hampshire Department of Health and Human Services

- \$330,760 = 100% federal funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, Federal Award Identification Number (FAIN) T1010035-14. Account # 05-95-49-491510-2988-102-500731, \$165,380 in SFY 2016, and \$165,380 in SFY 2017.
 - \$30,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037. Account # 05-95-90-901010-5362-102-500731, \$15,000 in SFY 2016, and \$15,000 in SFY 2017.
 - \$152,000 = 85.45% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.074, Federal Award Identification Number (FAIN) U90TP000535, and 14.55% general funds. Account # 05-95-90-902510-7545-102-500731, \$76,000 in SFY 2016, and \$76,000 in SFY 2017.
 - \$39,671 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037, Account # 05-95-90-902010-5190-102-500731, \$17,322 in SFY 2015, and \$22,349 in SFY 2016.
7. Modify existing Exhibit B-1 and Exhibit B -1 Amendment #1 budgets by adding Exhibit B-1 Amendment #2 budgets for SFY 2015, 2016 and 2017. Within 10 business days of the effective date of this contract amendment, the vendor shall submit to the Department of Health and Human Services and receive departmental approval, detailed line item budgets, on budget forms approved by the State.

New Hampshire Department of Health and Human Services



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

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

State of New Hampshire
Department of Health and Human Services

4/28/15
Date

Brook Dupee
Brook Dupee
Bureau Chief

Carroll County Coalition for Public Health

4/8/15
Date

Susan Ruka CCPH Board
Name: Susan Ruka
Title: Chair, Board of Directors
President

Acknowledgement:

State of NH, County of Carroll on 4/8/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Joan Lanoie
Signature of Notary Public or Justice of the Peace

Joan Lanoie - Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires: JOAN LANOIE, Notary Public
My Commission Expires November 14, 2017

Contractor Initials: M
Date: 4/8/15

New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

Date 5/11/15

Name: Megan A. Y. [Signature]
Title: Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

Contractor Initials: M
Date: 4/8/15



Exhibit A Amendment #1

SCOPE OF SERVICES

1. Required Services

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

The Contractor shall:

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



Exhibit A Amendment #1

1.5. Regional Public Health Advisory Committee

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

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

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

1.6. Membership

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

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Exhibit A Amendment #1

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

1.6.2. PHAC General Membership

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

1.5.5.1. PHAC Executive/Steering Committee Membership

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

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

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

1.6. Perform an advisory function to include:

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

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

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

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Exhibit A Amendment #1

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

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Exhibit A Amendment #1

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

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

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

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

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

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

[Signature]
Date 4/8/15



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

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Exhibit A Amendment #1

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

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

1.10. Staffing Requirements

1.10.1. CONTINUUM OF CARE FACILITATOR – dedicated full time position

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

1.10.1.2. Qualifications:

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

1.11. Regional Public Health Preparedness

1.11.1. Regional Public Health Emergency Planning



Exhibit A Amendment #1

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



Exhibit A Amendment #1

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

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

[Handwritten Signature]
Date *4/1/15*



Exhibit A Amendment #1

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

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

2. Performance Measures

2.1. School-Based Vaccinations

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

2.2. Regional Public Health Advisory Committee

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

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

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



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



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- 2.4.1.1. CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care, that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
- 2.4.1.2. Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
- 2.4.1.3. Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
 - 2.4.1.3.1. Identification of gaps in CC components and services that need to be developed or enhanced.
 - 2.4.1.3.2. Identification of barriers to cooperation between CC components.
 - 2.4.1.3.3. Identification of barriers to community/client access to component services.
- 2.4.1.4. Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region

2.6. Regional Public Health Preparedness

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

3. Training and Technical Assistance Requirements

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

[Signature]
Date 4/8/15



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

4. Cultural Considerations

- 4.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within ten (10) days of the effective date of this contract.

5. Administration and Management – All Services

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

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

5.1.1.4. Regional Public Health Emergency Preparedness

5.2. Reporting, Contract Monitoring and Performance Evaluation Activities

5.2.1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:

5.2.1.1. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.

5.2.1.2. Subcontractors must attend all site visits as requested by DHHS.

5.2.1.3. A financial audit in accordance with state and federal requirements.

5.2.1. Maintain the capability to accept and expend funds to support funded services.

5.2.1.1. Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.

5.2.1.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.

5.2.1.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.

5.2.2. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.

5.2.3. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in this contract.

5.2.4. Provide other programmatic updates as requested by the DHHS.

5.2.5. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.

5.2.6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health

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Exhibit A Amendment #1

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

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

5.3. Public Health Advisory Committee and Public Health Preparedness

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

5.4. Substance Misuse Prevention and Related Health Promotion

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

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

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5.5.1. Contractor will submit the following to the State:

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



Exhibit A-2

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through September 30, 2015

The Contractor shall:

1.1. Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity.

- 1.1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by implementing Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity.
- 1.1.2. Select up to three cities or towns within the region that agree to complete the Community Readiness Assessment tool around access to safe and affordable physical activity.
- 1.1.3. Provide training and technical assistance and work with each of the selected cities or towns to choose at least one approved activity that will increase access to safe and affordable physical activity opportunities for city and town residents.
- 1.1.4. Coordinate with at least one representative from the Regional Planning Commission and/or local planning department, to ensure completion of the Community Readiness Assessment. The Community Readiness Assessment consists of the following five steps:
 1. Identify the issue to be assessed. The issue needs to be specifically tied to access to safe and affordable physical activity in the city or town.
 2. Identify a "community" of focus (examples of "community" include the city or town, a specific area or street within a city or town, or a particular group such as residents within walking distance of a chosen destination).
 3. Conduct interviews with a minimum of 6 community members, who represent different community organizations, utilizing the questions provided in the Community Readiness Assessment tool.
 4. Score the interviews using the scoring methods provided in the Community Readiness Assessment tool to obtain a final readiness score.
 5. Collaborate with the DHHS and the Regional Planning Commission and/or local planning department to assist the selected towns/cities to develop at least one improvement to access to safe and affordable physical activity based on the town/city's final readiness score.
- 1.1.5. Once each city or town has submitted their action plan for improvement to the contractor, the city or town is then eligible to apply for a mini-grant to be used to further the implementation of the selected strategy.



Exhibit A-2

- 1.1.6. All mini-grant applications shall be approved by the DHHS before final mini-grants are executed.

1.2. Preventing Suicide

- 1.2.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Suicide.
- 1.2.2. Identify regional data pertaining to suicide. This includes the identification of needs, gaps & high risk populations in the region with respect to suicide risk. Data should be aggregated into a data brief made available on-line.
- 1.2.3. Establish, or continue facilitation of a regional suicide prevention implementation team. This should include members of the Public Health Advisory Council.
- 1.2.4. Provide logistical support for, and implement a "Connect" suicide prevention and postvention training with the prevention implementation team. If this training has already occurred in the region, provide logistical support for, and implement the "Connect" suicide prevention and postvention "Train the Trainers" sessions with a subset of the prevention implementation team. Both trainings will integrate information related to the suicide component of the DPHS' "State Health Improvement Plan", the "State Suicide Prevention Plan" and community resources.
- 1.2.5. Provide logistical support for, and implement a "Counseling on Access to Lethal Means" training for up to 30 participants (half day training). If this has already occurred in the region, coordinate with the prevention implementation team trained in "Connect" to facilitate one prevention training open to community members from across the region.
- 1.2.6. Disseminate national media recommendations for reporting on suicide/safe messaging to local media outlets and key stakeholder organizations and constituent groups.

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
 - 2.2.1. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.
 - 2.2.2. Subcontractors must attend all site visits as requested by DHHS.
 - 2.2.3. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

- 3.1. Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity

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4/6/15



Exhibit A-2

3.1.1. 100% of the selected towns/cities will have:

3.1.1.1. A completed Community Readiness Assessment tool that includes a final readiness score by June 30, 2015.

3.1.1.2. A written action plan detailing at least one strategy for improving access to safe and affordable physical activity opportunities for city and town residents by July 31, 2015, and

3.1.1.3. The implementation of the selected strategy to improve access to safe and affordable physical activity opportunities for city and town residents by September 30, 2015.

3.2. Preventing Suicide

3.2.1. 100% of participants in the "Connect" training will have increased their perceived effectiveness in recognizing suicidal risk.

4. Staffing

4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.

4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.

4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

5.1. Reporting Requirements

5.1.1. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.

5.1.2. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.

5.1.3. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

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Exhibit A-2

6. Extensions

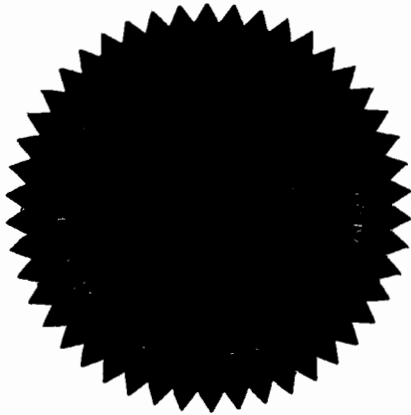
- 6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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 Carroll County Coalition for Public Health is a New Hampshire nonprofit corporation formed March 20, 2009. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



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

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE
(Corporation without Seal)

I, Bette Coffey, do hereby certify that:
(Name of Clerk of the Corporation; cannot be contract signatory)

1. I am a duly elected Clerk of Carroll County Coalition for Public Health.
(Corporation Name)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on October 29, 2010:
(Date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, , for the provision of

Public Health services.

RESOLVED: That the Chair of the Board of Directors
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 10th day of April, 2015_.
(Date Contract Signed)

4. Susan Ruka is the duly elected
Chair, Board of Directors
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.

Bette Coffey
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Carroll

The forgoing instrument was acknowledged before me this 10th day of April, 2015.

By, (Name of Clerk of the Corporation)

Bette Coffey
(NOTARY SEAL)

Victoria M. Kirkwood
(Notary Public/Justice of the Peace)

Commission Expires: VICTORIA M. KIRKWOOD
Notary Public - New Hampshire
My Commission Expires February 6, 2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/8/2014

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 E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425		CONTACT NAME: Fairley Kenneally PHONE (A/C No. Ext): (603) 293-2791 FAX (A/C No.): (603) 293-7188 E-MAIL ADDRESS: fairley@esinsurance.com	
INSURED Carroll County Coalition for Public Health 1230 Route 16 Ossipee NH 03864		INSURER(S) AFFORDING COVERAGE INSURER A: Great American Ins Group INSURER B: FirstComp INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 27626	

COVERAGES**CERTIFICATE NUMBER:** 2014**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 ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC			PAC0006355-04	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ N	N/A		WC0091907-06	7/1/2014	7/1/2015

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Dept of Health and Human Services
Contracts and Procurement Unit
129 Pleasant Street
Concord, NH 03301

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

F Kenneally/FAIRLE

Carroll County Coalition for Public Health

Mission Statement

The mission of the Carroll County Coalition for Public Health is to improve the health, safety, and wellness of the citizens of Carroll County by facilitating community partnerships to plan and coordinate the effective and efficient delivery of public health services, and empowering people to improve individual health.

SANTORO & SINNAMON CPAs
51 Mill Street, Suite 9
Wolfeboro, NH 03894

ACCOUNTANT'S COMPILATION REPORT

To the Board of Directors
CARROLL COUNTY COALITION PUBLIC HEALTH
1230 ROUTE 16 SUITE 3
Ossipee, NH 03864

We have compiled the accompanying statements of assets, liabilities, and equity -- income tax basis of CARROLL COUNTY COALITION PUBLIC HEALTH as of June 30, 2014, and the related statements of revenues and expenses -- income tax basis for the 1 Month and 12 Months then ended, and the accompanying supplementary information -- income tax basis contained in Schedule I, which is presented only for supplementary purposes. We have not audited or reviewed the accompanying financial statements and supplementary schedule and, accordingly, do not express an opinion or provide any assurance about whether the financial statements and supplementary schedule are in accordance with the income tax basis of accounting.

Management is responsible for the preparation and fair presentation of the financial statements and supplementary schedule in accordance with the income tax basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements and supplementary schedule.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements and supplementary schedules without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements and supplementary schedules.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared on the income tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity, revenues and expenses. Accordingly, these financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to CARROLL COUNTY COALITION PUBLIC HEALTH because we perform certain accounting and/or payroll services that may impair our independence.

SANTORO & SINNAMON CPAs
September 18, 2014

CARROLL COUNTY COALITION PUBLIC HEALTH
Statement of Assets, Liabilities, and Equity - Income Tax Basis
As of June 30, 2014

Assets

Current Assets

Northway Checking Account	\$ 29,182.14
Supplies on Trailers	<u>1,000.00</u>

Total Current Assets	<u>30,182.14</u>

Property and Equipment

Southern Carroll County Trailer	3,995.00
Northern Carroll County Trailer	6,000.00
Equipment on Southern Carroll County Trailer	2,500.00
Equipment on Northern Carroll County Trailer	2,500.00
Office Equipment	1,450.00
Less Accumulated Depreciation	<u>(9,607.00)</u>

Net Property and Equipment	<u>6,838.00</u>

Total Assets	<u><u>\$ 37,020.14</u></u>

CARROLL COUNTY COALITION PUBLIC HEALTH
Statement of Assets, Liabilities, and Equity - Income Tax Basis
As of June 30, 2014

Liabilities and Stockholders' Equity

Current Liabilities

Accrued Payroll	\$ 6,917.13
Accrued Expenses	5,500.77
Federal Payroll Tax Liability	(791.22)
State of NH Unemployment	<u>127.79</u>

Total Current Liabilities 11,754.47

Long-Term Liabilities

Total Long-Term Liabilities 0.00

Total Liabilities 11,754.47

Stockholders' Equity

Other Equity	19,144.23
Retained Earnings	<u>6,121.44</u>

Total Stockholders' Equity 25,265.67

Total Liabilities and Stockholders' Equity \$ 37,020.14

CARROLL COUNTY COALITION PUBLIC HEALTH
Statements of Revenues and Expenses - Income Tax Basis

	1 Month Ended June 30, 2014	12 Months Ended June 30, 2014
Sales		
Grant Income - Dept Health Human Service	\$ 23,858.40	\$ 126,837.24
Health & Human Services Income - Prior year	0.00	9,788.19
Grant Income	0.00	3,650.00
MRC - Grant	0.00	10,000.00
Grant Income - Charitable Foundation	20,000.00	40,000.00
Total Sales	<u>43,858.40</u>	<u>190,275.43</u>
Gross Profit	<u>43,858.40</u>	<u>190,275.43</u>
Operating Expenses		
Wages and Salaries	13,948.58	112,676.53
Consultants	0.00	2,005.00
John Snow Institute Grant Wages	0.00	1,229.19
Payroll Taxes	1,413.60	11,210.67
Marketing/Communications	4,560.00	4,647.05
Wages and Salaries	4,402.19	20,304.12
Bank Charges	2.89	2.89
Professional Memberships	0.00	75.00
Insurance	416.00	2,544.00
Employee Benefits	0.00	656.25
Accounting	85.92	125.26
Accounting and Legal	301.34	3,072.50
Equipment	99.99	247.86
Equipment/Supplies	1,304.34	1,304.34
Occupancy	800.07	8,136.00
Postage	49.00	98.00
Office Expense	2,465.31	3,393.42
POD Supplies	103.77	368.68
Telephone	175.00	2,101.53
Travel	690.51	5,607.04
Travel	393.54	603.54
Meetings	146.25	613.58
Meeting Expense	100.00	100.00
SAMHSA - Meetings	0.00	50.00
Staff Education & Training	0.00	45.00
CF - Staff Education and Training	0.00	441.00
Software	338.54	338.54
Software	85.00	85.00
Other	150.00	150.00
Total Operating Expenses	<u>32,031.84</u>	<u>182,231.99</u>
Operating Income (Loss)	<u>11,826.56</u>	<u>8,043.44</u>
Other Income (Expenses)		
Depreciation	(1,922.00)	(1,922.00)
Total Other Income (Expenses)	<u>(1,922.00)</u>	<u>(1,922.00)</u>
Net Income (Loss) Before Taxes	<u>9,904.56</u>	<u>6,121.44</u>
Net Income (Loss)	<u>\$ 9,904.56</u>	<u>\$ 6,121.44</u>

See Accountant's Compilation Report

CARROLL COUNTY COALITION PUBLIC HEALTH
Statements of Revenues and Expenses - Income Tax Basis
Emergency Preparedness Coordination

	1 Month Ended June 30, 2014	12 Months Ended June 30, 2014
Sales		
Grant Income - Dept Health Human Service	\$ 14,989.37	\$ 65,155.76
Health & Human Services Income - Prior year	<u>0.00</u>	<u>9,788.19</u>
Total Sales	<u>14,989.37</u>	<u>74,943.95</u>
Gross Profit	<u>14,989.37</u>	<u>74,943.95</u>
Operating Expenses		
Wages and Salaries	8,960.95	61,409.09
John Snow Institute Grant Wages	0.00	1,229.19
Payroll Taxes	402.31	4,574.88
Marketing/Communications	0.00	57.65
Professional Memberships	0.00	37.50
Insurance	220.00	1,205.00
Employee Benefits	0.00	656.25
Accounting and Legal	0.00	1,538.25
Equipment	0.00	(571.00)
Occupancy	385.97	4,032.89
Postage	25.50	50.00
Office Expense	99.00	717.53
POD Supplies	0.00	98.59
Telephone	69.13	1,072.84
Travel	154.03	2,547.05
Meetings	<u>0.00</u>	<u>292.36</u>
Total Operating Expenses	<u>10,316.89</u>	<u>78,948.07</u>
Operating Income (Loss)	<u>4,672.48</u>	<u>(4,004.12)</u>
Other Income (Expenses)		
Depreciation	<u>(1,922.00)</u>	<u>(1,922.00)</u>
Total Other Income (Expenses)	<u>(1,922.00)</u>	<u>(1,922.00)</u>
Net Income (Loss) Before Taxes	<u>2,750.48</u>	<u>(5,926.12)</u>
Net Income (Loss)	<u>\$ 2,750.48</u>	<u>\$ (5,926.12)</u>

CARROLL COUNTY COALITION PUBLIC HEALTH
Statements of Revenues and Expenses - Income Tax Basis
School Based Clinics

	1 Month Ended June 30, 2014	12 Months Ended June 30, 2014
Sales		
Grant Income - Dept Health Human Service	\$ 0.00	\$ 8,188.84
Total Sales	<u>0.00</u>	<u>8,188.84</u>
Gross Profit	<u>0.00</u>	<u>8,188.84</u>
Operating Expenses		
Wages and Salaries	0.00	3,945.73
Consultants	0.00	1,980.00
Payroll Taxes	0.00	449.58
Professional Memberships	0.00	37.50
Occupancy	0.00	523.67
Office Expense	1,809.59	1,821.89
POD Supplies	0.00	166.32
Travel	0.00	293.26
Other	150.00	150.00
Total Operating Expenses	<u>1,959.59</u>	<u>9,367.95</u>
Operating Income (Loss)	<u>(1,959.59)</u>	<u>(1,179.11)</u>
Other Income (Expenses)		
Total Other Income (Expenses)	<u>0.00</u>	<u>0.00</u>
Net Income (Loss) Before Taxes	<u>(1,959.59)</u>	<u>(1,179.11)</u>
Net Income (Loss)	<u>\$ (1,959.59)</u>	<u>\$ (1,179.11)</u>

See Accountant's Compilation Report

CARROLL COUNTY COALITION PUBLIC HEALTH
Statements of Revenues and Expenses - Income Tax Basis
Substance Misuse & Prevention

	1 Month Ended June 30, 2014	12 Months Ended June 30, 2014
Sales		
Grant Income - Dept Health Human Service	\$ 8,869.03	\$ 53,492.64
Total Sales	<u>8,869.03</u>	<u>53,492.64</u>
Gross Profit	<u>8,869.03</u>	<u>53,492.64</u>
Operating Expenses		
Wages and Salaries	4,987.63	45,536.82
Consultants	0.00	25.00
Payroll Taxes	542.47	4,383.27
Marketing/Communications	200.00	209.90
Insurance	196.00	1,285.00
Accounting and Legal	301.34	1,534.25
Equipment	0.00	718.87
Occupancy	414.10	3,253.90
Postage	23.50	48.00
Office Expense	556.72	854.00
Telephone	105.87	1,028.69
Travel	129.30	1,213.87
Staff Education & Training	0.00	45.00
Software	338.54	338.54
Total Operating Expenses	<u>7,795.47</u>	<u>60,475.11</u>
Operating Income (Loss)	<u>1,073.56</u>	<u>(6,982.47)</u>
Other Income (Expenses)		
Total Other Income (Expenses)	<u>0.00</u>	<u>0.00</u>
Net Income (Loss) Before Taxes	<u>1,073.56</u>	<u>(6,982.47)</u>
Net Income (Loss)	<u>\$ 1,073.56</u>	<u>\$ (6,982.47)</u>

See Accountant's Compilation Report

CARROLL COUNTY COALITION PUBLIC HEALTH
Statements of Revenues and Expenses - Income Tax Basis
Charitable Foundation

	1 Month Ended June 30, 2014	12 Months Ended June 30, 2014
Sales		
Grant Income - Charitable Foundation	\$ 20,000.00	\$ 40,000.00
Total Sales	<u>20,000.00</u>	<u>40,000.00</u>
Gross Profit	<u>20,000.00</u>	<u>40,000.00</u>
Operating Expenses		
Payroll Taxes	271.98	1,195.57
Marketing/Communications	4,360.00	4,360.00
Wages and Salaries	2,480.76	13,230.74
Bank Charges	2.89	2.89
Accounting	26.88	26.88
Equipment	99.99	99.99
Occupancy	0.00	300.00
POD Supplies	103.77	103.77
Travel	407.18	1,552.86
Meetings	146.25	321.22
CF - Staff Education and Training	0.00	441.00
Total Operating Expenses	<u>7,899.70</u>	<u>21,634.92</u>
Operating Income (Loss)	<u>12,100.30</u>	<u>18,365.08</u>
Other Income (Expenses)		
Total Other Income (Expenses)	<u>0.00</u>	<u>0.00</u>
Net Income (Loss) Before Taxes	<u>12,100.30</u>	<u>18,365.08</u>
Net Income (Loss)	<u>\$ 12,100.30</u>	<u>\$ 18,365.08</u>

See Accountant's Compilation Report

CARROLL COUNTY COALITION PUBLIC HEALTH
Statements of Revenues and Expenses - Income Tax Basis
Medical Reserve Corp - CHI

	1 Month Ended June 30, 2014	12 Months Ended June 30, 2014
Sales		
MRC - Grant	\$ 0.00	\$ 10,000.00
Total Sales	<u>0.00</u>	<u>10,000.00</u>
Gross Profit	<u>0.00</u>	<u>10,000.00</u>
Operating Expenses		
Payroll Taxes	196.84	607.37
Wages and Salaries	1,921.43	7,073.38
Accounting	59.04	98.38
Equipment/Supplies	1,304.34	1,304.34
Travel	82.77	82.77
Meeting Expense	100.00	100.00
Software	85.00	85.00
Total Operating Expenses	<u>3,749.42</u>	<u>9,351.24</u>
Operating Income (Loss)	<u>(3,749.42)</u>	<u>648.76</u>
Other Income (Expenses)		
Total Other Income (Expenses)	<u>0.00</u>	<u>0.00</u>
Net Income (Loss) Before Taxes	<u>(3,749.42)</u>	<u>648.76</u>
Net Income (Loss)	<u>\$ (3,749.42)</u>	<u>\$ 648.76</u>

CARROLL COUNTY COALITION PUBLIC HEALTH
Statements of Revenues and Expenses - Income Tax Basis
Medical Reserve Corp - NACCHO

	1 Month Ended June 30, 2014	12 Months Ended June 30, 2014
Sales		
Grant Income	\$ 0.00	\$ 3,500.00
Total Sales	<u>0.00</u>	<u>3,500.00</u>
Gross Profit	<u>0.00</u>	<u>3,500.00</u>
Operating Expenses		
Wages and Salaries	0.00	1,784.89
Insurance	0.00	54.00
Occupancy	0.00	25.54
Travel	310.77	520.77
Total Operating Expenses	<u>310.77</u>	<u>2,385.20</u>
Operating Income (Loss)	<u>(310.77)</u>	<u>1,114.80</u>
Other Income (Expenses)		
Total Other Income (Expenses)	<u>0.00</u>	<u>0.00</u>
Net Income (Loss) Before Taxes	<u>(310.77)</u>	<u>1,114.80</u>
Net Income (Loss)	<u>\$ (310.77)</u>	<u>\$ 1,114.80</u>

See Accountant's Compilation Report

CARROLL COUNTY COALITION PUBLIC HEALTH
Statements of Revenues and Expenses - Income Tax Basis
Miscellaneous Grants

	1 Month Ended June 30, 2014	12 Months Ended June 30, 2014
Sales		
Grant Income	\$ 0.00	\$ 150.00
Total Sales	<u>0.00</u>	<u>150.00</u>
Gross Profit	<u>0.00</u>	<u>150.00</u>
Operating Expenses		
SAMHSA - Meetings	<u>0.00</u>	<u>50.00</u>
Total Operating Expenses	<u>0.00</u>	<u>50.00</u>
Operating Income (Loss)	<u>0.00</u>	<u>100.00</u>
Other Income (Expenses)		
Total Other Income (Expenses)	<u>0.00</u>	<u>0.00</u>
Net Income (Loss) Before Taxes	<u>0.00</u>	<u>100.00</u>
Net Income (Loss)	<u>\$ 0.00</u>	<u>\$ 100.00</u>

See Accountant's Compilation Report

**Carroll County Coalition for Public Health
Board of Directors**

Sue Ruka, Chair

Ellen Laase, Vice Chair

Mike Cauble, Treasurer

Bette Coffey, Secretary

Teresa Haley

Jennifer Selfridge.

EMPLOYMENT

Carroll County Coalition for Public Health

Administrative Manager/Regional Substance Misuse Prevention Network Coordinator 9/2013 – present

Facilitate the development of a prevention network to effect environmental, population level changes in community attitudes and behaviors re: substance misuse, violence prevention, suicide prevention and other public health issues as identified by community sectors in Carroll County, NH. Act as primary organizational contact, oversee contractual and financial activities.

Steppingstone Music Opportunities, Inc.

Plaistow, NH 03865

Southern Rockingham Coalition for Healthy Youth Coordinator 11/2007 – 12/2013

Facilitate the development of coalition infrastructure to effect environmental, population level changes in community attitudes and behaviors around the use of alcohol, tobacco, and other drugs. Provide support to coalition partners as they engage in evidence-based practices and strategies to promote safe and healthy communities. Work with and facilitate collaboration among community partners in eight communities located in Southern New Hampshire. Direct and coordinate services in compliance with Drug Free Communities Program grant and the New Hampshire Strategic Prevention Services/State Incentive Grant.

Millennium Training Institute

Boston, Woburn, Lowell, MA

Director of Education 2006 – 2007

Responsible for development of policies and practices for education department of proprietary educational institution for displaced workers. Supervised professional staff of 14 and consultants. Developed new programs and refined and evaluated existing curricula. Taught ESL to speakers of languages other than English.

Educators for Social Responsibility, Cambridge, MA,

2001-2005

Program Director, Resolving Conflict Creatively Program

Responsible for the national dissemination and sustainability of exemplary violence prevention program in 400 schools nationwide. Served as a member of the organization's senior management team, business planning team, marketing team, and organization culture team.

Capital Region Board of Cooperative Education Services ,
Albany, New York

1992-2001

Lead Coordinator, Center for School Health and Wellness

1996-2001

Responsible for developing and managing NY State Education training and technical assistance Center to serve 78 school districts in upstate New York as they implemented health and wellness programs and initiatives. Major tasks included staff hiring, training and supervision; developing and monitoring multiple grants to support center activities; statewide training to colleagues in principles

of effective prevention; consultation with school administrators and discipline teams in developing effective codes of conduct for staff and students and consultation around the implementation of exemplary programs and practices.

Safe & Drug Free Schools Coordinator, City School District of Albany NY 1992-1996

Coordinated delivery of substance abuse and violence prevention initiatives to staff and students in urban school district; restructured four content-specific "advisory boards" into a single district-wide Health Advisory Committee with content-specific subcommittees. Was successful in attaining active participation, including meeting attendance of senior school district administration – the Superintendent of Schools and Assistant Superintendent for Curriculum and Instruction, as well as the Director of Health and Physical Education.

SOLVE, Inc., Concord, NH 1980-1992

Executive Director 1986-1992

Responsible for all aspects of management and service delivery of statewide not-for-profit education service organization, including board development and support, human resources, staff recruitment and training, strategic planning, grant and proposal writing and service delivery.

Field Coordinator 1980-1986

Coordinated and delivered training and technical assistance to school administrators, instructional staff, and support personnel as well as parents and community organizations in the prevention of substance use and violence.

EDUCATION

Antioch New England Graduate School, Keene, NH	M.S.	Organization Management
University of Massachusetts, Boston, MA	B.A.	English
Certified Prevention Specialist, ICRC, NH	2015	

ADDITIONAL TRAINING

- Certified Trainer, Olweus Bullying Prevention Program
- Certified Trainer, National Alliance on Mental Illness, Suicide Prevention, Suicide Post-vention
- Seven Habits of Highly Effective People (for senior management)
- Alternatives to Violence (conflict resolution program)
- Community Organizing Workshop (CSAP)
- Diversity Training

PUBLICATIONS

*Resolving Conflict Creatively Program: How we know it Works, in
Theory to Practice, Ohio State University Journal, January 2004*

PAUL W. WHALEN, JR.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

I am a results-oriented leader with extensive experience, and proven track-record, for driving highly-effective emergency preparedness programs, volunteer management initiatives and emergency scene operations.

PROFESSIONAL EXPERIENCE

Carroll County Coalition for Public Health, Ossipee, NH (*public health*) *Current*

Director of Emergency Preparedness

- Coordinate with the Carroll County All-Hazards Region to assure Federal and State requirements, administrated by the New Hampshire Department of Health and Human Services, have been met
- Oversee the State's Emergency Preparedness Work Plan for Carroll County to be sure that it is in place and current, and that reports to the State are accurately filed
- Attend regional meetings to provide outreach to the local communities and to promote effective public health emergency preparedness
- Act as the Public Health Network liaison with hospitals, target media outlets and the region's emergency services

Town of Cornish, Cornish, NH (*Fire Department*) *Current*

Deputy Fire Chief/ Firefighter

- Oversee the safe operation of fire suppression and promote fire prevention
- Act on the Fire Chief's behalf in his absence
- Represent the Department at mutual aid and community meetings
- Assure the Department stands ready for emergency response and the firefighters are actively trained to current firefighting standards

Town of Cornish, Cornish, NH (*Emergency Management*) *Current*

Emergency Management Director

- Oversee the activation and operation of the Local Emergency Operations Center
- Be prepared to declare a local state of emergency for all hazards
- Act on the Selectboard's behalf in their absence
- Help assure the citizens are accurately informed during an emergency
- Represent the Town with NH Homeland Security and Emergency Management activities

RV Simons Group, Claremont, NH (*business advisory*)

Jan. 2011-March 2014

Senior Principal

- Oversaw the operation of confidential management advisory programs and provide strategic guidance to high-net worth individuals, non-profits and corporations
- Managed strategic reviews, risk assessments, acquisition & divestiture implementations, workflow & supply chain process improvement, regulatory guidance, marketing program development and public relation events
- Advised client firms on the advancement of their strategic reach and guide them on business improvement & marketing performance
- Assured that the needs of current clientele are met and secure new clientele (sales)

Blue Ridge Numerics, Charlottesville, VA (*engineering software*)

Oct. 2009-Jan. 2011

Marketing Manager/ Collegiate Partnership Coordinator

- Created a strong working relationship with key editors critical to accepting articles into their publications leading to a 185% increase in articles run, improving brand credibility
- Produced press releases that consistently outperformed national averages and led to a 243% increase in converted leads and increased sales
- Drove press release SEO initiatives that placed the company in the Google top-five
- Implemented a process to provide a pipeline of customer engagement opportunities
- Developed a positive working relationship with the sales and technical support groups
- Oversaw the collegiate partnership program

PAK 2000, Inc., Mirror Lake, NH (*consumer packaging*)

Sept. 2008-Aug. 2009

Director of Marketing

- Managed the global marketing efforts that led to an 8% growth in a complex economy
- Oversaw a lead generation process that produced a 256% increase in leads and focused the sales staff on key growth sectors
- Established a reporting process to monitor the effectiveness of the lead-pipeline
- Produced a re-branded set of marketing collateral covering all products and services
- Directed an innovative program that provided a mobile sales staff with the tools they needed to exceed their targets and improve performance
- Worked closely with, and supported, the sales group with over \$25 million in sales

EDUCATION

Master of Business Administration (MBA), Marketing; Southern New Hampshire University
Bachelor of Science (BS), Business Management; Rochester Institute of Technology
Firefighter Level I and extensive Fire Department Management courses
Incident Command System: ICS – 100, 200, 300 and 400

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Carroll County Coalition for Public Health -- Region IV

Name of Program: Regional Public Health Network Services

BUDGET PERIOD:			PERCENT PAID	AMOUNT PAID
			FROM THIS	FROM THIS
NAME	JOB TITLE	SALARY	CONTRACT	CONTRACT
Jennifer Selfridge	SMP Coordinator/Administrative Manager	\$53,040	4.31%	\$2,288
Paul Whalen	Director of Emergency Preparedness	\$52,000	0.00%	\$0
		\$0	0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$2,288

BUDGET PERIOD:			PERCENT PAID	AMOUNT PAID
			FROM THIS	FROM THIS
NAME	JOB TITLE	SALARY	CONTRACT	CONTRACT
Jennifer Selfridge	SMP Coordinator/Administrative Manager	\$53,040	80.00%	\$42,432
Paul Whalen	Director of Emergency Preparedness	\$53,040	100.00%	\$53,040
		\$0	0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$95,472

BUDGET PERIOD:			PERCENT PAID	AMOUNT PAID
			FROM THIS	FROM THIS
NAME	JOB TITLE	SALARY	CONTRACT	CONTRACT
Jennifer Selfridge	SMP Coordinator/Administrative Manager	\$53,040	80.00%	\$42,432
Paul Whalen	Director of Emergency Preparedness	\$53,040	100.00%	\$53,040
		\$0	0.00%	\$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$95,472

9 *DM*

JAN28'15 PM 4:34 DAS



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
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NH DIVISION OF
Public Health Services

improving health, preventing disease, reducing costs for all

G&C APPROVED

Date: 02/11/15

Item # 11

January 8, 2015

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

REQUESTED ACTION

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

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

Summary of contracted amounts by vendor:

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

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

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

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

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

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

See attachment for financial details

EXPLANATION

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

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

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

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

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

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

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

Community Health Improvement Planning

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

Substance Use Disorders and Resiliency and Recovery Oriented Systems of Care

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

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

Area served: Statewide.

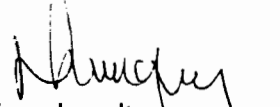
Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

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

Respectfully submitted,



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



Diane Langley
Director
Division of Community Based Care Services

Approved by:



Nicholas A. Toumpas
Commissioner

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

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

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

PO # 1032193

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

PO # 1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

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

PO # 1031728

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

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

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

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

PO # 1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

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

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

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

Sullivan County, Vendor # 177482-B004

PO # 1032408

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

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

Town of Derry, Vendor # 177379-B003

PO # 1032192

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

Town of Exeter, Vendor # 177386-B001

PO # 1031468

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

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

PO # 1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

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

Town of Derry, Vendor # 177379-B003

PO # 1032192

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

Town of Exeter, Vendor # 177386-B001

PO # 1031468

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

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

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

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

PO # 1032193

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

PO # 1031728

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

FINANCIAL DETAIL ATTACHMENT SHEET

Regional Public Health Networks (RPHN)

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

PO #

1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

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

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

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

Sullivan County, Vendor # 177482-B004

PO #

1032408

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

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

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

PO #

1032193

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

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

PO # 1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

PO # 1031728

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

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

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

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

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

PO # 1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

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

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

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

Sullivan County, Vendor # 177482-B004

PO # 1032408

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

Town of Derry, Vendor # 177379-B003

PO # 1032192

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

Town of Exeter, Vendor # 177386-B001

PO # 1031468

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

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

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

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

PO # 1032193

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

PO # 1031728

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

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

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

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

Sullivan County, Vendor # 177482-B004

PO #

1032408

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

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

Cheshire County, Vendor # 177372-B001

PO #

1032189

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

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

PO #

1032021

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

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

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

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

PO #

1033195

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

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

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

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

Town of Derry, Vendor # 177379-B003

PO # 1032192

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

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

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

PO # 1032193

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

PO # 1032021

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

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

PO # 1031728

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

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

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

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

PO # 1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

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

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

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

Sullivan County, Vendor # 177482-B004

PO #

1032408

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

Town of Derry, Vendor # 177379-B003

PO #

1032192

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

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

	1	2	3	4	5	6	7	8	9	10	11	
RFA/RFP CRITERIA	Max Pts	Town of Derry	North Country Health Consortium	Sullivan County	Mid-State Health Center	Cheshire County	Manchester Health Dept.*	City of Nashua, Division of Public Health & Community Services*	Carroll County Coalition for Public Health	Lakes Region Partnership for Public Health	Mary Hitchcock Memorial Hospital dba Hitchcock	Town of Exeter
Agy Capacity	40	35.50	37.00	32.00	34.00	38.00	36.00	29.00	37.00	37.00	37.00	32.00
Program Structure	40	37.50	33.00	34.00	30.00	36.00	35.00	26.00	34.00	38.00	37.00	34.00
Budget & Justification	18	16.50	17.00	16.00	15.00	16.00	16.00	14.00	17.00	17.00	16.00	17.00
Format	2	1.50	2.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
TOTAL POINTS	100	91.00	89.00	84.00	80.00	92.00	89.00	71.00	90.00	94.00	92.00	85.00

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

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

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

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

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

BUDGET REQUEST								
Year 01		\$160,819.00	\$160,569.00	-	-	-	-	-
Year 02		\$160,819.00	\$160,569.00	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-
TOTAL BUDGET REQUEST		\$321,638.00	\$321,138.00					
BUDGET AWARDED								
Year 01		\$0.00	\$160,569.00	-	-	-	-	-
Year 02		\$0.00	\$160,569.00	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-
TOTAL BUDGET AWARDED		\$0.00	\$321,138.00					

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

Program Name
Contract Purpose
RFP Score Summary

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

Two proposals received for the Strafford Area

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

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

RFP Reviewers

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



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

This 1st Amendment to the Carroll County Coalition for Public Health, contract (hereinafter referred to as "Amendment One") dated this 11th day of November, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Carroll County Coalition for Public Health, (hereinafter referred to as "the Contractor"), a corporation with a place of business at PO Box 250, Center Ossipee, NH 03814.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #95, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

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

\$328,032.
2. **Add** Exhibit A-1, Additional Scope of Services
3. **Amend** Exhibit B, Purchase of Services, Contract Price, to add:
 - 1.1. The contract price shall increase by \$25,000 for SFY 2015 for a total increase of \$25,000.
 - 1.2. Funding is available as follows:
 - \$15,000 - 100% Federal Funds from the Substance Abuse and Mental Health Services, CFDA #93.959, Federal Award Identification Number (FAIN), TI010035-14;
 - \$10,000 - 100% Federal Funds from the Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN), B01OT009037.
4. **Amend** Exhibit B, Purchase of Services, Contract Price, to:

Delete: Paragraph 6 and,



Replace with:

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

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

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

Delete: Exhibit C, Special Provisions,

Replace with: Exhibit C, Special Provisions Amendment #1

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

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

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

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

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

New Hampshire Department of Health and Human Services



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

State of New Hampshire
Department of Health and Human Services

1/15/15
Date

[Signature]
Brook Dupee
Bureau Chief

Carroll County Coalition for Public Health

Nov 7, 2014
Date

[Signature]
Name: Susan Ruka
Title: Board Chair

Acknowledgement:

State of New Hampshire County of Carroll on November 7, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

BARBARA FRASER HOOPER
Name and Title of Notary Public or Justice of the Peace

BARBARA FRASER HOOPER, Notary Public
My Commission Expires February 12, 2019

My Commission Expires: _____

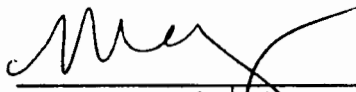
New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

Date 1/24/15


Name: Megan A. Yapp
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____



Exhibit A-1

ADDITIONAL SCOPE OF SERVICES

1. Required Services

The Contractor shall:

A. Community Health Improvement Planning

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

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

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Exhibit A-1

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

1.3.2.4 When no additional priorities are needed, take action to implement an intervention from the existing Plan.

1.4 Activities to develop, update, or revise a Community Health Improvement Plan shall be done in accordance with guidance to be issued by the Division of Public Health Services.

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

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

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

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

Exhibit A-1 – Additional Scope of Services

Contractor Initials



Exhibit A-1

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

2. Deliverables Schedule

2.1. Compliance Requirements

1. As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, the Contractor must submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within 10 days of the contract effective date.

2.2. Reporting Requirements

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

2.3. Performance Measures

A. Community Health Improvement Planning

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

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

1. Completion and approved work plan within one month of the approved contract.

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Exhibit A-1

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

AS

95 Bank

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 13, 2013

G&C Approved

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

Date 6/19/13
Item # #95

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to enter into an agreement with the Carroll County Coalition for Public Health (Vendor #175290-R001), PO Box 250, Center Ossipee, NH 03814, in an amount not to exceed \$303,032.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

92.7% Federal, 7.3% GF

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

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
			Sub-Total	\$152,000.00

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

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

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 13, 2013
Page 2

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$10,136.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$10,136.00
			Sub-Total	\$20,272.00
			Total	\$303,032.00

EXPLANATION

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

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

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

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

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

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

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

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

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

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

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

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

The Carroll County Coalition for Public Health was selected for this project through a competitive bid process. A Request for Proposals was posted on the Division of Public Health Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

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

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

Emergency preparedness services were contracted previously with this agency in SFY 2012 in the amount of \$76,000. This agreement represents level funding. This is the initial agreement with this Contractor for both substance misuse prevention and related health promotion services and school-based influenza clinics.

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

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the DPHS that participate in a regional healthcare coalition.

- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).
- Establish and increase over time, regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

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

Regional Public Health Preparedness

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

School-Based Vaccination

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

Area served: Albany, Bartlett, Brookfield, Chatham, Conway, Eaton, Effingham, Freedom, Hale's Location, Harts Location, Jackson, Madison, Moultonborough, Ossipee, Sandwich, Tamworth, Tuftonboro, Wakefield and Wolfeboro.

Source of Funds is 92.70% Federal Funds from the U.S. Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration, and 7.30% General Funds.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council

May 13, 2013

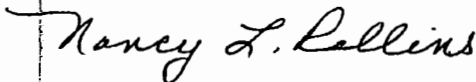
Page 6

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

Respectfully submitted,

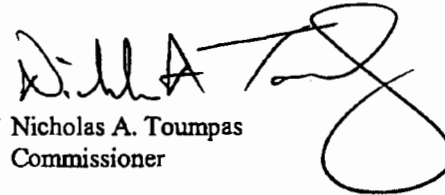


José Thier Montero, MD
Director



Nancy L. Rollins
Associate Commissioner

Approved by:



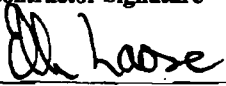
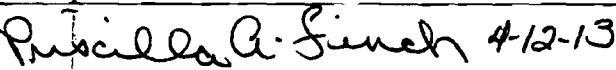
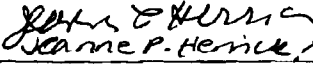
Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Subject: Regional Public Health Network Services**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Carroll County Coalition for Public Health		1.4 Contractor Address PO Box 250 Center Ossipee, NH 03814	
1.5 Contractor Phone Number (603) 301-1252	1.6 Account Number 05-95-90-902510-5171-102- 500731, 05-95-49-491510- 2988-102-500734,	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$303,032.00
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 Ellen Laase Board Chair	
1.13 Acknowledgement: State of <u>NH</u>, County of <u>Carroll</u> On <u>4/12/13</u> before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace PRISCILLA A. FINCH, Notary Public My Commission Expires August 24, 2016			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Jeanne P. Herick, Attorney On: <u>27 May 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit A

Scope of Services
Regional Public Health Network Services

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

CONTRACTOR NAME: Carroll County Coalition for Public Health
PO Box 250
ADDRESS: Center Ossipee, NH 03814
Board Chair: Ellen H. Laase
TELEPHONE: (603) 301-1252

The Contractor shall:

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

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

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

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

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

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

1. Regional Public Health Advisory Committee

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

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

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

A. Membership

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

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

Responsibilities

Perform an advisory function to include:

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

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

2. Substance Misuse Prevention and Related Health Promotion

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

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

3. Regional Public Health Preparedness

A. Regional Public Health Emergency Planning

The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the Capabilities Standards. All activities shall build on current efforts and accomplishments within each region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.

1. In collaboration with the Regional Public Health Advisory Committee described in that section of this document provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices (Attachment 11). The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to: http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf.
 - 1.1 Participate in an annual Regional Annex Technical Assistance Review (RATAR) developed by the NH DPHS. The RATAR outlines planning elements to be assessed for evidence of the Public Health Regions' (PHRs) overall readiness to mount an effective response to a public health emergency or threat. Revise and update the RPHEA, related appendices and attachments based on the findings from the RATAR.
 - 1.2 Participate in an annual Local Technical Assistance Review (LTAR) as required by the CDC Division of Strategic National Stockpile (DSNS). The LTAR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the LTAR.
 - 1.3 Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.

- 1.4 Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.5 Disseminate the RPHEA and related materials to planning and response partners including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.
2. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners with(in) the region. Health(care) Coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹
3. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
4. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
5. Coordinate a hazard vulnerability assessment (HVA) (aka jurisdictional risk assessment) focused on public health, health care and behavioral health systems. The HVA will consist of 3 half-day meetings of regional partners that assess the impact to these three systems in the region from various types of hazards; identify existing preparedness capabilities that mitigate the impact; and identify priority interventions to address gaps. The HVA will be led by DHHS staff and an agency contracted by the DPHS.

B. Regional Public Health Emergency Response Readiness

1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
 - 1.1. Collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services (Attachment 3).
2. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
 - 2.1. Coordinate the procurement, rotation and storage of supplies necessary for the activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
 - 2.2. Develop and execute MOUs with agencies to store, inventory, and rotate these supplies.
 - 2.3. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 2.4. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
 - 2.5. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.

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

- 2.6. Based on a determination made by regional partners, administer a regional HAN in accordance with DPHS policies, procedures, and requirements.
- 2.7. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
- 2.8. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs.
3. In coordination with the DHHS, maintain a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
 - 3.1 Identify current members or enlist new members to serve in a leadership capacity to further develop the capability, capacity and programs of the regional MRC.
 - 3.2 Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, related appendices, and to support the school-based immunization clinics described in this Exhibit. Conduct outreach in other venues to recruit non-clinical volunteers.
 - 3.3. Enter and maintain data about MRC members in a module within the NHResponds system administered by the NH DHHS to ensure the capability to notify, activate, and track members during routine public health or emergency events. Utilize this system to activate members and track deployments. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 3.4. Enter information about training programs and individuals trained into a learning management system administered by NH DHHS to track training programs completed by MRC members.
 - 3.5 Conduct training programs that allow members to meet core competency requirements established by the NH MRC Advisory Committee and the NH DHHS. Provide at least one opportunity per year for members to take each of the on-site courses required to meet the core competency requirements. These courses may be offered in the region or an adjoining region when feasible.

C. Public Health Emergency Drills and Exercises

1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
 - 1.1 Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.
 - 1.2 Coordinate participation of regional partners in a HSEEP compliant functional exercise regarding the section in the regional annex to provide low-flow oxygen support to patients in an ACS. The exercise will be offered through a vendor contracted by the DPHS.
 - 1.3 Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM).
 - 1.4 Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
 - 1.5 To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

4. School-Based Seasonal Influenza Vaccination Services

1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
 - 1.1 Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
 - 1.2 School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
 - 1.3 As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
 - 1.4 Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
 - 1.5 Report all known adverse reactions according to protocols established by the NHIP.
 - 1.6 Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
 - 1.7 Conduct debriefings after each clinic to identify opportunities for improvements.

5. Performance Measures

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the DPHS that participate in the regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

Outcome and evaluation measure instruments will be administered in cooperation with the NH Center for Excellence and Monthly submission of process evaluation data via the web-based performance monitoring system (P-WITS) and other surveys and reports as required by BDAS (e.g. PARTNER survey, Regional Network Evaluation, Regional Network Annual Report).

- Percentage of increase of evidence-based programs, practices and policies adopted by sector as recorded in P-WITS.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies as recorded in P-WITS.
- Number and increase in the diversity of Center for Substance Abuse Prevention (CSAP) categories implemented across Institute of Medicine (IOM) classifications as outlined in the Block Grant Requirements (Attachment 7) as recorded in P-WITS.
- Number of persons served or reached by IOM classification as recorded in P-WITS.
- Number of key products produced and milestones reached as outlined in Attachment 2 and reported annually in the Regional Network Annual Report and as recorded in P-WITS.

- Short-term and intermediate outcomes measured and achieved as outlined in the Regional System Logic Model (Attachment 8).
- a) Long-term outcomes measured and achieved as applicable to the region's 3-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population based on the CDC LTAR.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the DPHS' RATAR.
- Number of MRC volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by MRC units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

6. Training and Technical Assistance Requirements

The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.

Regional Public Health Preparedness

1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.
2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
3. Complete the training standards recommended for Preparedness Coordinators (See Attachment 12).
4. Attend the annual Statewide Preparedness Conferences in June 2014 and 2015.

Medical Reserve Corps

1. Participate in the development of a statewide technical assistance plan for MRC units.
2. Participate in monthly MRC unit coordinator meetings.
3. Attend the annual Statewide MRC Leadership Conference.

Substance Misuse Prevention and Related Health Promotion

1. On going quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and learning collaborative(s).

Immunization Services

1. Participate in bi-monthly conference calls with NHIP staff.
2. Attend a half-day Training of Trainers in-service program offered by the NHIP.

7. Administration and Management

A. All Services

1. Workplan

Monitor progress on the final workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each of the following:

- a. Regional Public Health Advisory Committee
- b. Substance Misuse Prevention and Related Health Promotion
- c. Regional Public Health Emergency Preparedness
- d. School-based Vaccination Services
- e. Training and Technical Assistance
- f. Administration and Management

2. Reporting, Contract Monitoring and Performance Evaluation Activities

All Services

1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
 - 1.1 A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 1.2 Subcontractors must attend all site visits as requested by DHHS.
 - 1.3 A financial audit in accordance with state and federal requirements.
2. Maintain the capability to accept and expend funds to support funded services.
 - 2.1 Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 2.2 Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - 2.3 Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
3. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
4. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in Exhibit C, paragraph 14.
5. Provide other programmatic updates as requested by the DHHS.
6. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
 - 6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.
 - 6.2 Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

3. Subcontractors

- 3.1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the DHHS must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.
- 3.2. In addition, the original contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

4. Transfer of assets

- 4.1 Upon notification by the DHHS and within 30 days of the start of the contract, coordinate with the DHHS the transfer of any assets purchased by another entity under a previous contract.

Public Health Preparedness and School-Based Immunization Clinics

1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the DPHS' Community Health Development Section that describes activities under each section of this Exhibit that the contractor is funded to provide. The Section will be responsible to distribute the report to the appropriate contract managers in other DPHS programs.
2. Complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

Substance Misuse Prevention and Related Health Promotion

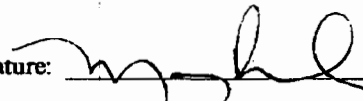
1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
 - 1.1. Contractor will submit the following to the State:
 - 1.1.1. Submit updated or revised strategic plans for approval prior to implementation.
 - 1.1.2. Submit annual report to BDAS due June 25, 2014 and 2015 (template will be provided by BDAS).
 - 1.1.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. PARTNER Survey, annual environmental measure, and other surveys as directed by BDAS).
 - 1.1.4. Provide additional information as a required by BDAS.

Fiscal Agent

1. As requested by regional partners, serve as a fiscal agent for federal, state or other funds to provide public health services within the PHR. Services provided using these funds may be implemented by the contractor or other partnering entities.

I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract we will contact the appropriate DHHS office immediately for additional guidance.

Executive Director Signature: _____



4/12/2013



New Hampshire Department of Health and Human Services

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

This 2nd Amendment to the Regional Public Health Network Services contract (hereinafter referred to as "Amendment Two") dated this 2nd day of April, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Granite United Way, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 46 South Main Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #102 and amended on February 11, 2015, Item #9, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: June 30, 2017.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$942,876.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Brook Dupee.
4. Delete Exhibit A Scope of Services and Exhibit A-1 Additional Scope of Services in their entirety and replace with Exhibit A Amendment #1 Scope of Services to be effective July 1, 2015 through June 30, 2017.
5. Add Exhibit A-2 Additional Scope of Services to be effective the date of Governor and Council approval through September 30, 2015.
6. Modify Exhibit B to add to paragraph 1:
 - 1.3. The contract shall increase by \$23,225 for SFY 2015, \$297,194 for SFY 2016, and \$276,319 for SFY 2017, for a total increase of \$596,738.
 - 1.4. Funding is available as follows:
 - \$22,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.268, Federal Award Identification Number (FAIN) H23IP000757. Account # 05-95-90-902510-5178-102-500731, \$11,000 in SFY 2016, and \$11,000 in SFY 2017.



New Hampshire Department of Health and Human Services

- \$330,760 = 100% federal funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, Federal Award Identification Number (FAIN) T1010035-14. Account # 05-95-49-491510-2988-102-500731, \$165,380 in SFY 2016, and \$165,380 in SFY 2017.
 - \$30,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037. Account # 05-95-90-901010-5362-102-500731, \$15,000 in SFY 2016, and \$15,000 in SFY 2017.
 - \$149,878 = 85.45% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.074, Federal Award Identification Number (FAIN) U90TP000535, and 14.55% general funds. Account # 05-95-90-902510-7545-102-500731, \$74,939 in SFY 2016, and \$74,939 in SFY 2017.
 - \$20,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.074, Federal Award Identification Number (FAIN) U90TP000535. Account # 05-95-90-902510-7545-102-500731, \$10,000 in SFY 2016, and \$10,000 in SFY 2017.
 - \$44,100 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037, Account # 05-95-90-902010-5190-102-500731, \$23,225 in SFY 2015, and \$20,875 in SFY 2016.
7. Modify existing Exhibit B-1 and Exhibit B -1 Amendment #1 budgets by adding Exhibit B-1 Amendment #2 budgets for SFY 2015, 2016 and 2017. Within 10 business days of the effective date of this contract amendment, the vendor shall submit to the Department of Health and Human Services and receive departmental approval, detailed line item budgets, on budget forms approved by the State.

New Hampshire Department of Health and Human Services



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

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

4/12 2/15
Date

State of New Hampshire
Department of Health and Human Services
Brook Dupee
Brook Dupee
Bureau Chief

4-9-15
Date

Granite United Way
Patrick Tufts
Name: Patrick Tufts
Title: President

Acknowledgement:

State of New Hampshire County of Hillsborough on 4/9/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Colette L. Provencher
Signature of Notary Public or Justice of the Peace

COLETTE L. PROVENCHER
Name and Title of Notary or Justice of the Peace
My Commission Expires May 23, 2017

My Commission Expires: _____

Contractor Initials: PT
Date: 4-9-15

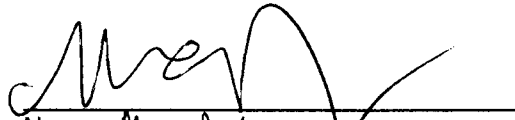
New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

5/11/15
Date


Name: Megan A. York
Title: Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: 
Date: 4-9-15



Exhibit A Amendment #1

SCOPE OF SERVICES

1. Required Services

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

The Contractor shall:

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



Exhibit A Amendment #1

1.5. Regional Public Health Advisory Committee

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

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

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

1.6. Membership

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



Exhibit A Amendment #1

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

1.6.2. PHAC General Membership

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

1.5.5.1. PHAC Executive/Steering Committee Membership

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

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

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

1.6. Perform an advisory function to include:

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

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

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

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Exhibit A Amendment #1

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



Exhibit A Amendment #1

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

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Exhibit A Amendment #1

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

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

[Handwritten Signature]
Date 4-9-15



Exhibit A Amendment #1

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

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Exhibit A Amendment #1

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

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Exhibit A Amendment #1

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

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

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

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

1.10. Staffing Requirements

1.10.1. CONTINUUM OF CARE FACILITATOR – dedicated full time position

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

1.10.1.2. Qualifications:

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

1.11. Regional Public Health Preparedness

1.11.1. Regional Public Health Emergency Planning

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



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1.11.1.8. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners. Healthcare coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹

1.11.1.9. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.

1.11.1.10. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.

1.11.1.11. Implement at least one priority intervention identified during the regional Hazard Vulnerability Assessment.

1.12. Regional Public Health Emergency Response Readiness

1.12.1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.

1.12.2. Through the Public Health Advisory Committee, continue to collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services.

1.12.3. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.

1.12.4. Coordinate the procurement, rotation and storage of supplies necessary for the initial activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.

1.12.5. As needed, develop and execute MOUs with agencies to store, inventory, and rotate these supplies.

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

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



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

2. Performance Measures

2.1. School-Based Vaccinations

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

2.2. Regional Public Health Advisory Committee

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

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

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

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



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- 2.4.1.1. CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care, that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
- 2.4.1.2. Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
- 2.4.1.3. Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
 - 2.4.1.3.1. Identification of gaps in CC components and services that need to be developed or enhanced.
 - 2.4.1.3.2. Identification of barriers to cooperation between CC components.
 - 2.4.1.3.3. Identification of barriers to community/client access to component services.
- 2.4.1.4. Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region

2.6. Regional Public Health Preparedness

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

3. Training and Technical Assistance Requirements

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

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Date: 4-9-16



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

4. Cultural Considerations

- 4.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within ten (10) days of the effective date of this contract.

5. Administration and Management – All Services

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

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

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

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

5.3. Public Health Advisory Committee and Public Health Preparedness

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

5.4. Substance Misuse Prevention and Related Health Promotion

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

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

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5.5.1. Contractor will submit the following to the State:

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

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Exhibit A-2

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through September 30, 2015

The Contractor shall:

1.1. Preventing Older Adult Falls

- 1.1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Older Adult Falls.
- 1.1.2. Identify regional data pertaining to older adult falls. This includes, but is not limited to, hospitalizations, emergency department visits, emergency medical service runs and deaths. Data should be aggregated into a one page data brief made available on-line.
- 1.1.3. Work with the New Hampshire Falls Risk Reduction Task Force (Task Force) to learn about current evidence-based practice in the prevention of older adult falls. This can include working with current regional members of the Task Force in a brief internal training.
- 1.1.4. Work with currently identified evidence-based falls risk reduction programs, "Matter of Balance" (MOB) programs and class locations, Appendix F or "Tai Ji Quan: Moving for Better Balance" (TJQMBB) instructors and class locations in the region, Appendix G, to support implementation of trainings of either program through assessing current capacity and need. This could lead to a variety of activities, including but not limited to:
 1. Hosting/funding a site where trainings can occur,
 2. Funding a certified instructor to deliver the program,
 3. Providing/funding social marketing outreach for already existing trainings,
 4. Providing/funding specific training necessary for program implementation.
- 1.1.5. Implement at least one, full training of either MOB or TJQMBB.
- 1.1.6. Work with the program instructor and Task Force to facilitate evaluation data gathering and analysis.

1.2. Preventing Suicide

- 1.2.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Suicide.
- 1.2.2. Identify regional data pertaining to suicide. This includes the identification of needs, gaps & high risk populations in the region with respect to suicide risk. Data should be aggregated into a data brief made available on-line.
- 1.2.3. Establish, or continue facilitation of a regional suicide prevention implementation team. This should include members of the Public Health Advisory Council.

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Exhibit A-2

- 1.2.4. Provide logistical support for, and implement a "Connect" suicide prevention and postvention training with the prevention implementation team. If this training has already occurred in the region, provide logistical support for, and implement the "Connect" suicide prevention and postvention "Train the Trainers" sessions with a subset of the prevention implementation team. Both trainings will integrate information related to the suicide component of the DPHS' "State Health Improvement Plan", the "State Suicide Prevention Plan" and community resources.
- 1.2.5. Provide logistical support for, and implement a "Counseling on Access to Lethal Means" training for up to 30 participants (half day training). If this has already occurred in the region, coordinate with the prevention implementation team trained in "Connect" to facilitate one prevention training open to community members from across the region.
- 1.2.6. Disseminate national media recommendations for reporting on suicide/safe messaging to local media outlets and key stakeholder organizations and constituent groups.

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
 - 2.2.1. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.
 - 2.2.2. Subcontractors must attend all site visits as requested by DHHS.
 - 2.2.3. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

- 3.1. Preventing Older Adult Falls
 - 3.1.1. A minimum of at least 60% of participants will have improved their functional ability between initiation and completion of the TJQMBB training as recorded on both functional tests (Timed Up and Go; and Five Times Sit and Stand).
 - 3.1.2. MOB: At least a 60% overall increase from baseline to post class in the Matter Of Balance (MOB) Falls Management Scale among participants.
- 3.2. Preventing Suicide
 - 3.2.1. 100% of participants in the "Connect" training will have increased their perceived effectiveness in recognizing suicidal risk.



Exhibit A-2

4. Staffing

- 4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.
- 4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.
- 4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

- 5.1. Reporting Requirements
 - 5.1.1. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.
 - 5.1.2. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.
 - 5.1.3. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

6. Extensions

- 6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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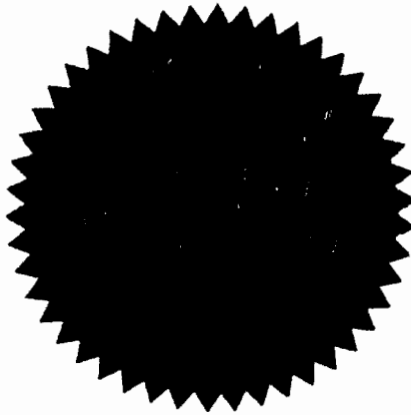
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State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Granite United Way is a New Hampshire nonprofit corporation formed March 30, 1927. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of April, A.D. 2015

A handwritten signature in black ink, appearing to read "William M. Gardner", written in a cursive style.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Jeremy Veilleux of Granite United Way, do hereby certify that:

1. I am the duly elected Treasurer of Granite United Way;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on June 19, 2012;

RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the President & CEO is hereby authorized on behalf of this corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Patrick Tufts is the duly elected President & CEO of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of 4-9-15.

IN WITNESS WHEREOF, I have hereunto set my hand as the Treasurer of the corporation this 9 day of April, 2015.

[Signature]

STATE OF NH

COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 9th day of April 2015 by Jeremy Veilleux.

[Signature]
Notary Public/Justice of the Peace
My Commission Expires: _____

COLETTE L. PROVENCHER
Notary Public - New Hampshire
My Commission Expires May 23, 2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2015

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

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

PRODUCER THE ROWLEY AGENCY INC. 139 Loudon Road P.O. Box 511 Concord NH 03302-0511		CONTACT NAME: Sara Hartshorn PHONE (A/C, No, Ext): (603) 224-2562 FAX (A/C, No): (603) 224-8012 E-MAIL ADDRESS: shartshorn@rowleyagency.com	
INSURED Granite United Way 22 Concord Street Floor 2 Manchester NH 03101		INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR		ZHV900337104	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☐ PRO-JECT ☐ LCC					
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALLOWED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS		ZHV900337104	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☒ EXCESS LIAB ☐ ☒ OCCUR ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0		UHV9003210-04	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	GA States: NH WHV8996802-04	1/1/2015	1/1/2016	☒ WC STATUTORY LIMITS ☐ OTHER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Covering operations of the Named Insured during the policy period.

CERTIFICATE HOLDER**CANCELLATION**

NH Department of Health and Human Svcs 129 Pleasant Street 4th Floor Concord, NH 03301	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 Sara Hartshorn/SBH

ACORD 25 (2010/05)

INS025 (201005) 01

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Granite United Way

LIVE UNITED

MISSION STATEMENT

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

Granite United Way

Verdun County
45 South Main Street
Concord, NH 03301
603.224.2595

Southern Region
22 Concord Street
Manchester, NH 02101
603.625.6939

North Country
P.O. Box 311
Littleton, NH 03561
603.444.1555

Northern Region
96 Main Street
Berlin, NH 03570
603.752.1343

Upper Valley
21 Technology Drive
W. Lebanon, NH 03784
603.298.8499

Central Region
383 South Main St
Jacobsen, NH 03246
603.737.1121

White Village
258 Highland Street
Plymouth, NH 03264
603.536.1720

Carroll County United
448A White Mt. Highway
Farmington, NH 03825
603.323.8139

GRANITE UNITED WAY
FINANCIAL REPORT
MARCH 31, 2014

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NW
Co. **NATHAN WECHSLER & COMPANY**
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

We have audited the accompanying statement of financial position of Granite United Way as of March 31, 2014, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite United Way as of March 31, 2014, and the results of its operations, changes in net assets, functional expenses, and cash flows for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Nathan Wechsler & Company

Concord, New Hampshire
July 15, 2014

GRANITE UNITED WAY
STATEMENT OF FINANCIAL POSITION
March 31, 2014

ASSETS				
	Unrestricted	Temporarily Restricted Campaign	Temporarily Restricted Endowment	Permanently Restricted
CURRENT ASSETS				Total
Cash	\$ 871,128	\$ 113,380	\$ -	\$ -
Prepaid and reimbursable expenses	87,643	-	-	-
Rent receivable	8,370	-	-	-
Grants receivable	-	11,743	-	-
Contributions receivable, net of allowance for uncollectible contributions \$586,094	-	3,312,819	-	-
Total current assets	967,141	3,437,942	-	-
OTHER ASSETS				
Property and equipment, net	1,524,431	-	-	-
Investments	979,722	-	30,384	100,397
Beneficial interest in assets held by others	-	-	1,703,853	-
Total assets	2,504,153	-	1,734,237	100,397
	\$ 3,471,294	\$ 3,437,942	\$ 1,734,237	\$ 8,743,870
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
ALLOCATED ANNUAL CAMPAIGN SUPPORT DESIGNATED FOR FUTURE PERIODS				
Future allocations payable	\$ 2,753,608	\$ -	\$ -	\$ -
Donor-designations payable:				
Annual campaign	252,105	796,904	-	-
State of New Hampshire campaign	50,444	50,444	-	-
	3,056,157	847,348	-	-
Current maturities of long-term debt	10,733	-	-	-
Funds held for others	32,496	-	-	-
Grants payable	108,078	-	-	-
Accounts payable	60,166	-	-	-
Accrued expenses	116,667	-	-	-
Deferred revenue	142,815	-	-	-
Total current liabilities	3,527,112	847,348	-	-
LONG-TERM DEBT, less current maturities	261,430	-	-	-
COMMITMENTS (See Notes)				
NET ASSETS (DEFICIT):				
Unrestricted	(1,569,516)	-	-	-
Unrestricted, invested in property and equipment	1,252,268	-	-	-
Total unrestricted net deficit	(317,248)	-	-	-
Temporarily restricted	-	2,590,594	1,734,237	-
Permanently restricted	-	-	-	100,397
Total net assets (deficit)	(317,248)	2,590,594	1,734,237	100,397
Total liabilities and net assets	\$ 3,471,294	\$ 3,437,942	\$ 1,734,237	\$ 8,743,870

See Notes to Financial Statements.

GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
Year Ended March 31, 2014

	Unrestricted	Temporarily Restricted Campaign	Endowment	Permanently Restricted	Total
Support and revenues					
Support					
Campaign revenue:					
Total contributions pledged	\$ -	\$ 6,925,752	\$ -	\$ -	\$ 6,925,752
Less donor designations	-	(1,551,774)	-	-	(1,551,774)
Less provision for uncollectible pledges	-	(296,346)	-	-	(296,346)
Add prior years' excess provision for uncollectible pledges taken into income in current year	200,450	-	-	-	200,450
Net campaign revenue	200,450	5,077,632	-	-	5,278,082
Sponsors and other contributions	1,605	218,133	-	-	219,738
Grant revenue	-	227,207	-	-	227,207
Homeless Service Center contributions	-	79,912	-	-	79,912
In-kind contributions	43,218	-	-	-	43,218
Program contributions	-	18,438	-	-	18,438
Total support	245,273	5,621,322	-	-	5,866,595
Other revenue:					
Administrative fees	140,730	-	-	-	140,730
Returned grant	10,000	-	-	-	10,000
Rental income	68,521	-	-	-	68,521
Miscellaneous income	5,278	-	-	-	5,278
Total support and revenues	469,802	5,621,322	-	-	6,091,124
Net assets released from restrictions for satisfaction of program and time restrictions	5,860,912	(5,860,912)	-	-	-
	6,330,714	(239,590)	-	-	6,091,124
Expenses:					
Program services:					
Allocated to agencies	2,960,117	-	-	-	2,960,117
Other program services	1,930,988	-	-	-	1,930,988
Support services:					
Management and general	877,275	-	-	-	877,275
Fundraising	699,328	-	-	-	699,328
Total expenses	6,467,708	-	-	-	6,467,708
Decrease in net assets before other activities	(136,994)	(239,590)	-	-	(376,584)
Other activities:					
Increase in value of beneficial interest in trusts, net of fees \$10,655	-	-	110,998	-	110,998
Realized and unrealized gains on investments	6,189	-	3,889	-	10,078
Investment income	102,712	-	3,343	-	106,055
Total other activities	108,901	-	118,230	-	227,131
Decrease in unrestricted net assets	(28,093)	-	-	-	(28,093)
Increase (decrease) in temporarily restricted net assets	-	(239,590)	118,230	-	(121,360)
Net increase (decrease) in net assets	(28,093)	(239,590)	118,230	-	(149,453)
Net assets (deficit), beginning of year	(289,155)	2,830,184	1,616,007	100,397	4,257,433
Net assets (deficit), end of year	\$ (317,248)	\$ 2,590,594	\$ 1,734,237	\$ 100,397	\$ 4,107,980

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES
Year Ended March 31, 2014

	Other program services	Management and general	Fundraising	Total
Salaries and wages	\$ 903,530	\$ 534,742	\$ 405,666	\$ 1,843,938
Payroll taxes	67,089	39,706	30,122	136,917
Employee fringe benefits	88,819	52,566	39,878	181,263
Employer 403(b) contribution	34,854	20,628	15,649	71,131
<i>Total salaries and related benefits</i>	<u>1,094,292</u>	<u>647,642</u>	<u>491,315</u>	<u>2,233,249</u>
Occupancy	130,449	35,472	26,505	192,426
211 expenses	116,148	-	-	116,148
Other program services (See Note 13)	101,378	-	-	101,378
Telephone, communications and technology	43,066	24,232	18,106	85,404
Volunteer income tax assistance expenses	73,830	-	-	73,830
Homeless service center expenses	70,090	-	-	70,090
United Way Worldwide dues	32,462	19,212	14,575	66,249
Publications, printing and campaign expenses	-	-	66,103	66,103
Grant expenses-Drug Free Grants	54,425	-	-	54,425
Supplies and office expense	25,772	15,253	11,571	52,596
Travel	22,297	12,186	9,106	43,589
In-kind expenses	21,177	12,533	9,508	43,218
Professional services	-	41,445	-	41,445
Conferences, training and meetings	18,100	10,712	8,126	36,938
Insurance	15,734	9,312	7,064	32,110
Special events	14,947	2,746	2,051	19,744
Other dues and awards	9,363	5,542	4,204	19,109
Postage	6,557	3,881	2,944	13,382
Miscellaneous	6,552	3,877	2,941	13,370
Investment fees	5,959	3,527	2,676	12,162
Community needs assessment	11,834	-	-	11,834
Community impact expenses	6,369	-	-	6,369
<i>Total expenses before interest and depreciation</i>	<u>1,880,801</u>	<u>847,572</u>	<u>676,795</u>	<u>3,405,168</u>
Interest expense	5,860	3,468	2,631	11,959
Depreciation	44,327	26,235	19,902	90,464
<i>Total functional expenses</i>	<u>\$ 1,930,988</u>	<u>\$ 877,275</u>	<u>\$ 699,328</u>	<u>\$ 3,507,591</u>

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENT OF CASH FLOWS

Year Ended March 31, 2014

CASH FLOWS FROM OPERATING ACTIVITIES

Decrease in net assets	\$ (149,453)
Adjustments to reconcile decrease in net assets to net cash used in operating activities:	
Realized and unrealized gain on investments	(10,078)
Depreciation	90,464
Prior years' excess provision for uncollectible pledges	(200,450)
Increase in rent receivable	(8,370)
Decrease in prepaid and reimbursable expenses	17,697
Decrease in contributions receivable	424,109
Increase in grants receivable	(11,743)
Increase in value of beneficial interest in assets held by others	(110,998)
Decrease in allocated annual campaign	(640,730)
Increase in funds held for others	2,396
Increase in grants payable	83,078
Decrease in accounts payable	(2,681)
Increase in accrued expenses	1,235
Decrease in deferred revenue	(9,337)
<i>Net cash used in operating activities</i>	<u>(524,861)</u>

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of property and equipment	(168,929)
Proceeds from sale of investments	454,149
Purchase of investments	(229,217)
<i>Net cash provided by investing activities</i>	<u>56,003</u>

CASH FLOWS USED IN FINANCING ACTIVITIES

Repayments of long-term debt	(10,078)
<i>Net decrease in cash</i>	<u>(478,936)</u>

Cash, beginning of year	<u>1,463,444</u>
<i>Cash, end of year</i>	<u>\$ 984,508</u>

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash payments for:	
Interest expense	\$ 11,960

2015 Board of Directors

William D. Bedor, CPA (Bill) Bedor Management & Investments, Inc. <i>Secretary</i> <i>North Country Campaign Chair & Community Impact Chair</i>	Steven Paris, MD (Steve) Medical Director Dartmouth-Hitchcock Manchester
Dean J. Christon, Executive Director New Hampshire Housing Finance Authority <i>Southern Region Community Impact Chair</i>	Mark Primeau, President Bank of New Hampshire <i>Chairman of the Board of Directors</i>
Jason Cole Attorney	Ronald Reed (Ron) Vice President Lincoln Financial
Gordon Ehret, Operations Leader Hypertherm, Inc. <i>Upper Valley Community Impact, Chair</i>	Jeffery Savage (Jeff) President & CEO Franklin Savings Bank
Julia Griffin Town Manager Town of Hanover	James Scammon (Jim) Executive Vice President Granite Group Benefits, LLC
Stephen Hackley (Steve) Senior Vice President Greater Boston Region Comcast	Cathleen Schmidt (Cathy) Executive Director and CEO McLane, Graf, Raulerson & Middleton P.A.
Heather Lavoie President Geneia	Gary Shirk, VP/Director of Operations Bovie Screen Process Printing <i>Resource Development Chair</i>
Maryann McCormack Community Volunteer <i>Central Region Community Impact Chair</i>	Evan Smith President Hypertherm, Inc.
John Mercier Executive Vice President/Senior Lender Primary Holdings, LLC	Rodney Tenney (Rod) Merrimack County Office <i>Local Community Impact Chair</i>
Heidi Nadeau, Executive Vice President Chief Financial Officer H.L. Turner Group, Inc. <i>Merrimack County Community Impact Chair</i>	Anna Thomas Deputy Public Health Director Manchester Health Department <i>Southern Region CIC Chair</i>
Janet Nickerson Northern Human Services – The Mental Health Center & Founders Hall	Patrick Tufts President & CEO Granite United Way
Nannu Nobis CEO Nobis Offices <i>Secretary</i>	Jeremy Veilleux Principal <i>Treasurer</i> Baker Newman Noyes <i>Treasurer</i>
Sean Owen President & CEO wedu <i>G UW Marketing Chair</i>	Alexander J. Walker, Jr. (Alex) Catholic Medical Center <i>Immediate Past Chair</i>
Steven Paris, MD (Steve) Medical Director Dartmouth-Hitchcock Manchester	Steven C. Webb (Steve), Market President – New Hampshire TD Bank <i>Southern Region Campaign Chair</i>

46 SOUTH MAIN STREET, CONCORD, NH 03301

PHONE 603-224-2595 • E-MAIL SHANNON@CAPITALAREAPHN.ORG

SHANNON SWETT BRESAW, MSW

OBJECTIVE

To obtain a position in which I can utilize the social work skills I have acquired through my education and work-related experiences. I anticipate a position in which I can apply my knowledge in the areas of clinical, community, and administrative social work to facilitate the well-being of individuals, families, and communities.

EDUCATION

Master of Social Work

2002 – 2004

University of New Hampshire

Durham, NH

Bachelor of Arts- Clinical Counseling Psychology

1999 – 2002

Keene State College

Keene, NH

EXPERIENCE

2012 - Present

Granite United Way

Concord, NH

2007 - 2011

Director of Regional Public Health Network Services & Substance Misuse Prevention Services
Accomplishments:

- Provides direction and leadership towards achievement of the Capital Region Community Prevention Coalitions' philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, human resource management, and community and public relations
- Coordinates all aspects of federal, state, and local grants, including financial oversight, progress reports, and work plan goals, objectives, and activities
- Oversees the Strategic Prevention Framework process (assessment, capacity building, planning, implementation, evaluation, cultural competency, and sustainability) for the local and regional prevention efforts of Concord and the Capital Region
- Supervises full and part-time staff

2005 – 2007

CoRe Coalition

Belknap County, NH

Outreach Coordinator, Interim Project Director (from 07/06 through 01/07)

Accomplishments:

- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with the media
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005

Caring Community Network of the Twin Rivers (CCNTR)

Franklin, NH

Community Program Specialist

Accomplishments:

- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues such as substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Developed, organized, and participated in several community events
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

National Association of Social Workers, NH Chapter- Board Member 2004-2006

NH Alcohol and Other Drug Service Providers Association- Treasurer 2007 – 2011

NH Prevention Certification Board's Peer Review Committee- 2009 – 2011

NH Alcohol and Other Drug Service Providers Association – Board Member 2014 - Current

Cynthia L. Read, CPA
22 Concord St., Manchester, NH 03101
603.625.6939, cindy.read@graniteuw.org

Education:	Bentley University Bachelor of Science in Accountancy	Waltham, MA May 1989
Experience:	Granite United Way Chief Financial Officer	September 1995-present Manchester, NH
	Liberty Mutual Insurance Company Benefits Accountant	January 1992-June 1995 Dover, NH
	Nathan Wechsler & Company, CPA's Staff Accountant	June 1989-November 1991 Concord, NH
	Baker and Tyler, CPA's Accountant's Assistant	Summers 1986-1988 Canaan, NH
	Information Resources, Inc. Research Assistant	September 1987-May 1989 Waltham, MA

PATRICK M. TUFTS, MSW
22 Concord St., Manchester, NH 03101
603.625.6939, patrick.tufts@graniteuw.org

SUMMARY OF PROFESSIONAL EXPERIENCE

Executive with twelve years of innovative and successful accomplishments in the area of not for profit leadership, corporate mergers, philanthropy and fundraising. Has successfully raised and invested over \$52,500,000 in United Way supported activities.

PROFESSIONAL EXPERIENCE

President & CEO, Granite United Way, Concord / Manchester NH 2010 to Present

- Successfully lead the merger of four separate United Ways into one corporate entity, named the first president & CEO of the newly merged organization.
- Reduced operating expenses and raised revenue significantly in the first year of operations.
- Supervises and manages a staff of 25 and an operating budget of \$10,000,000.
- Set a statewide United Way campaign record in NH in 2010 by raising \$7,200,000.
- Founder and Managing Director of 2-1-1 NH, an award winning Information & Referral system that has assisted 125,000 callers since 2009. In 2009, 2-1-1 NH received Business NH Magazine's NH Advantage Award for Innovation and Collaboration.

President & CEO, Heritage United Way, Manchester NH 2006 to 2010

- Successfully implemented an innovative and outcomes based investment strategy that improved investor confidence and resulted in increased fundraising.
- Set campaign records in 2009 and 2010.
- Led volunteer and staff's effort raising over \$15,000,000 for the local community from 2006 to 2009.
- Received the Key to The City in 2009 for leading Manchester's 10-Year Plan to End Homelessness and creating the City's first homeless services center and co-hiring the City's first coordinator of homeless services with the City.
- The Homeless Service Center recognized as Harvard Pilgrim Health Cares "Collaboration Champion" for its innovative service model, which is a collaboration of twelve separate not for profits and City agencies.

Vice President Resource Development, United Way of Greater Portland, Portland ME 2003 to 2006

- Successfully led \$8,500,000 to \$8,750,000 annual fundraising campaigns. Personally responsible for managing national campaigns at L.L Bean, TD Bank, Hannaford Brothers, and IDEXX. Interacting with divisions all over North America.
- Responsible for reporting revenue and pledge collections to the board of directors. Improved pledge receivables to 96%.
- Managed campaign technology for the 25,000-member donor database, including the development and implementation of \$4,000,000 worth of online giving.
- Supervised a staff of five, 16 Executives on loan, and 50 volunteers.
- Exceeded campaign goals in 2003 and 2004 by introducing new incentives and campaign strategies resulting in dramatic increases in donor participation.
- Introduced an outcomes based data driven method to measuring the success of annual campaigns. Using data we were able to identify and capitalize on trends and gaps.

Vice President Campaign, United Way of Merrimack Valley Inc. Lawrence MA 2001 to 2003

- Successfully managed annual campaigns of \$5,500,000 to \$5,750,000.
- Personally managed the top fifteen corporate campaigns and provided all staff supported and guidance to volunteers.
- Implemented new community based collaborations that raised \$267,000 in new revenue and improved civic engagement in Lowell and Lawrence MA. Summer Experiences in Greater Lowell, Keeping Kids on Track, and Success by 6 all received acclaim as innovative and creative strategies.

Area Director, United Way of Merrimack Valley Inc, Lowell MA

1999 to 2001

- Led both fundraising and fund investment for the Greater Lowell region. Managed a satellite office in partnership with the Greater Lowell Chamber of Commerce.

• **Loaned Executive, United Way of the Greater Seacoast, Portsmouth NH.**

1997 to 1998

- Master's Degree Internship.

EDUCATION & OTHER RELEVANT ACTIVITIES

Masters of Science	Social Work Administration, University of New Hampshire, Durham NH
Bachelors of Science	Sociology, Missouri State United Way, Springfield Mo.
Certificate (s)	Graduate School Supervision, Boston University, Boston College, UNH.
Leadership NH	Class of 2008
Board member	NH Center for Non Profits
Trustee	Mary Gayle Charitable Trust
Chair	Manchester's 10 Year Plan to End Homelessness
Treasurer	United Ways of NH Statewide Association
Member	United Ways of Vermont Statewide Association.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Granite United Way

Name of Program: Regional Public Health Network Services

BUDGET PERIOD:				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THE CONTRACT	AMOUNT PAID FROM THE CONTRACT
Shannon Bresaw	Director, Public Health Services & Prevention	\$45,500	2.00%	\$910.00
Cindy Read	CFO	\$77,642	0.00%	\$0.00
Patrick Tufts	President & CEO	\$135,505	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$910.00

BUDGET PERIOD:				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THE CONTRACT	AMOUNT PAID FROM THE CONTRACT
Shannon Bresaw	Director, Public Health Services & Prevention	\$64,000	70.00%	\$44,800.00
Cindy Read	CFO	\$77,642	0.00%	\$0.00
Patrick Tufts	President & CEO	\$135,505	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$44,800.00

BUDGET PERIOD:				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THE CONTRACT	AMOUNT PAID FROM THE CONTRACT
Shannon Bresaw	Director, Public Health Services & Prevention	\$64,000	70.00%	\$44,800.00
Cindy Read	CFO	\$77,642	0.00%	\$0.00
Patrick Tufts	President & CEO	\$135,505	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$44,800.00



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



NH DIVISION OF
Public Health Services

improving health, preventing disease, reducing costs for all

G&C APPROVED

Date: 02/11/15

Item # 11

January 8, 2015

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

REQUESTED ACTION

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

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

Summary of contracted amounts by vendor:

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

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
January 8, 2015
Page 2 of 4

Funds to support this request are available in the following accounts for SFY 2015, with authority to adjust amounts within the price limitation without further approval from Governor and Executive Council.

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

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

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

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

See attachment for financial details

EXPLANATION

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

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

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

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

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

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

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

Community Health Improvement Planning

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

Substance Use Disorders and Resiliency and Recovery Oriented Systems of Care

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

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

Area served: Statewide.

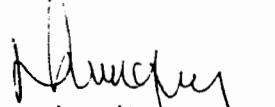
Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

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

Respectfully submitted,



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



Diane Langley
Director
Division of Community Based Care Services

Approved by:



Nicholas A. Toumpas
Commissioner

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

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

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

PO # 1032193

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

PO # 1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

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

PO # 1031728

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

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

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

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

PO # 1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

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

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

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

Sullivan County, Vendor # 177482-B004

PO # 1032408

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

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

Town of Derry, Vendor # 177379-B003

PO # 1032192

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

Town of Exeter, Vendor # 177386-B001

PO # 1031468

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

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

PO # 1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

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

Town of Derry, Vendor # 177379-B003

PO # 1032192

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

Town of Exeter, Vendor # 177386-B001

PO # 1031468

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

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

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

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

PO # 1032193

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

PO # 1031728

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

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

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

PO # 1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

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

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

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

Sullivan County, Vendor # 177482-B004

PO # 1032408

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

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

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

PO # 1032193

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

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

PO # 1032021

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

PO # 1031728

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

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

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

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

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

PO # 1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

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

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

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

Sullivan County, Vendor # 177482-B004

PO # 1032408

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

Town of Derry, Vendor # 177379-B003

PO # 1032192

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

Town of Exeter, Vendor # 177386-B001

PO # 1031468

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

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

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

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

PO # 1032193

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

PO # 1031728

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

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

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

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

Sullivan County, Vendor # 177482-B004

PO # 1032408

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

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

100% Federal Funds

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

PO # 1032021

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

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

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

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

PO # 1033195

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

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

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

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

Town of Derry, Vendor # 177379-B003

PO # 1032192

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

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

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

PO # 1032193

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

Cheshire County, Vendor # 177372-B001

PO # 1032189

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

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

PO # 1032021

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

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

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

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

Granite United Way, Vendor # 160015-B001

PO # 1031488

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

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

PO # 1031728

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

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

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

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

PO # 1033195

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

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

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

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

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

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

Sullivan County, Vendor # 177482-B004

PO #

1032408

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

Town of Derry, Vendor # 177379-B003

PO #

1032192

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

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

	1	2	3	4	5	6	7	8	9	10	11	
RFA/RFP CRITERIA	Max Pts	Town of Derry	North Country Health Consortium	Sullivan County	Mid-State Health Center	Cheshire County	Manchester Health Dept.*	City of Nashua, Division of Public Health & Community Services*	Carroll County Coalition for Public Health	Lakes Region Partnership for Dartmouth Public Health	Mary Hitchcock Memorial Hospital dha Hitchcock	Town of Exeter
Agy Capacity	40	35.50	37.00	32.00	34.00	38.00	36.00	29.00	37.00	37.00	37.00	32.00
Program Structure	40	37.50	33.00	34.00	30.00	36.00	35.00	26.00	34.00	38.00	37.00	34.00
Budget & Justification	18	16.50	17.00	16.00	15.00	16.00	16.00	14.00	17.00	17.00	16.00	17.00
Format	2	1.50	2.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
TOTAL POINTS	100	91.00	89.00	84.00	80.00	92.00	89.00	71.00	90.00	94.00	92.00	85.00

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

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

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

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

RFP/RECRITIA	Max Pts	Community Action Program Belknap-Merrimack Counties, Inc.	Granite United Way						
Agcy Capacity	40	30.00	34.00						
Program Structure	40	31.00	32.00						
Budget & Justification	18	15.00	15.00						
Format	2	2.00	2.00						
Total	100	78.00	83.00						

BUDGET REQUEST									
Year 01	\$160,819.00	\$160,569.00	-	-	-	-	-	-	-
Year 02	\$160,819.00	\$160,569.00	-	-	-	-	-	-	-
Year 03	\$0.00	\$0.00	-	-	-	-	-	-	-
TOTAL BUDGET REQUEST	\$321,638.00	\$321,138.00	-	-	-	-	-	-	-
BUDGET AWARDED									
Year 01	\$0.00	\$160,569.00	-	-	-	-	-	-	-
Year 02	\$0.00	\$160,569.00	-	-	-	-	-	-	-
Year 03	\$0.00	\$0.00	-	-	-	-	-	-	-
TOTAL BUDGET AWARDED	\$0.00	\$321,138.00	-	-	-	-	-	-	-

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

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

RFA/RFP CRITERIA	Max Pts	Goodwin Community Health Center	Health & Safety Council of Stratford County						
Agy Capacity	40	34.00	27.00						
Program Structure	40	35.00	26.00						
Budget & Justification	18	16.00	13.00						
Format	2	2.00	1.00						
Total	100	87.00	67.00						

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

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



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

This 1st Amendment to the Granite United Way, contract (hereinafter referred to as "Amendment One") dated this 13 day of November, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Granite United Way, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 46 South Main Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #102, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

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

\$346,138.

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

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

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

1.2. Funding is available as follows:

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

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

Delete: Paragraph 6 and,

Replace with:



6. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.
5. **Amend** Budget to add: Exhibit B-1 (2015)
6. **Amend** Exhibit C, Special Provisions to:
- Delete:** Exhibit C, Special Provisions,
- Replace** with: Exhibit C, Special Provisions Amendment #1
7. **Add:** Exhibit C-1, Revisions to General Provisions
8. **Amend** Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance to:
- Delete:** Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and;
- Replace** with: Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-based Organizations and Whistleblower Protection Amendment #1

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

New Hampshire Department of Health and Human Services



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

State of New Hampshire
Department of Health and Human Services

11/15/15
Date

[Signature]
Brook Dupee
Bureau Chief

Granite United Way

11-13-2014
Date

[Signature]
Name: Patricia Tufts
Title: President & CEO

Acknowledgement:

State of New Hampshire County of Hillsborough on 11/13/2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Karen Kim Lizotte
Name and Title of Notary or Justice of the Peace

KAREN KIM LIZOTTE
Notary Public - New Hampshire
My Commission Expires December 20, 2016
My Commission Expires: _____

v

New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

Date 1/20/15

Name: Megan A. Yeadon
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

Contractor Initials: PJ
Date: 11/13/14



Exhibit A-1

ADDITIONAL SCOPE OF SERVICES

1. Required Services

The Contractor shall:

A. Community Health Improvement Planning

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

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



Exhibit A-1

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

- 1.3.2.4 When no additional priorities are needed, take action to implement an intervention from the existing Plan.

- 1.4 Activities to develop, update, or revise a Community Health Improvement Plan shall be done in accordance with guidance to be issued by the Division of Public Health Services.

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

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

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

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

Exhibit A-1 – Additional Scope of Services

Contractor Initials

Date 11/13/14



Exhibit A-1

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

2. Deliverables Schedule

2.1. Compliance Requirements

1. As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, the Contractor must submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within 10 days of the contract effective date.

2.2. Reporting Requirements

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

2.3. Performance Measures

A. Community Health Improvement Planning

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

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

1. Completion and approved work plan within one month of the approved contract.

[Signature]



Exhibit A-1

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

[Signature]

11/13/14



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



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102 *Sub*

May 16, 2013

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

6/19/13
Item # 102

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and Public Health Protection and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to enter into an agreement with Granite United Way (Vendor #160015-B001), 46 South Main Street, Concord, NH 03301 in an amount not to exceed \$321,138.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

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

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

93.21% Federal 6.79% General

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$74,939.00
SFY14	102-500731	Contracts for Prog Svc	90077026	\$10,000.00
			Sub-Total	\$84,939.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$74,939.00
SFY 15	102-500731	Contracts for Prog Svc	90077026	\$10,000.00
			Sub-Total	\$84,939.00
			Sub-Total	\$169,878.00

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

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

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 16, 2013
Page 2

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$10,250.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$10,250.00
			Sub-Total	\$20,500.00
			Total	\$321,138.00

EXPLANATION

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

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

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

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

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated

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more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

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

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

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

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

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

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

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

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

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

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

Substance misuse prevention and related health promotion services were contracted previously with this agency in SFY 2012 in the amount of \$75,000. Substance misuse prevention and related health promotion services will be reduced by \$9,620 as a result of an increase from 10 to 13 in the number of regional prevention networks being funded. This is the initial agreement with this Contractor for emergency preparedness, radiological response planning, and school-based influenza clinics.

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

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).

- Establish and increase over time, regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

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

Regional Public Health Preparedness

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

School-Based Vaccination

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

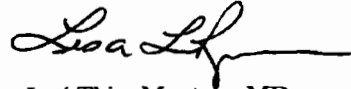
Area served: Allenstown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Salisbury, Warner, Washington, Weare, Webster and Windsor.

Source of Funds is 93.21% Federal Funds from the U.S. Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration, and 6.79% General Funds.

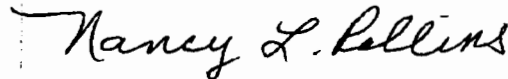
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In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

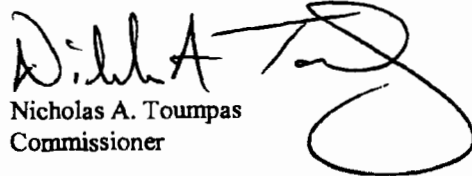


José Thier Montero, MD
Director



Nancy L. Rollins
Associate Commissioner

Approved by:



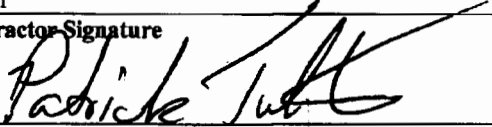
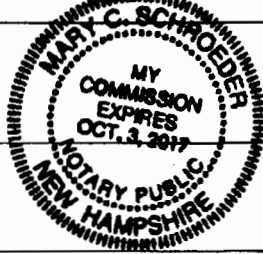
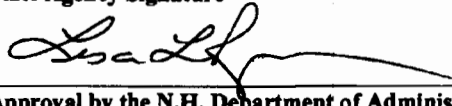
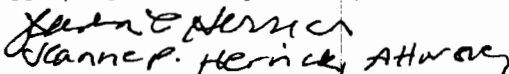
Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Subject: Regional Public Health Network Services**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Granite United Way		1.4 Contractor Address 46 South Main Street Concord, NH 03301	
1.5 Contractor Phone Number (603) 224-3840	1.6 Account Number 05-95-90-902510-5171-102-500731 See Exhibit B for account numbers.	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$321,138.00
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 Patrick Tufts President & CEO	
1.13 Acknowledgement: State of <u>New Hampshire</u> , County of _____ On <u>5-8-13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace 			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Kenneth P. Hervey, Attorney General On: <u>27 May 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit A

**Scope of Services
Regional Public Health Network Services**

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

**CONTRACTOR NAME: Granite United Way
46 South Main Street
ADDRESS: Concord, NH 03301
CEO: Patrick Tufts
TELEPHONE: (603) 224-3840**

The Contractor shall:

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

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

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

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

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

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

1. Regional Public Health Advisory Committee

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

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

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

A. Membership

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

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

Responsibilities

Perform an advisory function to include:

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

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

2. Substance Misuse Prevention and Related Health Promotion

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

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

3. Regional Public Health Preparedness

A. Regional Public Health Emergency Planning

The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the Capabilities Standards. All activities shall build on current efforts and accomplishments within each region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.

1. In collaboration with the Regional Public Health Advisory Committee described in that section of this document provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices (Attachment 11). The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to:

http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf.

- 1.1 Participate in an annual Regional Annex Technical Assistance Review (RATAR) developed by the NH DPHS. The RATAR outlines planning elements to be assessed for evidence of the Public Health Regions' (PHRs) overall readiness to mount an effective response to a public health emergency or threat. Revise and update the RPHEA, related appendices and attachments based on the findings from the RATAR.
- 1.2 Participate in an annual Local Technical Assistance Review (LTAR) as required by the CDC Division of Strategic National Stockpile (DSNS). The LTAR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the LTAR.
- 1.3 Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.

- 1.4 Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.5 Disseminate the RPHEA and related materials to planning and response partners including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.
2. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners with(in) the region. Health(care) Coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹
3. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
4. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
5. Coordinate a hazard vulnerability assessment (HVA) (aka jurisdictional risk assessment) focused on public health, health care and behavioral health systems. The HVA will consist of 3 half-day meetings of regional partners that assess the impact to these three systems in the region from various types of hazards; identify existing preparedness capabilities that mitigate the impact; and identify priority interventions to address gaps. The HVA will be led by DHHS staff and an agency contracted by the DPHS.

B. Regional Public Health Emergency Response Readiness

1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
 - 1.1. Collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services (Attachment 3).
2. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
 - 2.1. Coordinate the procurement, rotation and storage of supplies necessary for the activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
 - 2.2. Develop and execute MOUs with agencies to store, inventory, and rotate these supplies.
 - 2.3. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 2.4. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
 - 2.5. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.

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

- 2.6. Based on a determination made by regional partners, administer a regional HAN in accordance with DPHS policies, procedures, and requirements.
- 2.7. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
- 2.8. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs.
3. In coordination with the DHHS, maintain a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
 - 3.1 Identify current members or enlist new members to serve in a leadership capacity to further develop the capability, capacity and programs of the regional MRC.
 - 3.2 Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, related appendices, and to support the school-based immunization clinics described in this Exhibit. Conduct outreach in other venues to recruit non-clinical volunteers.
 - 3.3. Enter and maintain data about MRC members in a module within the NHResponds system administered by the NH DHHS to ensure the capability to notify, activate, and track members during routine public health or emergency events. Utilize this system to activate members and track deployments. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 3.4. Enter information about training programs and individuals trained into a learning management system administered by NH DHHS to track training programs completed by MRC members.
 - 3.5 Conduct training programs that allow members to meet core competency requirements established by the NH MRC Advisory Committee and the NH DHHS. Provide at least one opportunity per year for members to take each of the on-site courses required to meet the core competency requirements. These courses may be offered in the region or an adjoining region when feasible.

C. Public Health Emergency Drills and Exercises

1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
 - 1.1 Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.
 - 1.2 Coordinate participation of regional partners in a HSEEP compliant functional exercise regarding the section in the regional annex to provide low-flow oxygen support to patients in an ACS. The exercise will be offered through a vendor contracted by the DPHS.
 - 1.3 Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM).
 - 1.4 Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
 - 1.5 To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

4. School-Based Seasonal Influenza Vaccination Services

1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
 - 1.1 Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
 - 1.2 School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
 - 1.3 As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
 - 1.4 Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
 - 1.5 Report all known adverse reactions according to protocols established by the NHIP.
 - 1.6 Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
 - 1.7 Conduct debriefings after each clinic to identify opportunities for improvements.

5. Performance Measures

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the DPHS that participate in the regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

Outcome and evaluation measure instruments will be administered in cooperation with the NH Center for Excellence and Monthly submission of process evaluation data via the web-based performance monitoring system (P-WITS) and other surveys and reports as required by BDAS (e.g. PARTNER survey, Regional Network Evaluation, Regional Network Annual Report).

- Percentage of increase of evidence-based programs, practices and policies adopted by sector as recorded in P-WITS.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies as recorded in P-WITS.
- Number and increase in the diversity of Center for Substance Abuse Prevention (CSAP) categories implemented across Institute of Medicine (IOM) classifications as outlined in the Block Grant Requirements (Attachment 7) as recorded in P-WITS.
- Number of persons served or reached by IOM classification as recorded in P-WITS.
- Number of key products produced and milestones reached as outlined in Attachment 2 and reported annually in the Regional Network Annual Report and as recorded in P-WITS.

- Short-term and intermediate outcomes measured and achieved as outlined in the Regional System Logic Model (Attachment 8).
- a) Long-term outcomes measured and achieved as applicable to the region's 3-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population based on the CDC LTAR.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the DPHS' RATAR.
- Number of MRC volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by MRC units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

6. Training and Technical Assistance Requirements

The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.

Regional Public Health Preparedness

1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.
2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
3. Complete the training standards recommended for Preparedness Coordinators (See Attachment 12).
4. Attend the annual Statewide Preparedness Conferences in June 2014 and 2015.

Medical Reserve Corps

1. Participate in the development of a statewide technical assistance plan for MRC units.
2. Participate in monthly MRC unit coordinator meetings.
3. Attend the annual Statewide MRC Leadership Conference.

Substance Misuse Prevention and Related Health Promotion

1. On going quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and learning collaborative(s).

Immunization Services

1. Participate in bi-monthly conference calls with NHIP staff.
2. Attend a half-day Training of Trainers in-service program offered by the NHIP.

7. Administration and Management

A. All Services

1. Workplan

Monitor progress on the final workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each of the following:

- a. Regional Public Health Advisory Committee
- b. Substance Misuse Prevention and Related Health Promotion
- c. Regional Public Health Emergency Preparedness
- d. School-based Vaccination Services
- e. Training and Technical Assistance
- f. Administration and Management

2. Reporting, Contract Monitoring and Performance Evaluation Activities

All Services

1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
 - 1.1 A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 1.2 Subcontractors must attend all site visits as requested by DHHS.
 - 1.3 A financial audit in accordance with state and federal requirements.
2. Maintain the capability to accept and expend funds to support funded services.
 - 2.1 Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 2.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - 2.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
3. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
4. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in Exhibit C, paragraph 14.
5. Provide other programmatic updates as requested by the DHHS.
6. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
 - 6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.
 - 6.2 Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

3. Subcontractors

- 3.1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the DHHS must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.
- 3.2. In addition, the original contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

4. Transfer of assets

- 4.1 Upon notification by the DHHS and within 30 days of the start of the contract, coordinate with the DHHS the transfer of any assets purchased by another entity under a previous contract.

Public Health Preparedness and School- Based Immunization Clinics

1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the DPHS' Community Health Development Section that describes activities under each section of this Exhibit that the contractor is funded to provide. The Section will be responsible to distribute the report to the appropriate contract managers in other DPHS programs.
2. Complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

Substance Misuse Prevention and Related Health Promotion

1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
 - 1.1. Contractor will submit the following to the State:
 - 1.1.1. Submit updated or revised strategic plans for approval prior to implementation.
 - 1.1.2. Submit annual report to BDAS due June 25, 2014 and 2015 (template will be provided by BDAS).
 - 1.1.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. PARTNER Survey, annual environmental measure, and other surveys as directed by BDAS).
 - 1.1.4. Provide additional information as a required by BDAS.

Fiscal Agent

1. As requested by regional partners, serve as a fiscal agent for federal, state or other funds to provide public health services within the PHR. Services provided using these funds may be implemented by the contractor or other partnering entities.

I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract we will contact the appropriate DHHS office immediately for additional guidance.

CEO Signature: _____



New Hampshire Department of Health and Human Services

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

This 2nd Amendment to the Regional Public Health Network Services contract (hereinafter referred to as "Amendment Two") dated this 2nd day of April, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lakes Region Partnership for Public Health, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #98 and amended on February 11, 2015, Item #9, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: June 30, 2017.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$956,496.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Brook Dupee.
4. Delete Exhibit A Scope of Services and Exhibit A-1 Additional Scope of Services in their entirety and replace with Exhibit A Amendment #1 Scope of Services to be effective July 1, 2015 through June 30, 2017.
5. Add Exhibit A-2 Additional Scope of Services to be effective the date of Governor and Council approval through September 30, 2015.
6. Add Exhibit A-3 Additional Scope of Services to be effective the date of Governor and Council approval through June 30, 2016.
7. Modify Exhibit B to add to paragraph 1:
 - 1.3. The contract shall increase by \$29,142 for SFY 2015, \$322,625 for SFY 2016, and \$270,243 for SFY 2017, for a total increase of \$622,010.



1.4. Funding is available as follows:

- \$22,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.268, Federal Award Identification Number (FAIN) H23IP000757. Account # 05-95-90-902510-5178-102-500731, \$11,000 in SFY 2016, and \$11,000 in SFY 2017.
 - \$330,760 = 100% federal funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, Federal Award Identification Number (FAIN) TI010035-14. Account # 05-95-49-491510-2988-102-500731, \$165,380 in SFY 2016, and \$165,380 in SFY 2017.
 - \$30,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037. Account # 05-95-90-901010-5362-102-500731, \$15,000 in SFY 2016, and \$15,000 in SFY 2017.
 - \$157,726 = 85.45% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.074, Federal Award Identification Number (FAIN) U90TP000535, and 14.55% general funds. Account # 05-95-90-902510-7545-102-500731, \$78,863 in SFY 2016, and \$78,863 in SFY 2017.
 - \$41,524 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037, Account # 05-95-90-902010-5190-102-500731, \$21,082 in SFY 2015, and \$20,442 in SFY 2016.
 - \$40,000 = 100% federal funds from the US Department of Health and Human Services, Environmental Public Health and Emergency Response, CFDA #93.070, Federal Award Identification Number (FAIN) UE1EH001046, Account # 05-95-90-901510-7936-102-500731, \$8,060 in SFY 2015, and \$31,940 in SFY 2016.
8. Modify existing Exhibit B-1 and Exhibit B -1 Amendment #1 budgets by adding Exhibit B-1 Amendment #2 budgets for SFY 2015, 2016 and 2017. Within 10 business days of the effective date of this contract amendment, the vendor shall submit to the Department of Health and Human Services and receive departmental approval, detailed line item budgets, on budget forms approved by the State.

New Hampshire Department of Health and Human Services



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

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

State of New Hampshire
Department of Health and Human Services

4/13/15
Date

Brook Dupee
Brook Dupee
Bureau Chief

Lakes Region Partnership for Public Health, Inc.

4/6/15
Date

Margaret M. Pritchard
Name: Margaret M. Pritchard
Title: President of BOD

Acknowledgement:

State of NH, County of Belknap on 4/6/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Colleen A. Drouin
Signature of Notary Public or Justice of the Peace

COLLEEN A. DROUIN
Name and Title of Notary or Justice of the Peace

My Commission Expires: 8/14/18



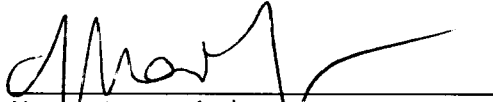
New Hampshire Department of Health and Human Services



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

OFFICE OF THE ATTORNEY GENERAL

5/11/15
Date


Name: Megan A. G. G. G.
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A Amendment #1

SCOPE OF SERVICES

1. Required Services

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

The Contractor shall:

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

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Exhibit A Amendment #1

1.5. Regional Public Health Advisory Committee

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

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

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

1.6. Membership

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



Exhibit A Amendment #1

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

1.6.2. PHAC General Membership

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

1.5.5.1. PHAC Executive/Steering Committee Membership

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

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

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

1.6. Perform an advisory function to include:

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

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

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



Exhibit A Amendment #1

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

[Handwritten Signature]

4/6/15



Exhibit A Amendment #1

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



Exhibit A Amendment #1

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

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



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

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

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



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

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

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

1.10. Staffing Requirements

1.10.1. CONTINUUM OF CARE FACILITATOR – dedicated full time position

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

1.10.1.2. Qualifications:

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

1.11. Regional Public Health Preparedness

1.11.1. Regional Public Health Emergency Planning



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

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- 1.11.1.8. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners. Healthcare coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹
- 1.11.1.9. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
- 1.11.1.10. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
- 1.11.1.11. Implement at least one priority intervention identified during the regional Hazard Vulnerability Assessment.

1.12. Regional Public Health Emergency Response Readiness

- 1.12.1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
- 1.12.2. Through the Public Health Advisory Committee, continue to collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services.
- 1.12.3. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
- 1.12.4. Coordinate the procurement, rotation and storage of supplies necessary for the initial activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
- 1.12.5. As needed, develop and execute MOUs with agencies to store, inventory, and rotate these supplies.

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



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

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

2. Performance Measures

2.1. School-Based Vaccinations

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

2.2. Regional Public Health Advisory Committee

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

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

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

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

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

3. Training and Technical Assistance Requirements

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

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

4. Cultural Considerations

- 4.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within ten (10) days of the effective date of this contract.

5. Administration and Management – All Services

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

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



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

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

5.3. Public Health Advisory Committee and Public Health Preparedness

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

5.4. Substance Misuse Prevention and Related Health Promotion

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

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



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5.5.1. Contractor will submit the following to the State:

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

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Exhibit A-2

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through September 30, 2015

The Contractor shall:

1.1. Preventing Older Adult Falls

- 1.1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Older Adult Falls.
- 1.1.2. Identify regional data pertaining to older adult falls. This includes, but is not limited to, hospitalizations, emergency department visits, emergency medical service runs and deaths. Data should be aggregated into a one page data brief made available on-line.
- 1.1.3. Work with the New Hampshire Falls Risk Reduction Task Force (Task Force) to learn about current evidence-based practice in the prevention of older adult falls. This can include working with current regional members of the Task Force in a brief internal training.
- 1.1.4. Work with currently identified evidence-based falls risk reduction programs, "Matter of Balance" (MOB) programs and class locations, Appendix F or "Tai Ji Quan: Moving for Better Balance" (TJQMBB) instructors and class locations in the region, Appendix G, to support implementation of trainings of either program through assessing current capacity and need. This could lead to a variety of activities, including but not limited to:
 1. Hosting/funding a site where trainings can occur,
 2. Funding a certified instructor to deliver the program,
 3. Providing/funding social marketing outreach for already existing trainings,
 4. Providing/funding specific training necessary for program implementation.
- 1.1.5. Implement at least one, full training of either MOB or TJQMBB.
- 1.1.6. Work with the program instructor and Task Force to facilitate evaluation data gathering and analysis.

1.2. Preventing Suicide

- 1.2.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Suicide.
- 1.2.2. Identify regional data pertaining to suicide. This includes the identification of needs, gaps & high risk populations in the region with respect to suicide risk. Data should be aggregated into a data brief made available on-line.

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Exhibit A-2

- 1.2.3. Establish, or continue facilitation of a regional suicide prevention implementation team. This should include members of the Public Health Advisory Council.
- 1.2.4. Provide logistical support for, and implement a "Connect" suicide prevention and postvention training with the prevention implementation team. If this training has already occurred in the region, provide logistical support for, and implement the "Connect" suicide prevention and postvention "Train the Trainers" sessions with a subset of the prevention implementation team. Both trainings will integrate information related to the suicide component of the DPHS' "State Health Improvement Plan", the "State Suicide Prevention Plan" and community resources.
- 1.2.5. Provide logistical support for, and implement a "Counseling on Access to Lethal Means" training for up to 30 participants (half day training). If this has already occurred in the region, coordinate with the prevention implementation team trained in "Connect" to facilitate one prevention training open to community members from across the region.
- 1.2.6. Disseminate national media recommendations for reporting on suicide/safe messaging to local media outlets and key stakeholder organizations and constituent groups.
- 1.3. Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers
 - 1.3.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers.
 - 1.3.2. Identify regional data pertaining to motor vehicle crashes involving adolescent drivers and/or passengers. This includes, but is not limited to, hospitalizations, emergency department visits, emergency medical service runs and deaths. Data should be aggregated into a one page data brief made available on-line.
 - 1.3.3. Work with the New Hampshire Teen Driving Committee or members of the New Hampshire Driving Towards Zero campaign to learn about current evidence-based practices in the prevention of motor vehicle crashes involving adolescent drivers and/or passengers, specifically the work of the New Hampshire Teen Driving Project. This can include working with current regional members of either aforementioned group in a brief internal training.
 - 1.3.4. Link the Regional Public Health Network website to the New Hampshire Driving Towards Zero website (www.nhtdz.com and future parent of novice driver section).
 - 1.3.5. Work with currently identified schools in the region participating in the New Hampshire Teen Driving Project, Appendix H, to support implementation of the program through assessing current capacity and need. This could lead to a variety of activities, including but not limited to: a) Providing media and public health expertise to identified regional schools to create needed messaging and b) Providing/funding specific training necessary for program implementation at identified schools based on a peer-to-peer methodology.

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4/6/15



Exhibit A-2

- 1.3.6. Work with the Teen Driving Project Coordinator to facilitate evaluation data gathering and analysis with identified project schools in the region. Evaluation includes, but is not limited to seat belt and culture change surveys as well as an analysis of the Youth Risk Behavior survey results and crash data.

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
 - 2.2.1. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.
 - 2.2.2. Subcontractors must attend all site visits as requested by DHHS.
 - 2.2.3. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

- 3.1. Preventing Older Adult Falls
 - 3.1.1. A minimum of at least 60% of participants will have improved their functional ability between initiation and completion of the TJQMBB training as recorded on both functional tests (Timed Up and Go; and Five Times Sit and Stand).
 - 3.1.2. MOB: At least a 60% overall increase from baseline to post class in the Matter Of Balance (MOB) Falls Management Scale among participants.
- 3.2. Preventing Suicide
 - 3.2.1. 100% of participants in the "Connect" training will have increased their perceived effectiveness in recognizing suicidal risk.
- 3.3. Preventing Motor Vehicle Crashes Involving Adolescent Drivers and Passengers
 - 3.3.1. 5% aggregate increase in seatbelt usage among identified schools during the project period.

4. Staffing

- 4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.
- 4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.

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Exhibit A-2

- 4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

5.1. Reporting Requirements

- 5.1.1. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.
- 5.1.2. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.
- 5.1.3. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

6. Extensions

- 6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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Exhibit A-3

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through June 30, 2016

The Contractor shall, by September 30, 2015, in PHASE I:

- 1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Health Effects from Severe Weather and Climate.
- 1.2. Participate in up to twelve (12) monthly 1-hour meetings or conference calls with State Climate and Health staff to coordinate activities and update progress. Attend up to four (4) quarterly 2-3 hour meetings in Concord of the statewide NH Climate and Health Working Group.
- 1.3. Organize, host and facilitate at least four (4) planning sessions to gather input for the development of a regional climate and health adaptation plan with the Regional Public Health Advisory Council. The ultimate goal of this process is to reach agreement on a draft climate adaptation plan of action that meets the needs of the region.
- 1.4. Participate in at least two (2) half-day trainings provided by DHHS in the Concord, New Hampshire area on how to assess vulnerabilities, measure preparedness, and implement the Building Resilience Against Climate Effects (BRACE) framework. An option for webinar participation at these trainings may be provided.
- 1.5. Develop a written summary of any pertinent information found in local or regional vulnerability assessments relevant to severe weather, climate and health. The document should reference local hazard mitigation plans, involve local emergency planning officials, and determine how to integrate climate and health interventions into the local planning process.
- 1.6. Develop a written summary of regional health risks and vulnerable populations. Coordinate with State staff to assess local risks using available health data.
- 1.7. Develop a written summary of current resources and assets that can be leveraged to mitigate health impacts from climate change or severe weather events.
- 1.8. Develop a written summary adaptation plan that includes specific intervention strategies that address adaptation to severe weather and climate change. The plan will include:
 - 1.9. A list that shows the number and percent of existing local and/or regional hazard vulnerability assessments and mitigation plans reviewed to identify areas related to climate change impacts.
 - 1.10. A list that shows the number of regional entities participating in the strategic planning process.

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Exhibit A-3

- 1.11. A table that identifies and prioritizes health impacts related to climate change; links each of these impacts to populations that are most vulnerable; and describes the size and geographic distribution of vulnerable populations.
- 1.12. A table that identifies current resources and assets identified in local, regional and state plans and identifies and prioritizes gaps in preparedness and response capabilities.
- 1.13. A description of strategies to implement that address identified gaps and mitigates risks.
- 1.14. Work with the DHHS to:
 - 1.15. Review regional information for severe weather, climate vulnerabilities, and social vulnerabilities via reference materials and consultations list.
 - 1.16. Provide estimates of related disease burden.
 - 1.17. Obtain examples of climate adaptation resources.
 - 1.18. Obtain examples of population-level interventions that are appropriate to the community needs (i.e. evidence based or informed; promising practices).
 - 1.19. Develop a logic model and an evaluation process to determine if the community has been able to effect change in the level of preparedness or resilience. This evaluation will include measures of emergency preparedness or community resilience, as, feasible.

The Contractor shall, by June 30, 2016, in PHASE II:

- 1.20. Implement an intervention in this Phase 2 period to address a specific regional health effect identified in Phase 1.
- 1.21. Participate in up to six (6) 1-hour conference calls with DPHS Climate and Health staff to coordinate activities and update progress.
- 1.22. Organize, host and facilitate at least four (4) meetings of a climate and health workgroup in order to assess, plan and make decision on the direction of the project.
- 1.23. Participate in at least two (2) half-day trainings provided by DHHS in the Concord, New Hampshire area on how to implement the Building Resilience Against Climate Effects (BRACE) framework for climate adaptation planning in phase one, and climate-related interventions in phase two.
- 1.24. Prioritize and choose one (1) priority climate and health issue relevant to the public health region from the climate adaptation plan developed in Phase 1. Examples include pollen/allergens and asthma, heat waves-heat injury, warmer seasons-Lyme disease, flooding and injuries, etc.
- 1.25. Implement at least one (1) intervention designed to address the priority issues identified in Phase 1 in order to improve public health at the population level. Examples include asthma reduction via home-based environmental controls, tick-exposure reduction via behavior change, and heat stress reduction via policy change or behavioral change.

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Exhibit A-3

- 1.26. Collaborate with the DPHS to pursue phase two intervention activities, including taking action on the intervention, tracking progress, and measuring change. DHHS will also provide examples of population-level interventions (i.e. evidence based or informed; promising practices).

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
- 2.3. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.
- 2.4. Subcontractors must attend all site visits as requested by DHHS.
- 2.5. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

- 3.1. By June 30, 2015, submit a draft adaptation plan that documents at least three (3) vulnerable populations and three (3) health burdens relevant to the existing climate vulnerabilities. The draft plan can be hard copy or web-based.
- 3.2. By September 30, 2015, submit a final adaptation plan that includes at least two (2) viable interventions that address regional weather or climate vulnerabilities.
- 3.3. By March 31, 2016, submit a draft progress report that describes the early results of the intervention project successes and challenges. The report will include suggested changes to improve the project.
- 3.4. By June 30, 2016, submit a final progress report that describes the later results of the intervention project, including successes and challenges, and measures of progress toward improved public health.

4. Staffing

- 4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.
- 4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.
- 4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document

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4/6/15



Exhibit A-3

that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

- 5.1. Reporting Requirements
- 5.2. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.
- 5.3. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.
- 5.4. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

6. Extensions

- 6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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 Lakes Region Partnership for Public Health, Inc. is a New Hampshire nonprofit corporation formed April 21, 2005. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



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

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, John Beland, of Lakes Region Partnership for Public Health, Inc. , do hereby certify that:

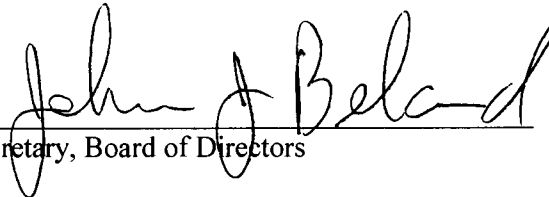
1. I am the duly elected Secretary of the Lakes Region Partnership for Public Health, Inc;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation duly held on September 25, 2014;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services;

RESOLVED: That the President and/or Vice President is hereby authorized on behalf of this corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Margaret Pritchard is the duly elected President and Richard Wilson is the duly elected Vice President of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of April 6, 2015.

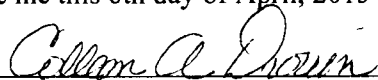
IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 6th day of April, 2015.


Secretary, Board of Directors

(CORPORATE SEAL)
STATE OF NH
COUNTY OF BELKNAP

The foregoing instrument was acknowledged before me this 6th day of April, 2015 by John Beland.




Notary Public/Justice of the Peace
My Commission Expires: 8/14/18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/3/2015

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

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

PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Pat Mack PHONE (A/C No. Ext.): (603) 293-2791 FAX (A/C No.): (603) 293-7188 E-MAIL ADDRESS: pat@esinsurance.com																					
INSURED Lakes Region Partnership for Public Health, 67 Water Street, Suite 105 Laconia NH 03246	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Great American Ins Group</td><td></td></tr><tr><td>INSURER B:</td><td>Hartford Underwriters Insuranc</td><td>30104</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Great American Ins Group		INSURER B:	Hartford Underwriters Insuranc	30104	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 2015 Cert w/higher Umb.

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC		MAC3793453-09	3/10/2015	3/10/2016	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MEDEXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MEDEXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
	EACH OCCURRENCE	\$ 1,000,000																		
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000																		
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GENERAL AGGREGATE	\$ 2,000,000																			
PRODUCTS - COMP/OP AGG	\$ 2,000,000																			
	\$																			
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☒ SCHEDULED AUTOS ☒ NON-OWNED AUTOS		CAP1898681-05	3/10/2015	3/10/2016	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Uninsured motorist combined</td><td>\$ 1,000,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Uninsured motorist combined	\$ 1,000,000				
	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																		
	BODILY INJURY (Per person)	\$																		
	BODILY INJURY (Per accident)	\$																		
PROPERTY DAMAGE (Per accident)	\$																			
Uninsured motorist combined	\$ 1,000,000																			
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000		UMB3793454-09	3/10/2015	3/10/2016	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 2,000,000	AGGREGATE	\$ 2,000,000		\$								
	EACH OCCURRENCE	\$ 2,000,000																		
AGGREGATE	\$ 2,000,000																			
	\$																			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	04WECRJ0009	1/1/2015	1/1/2016	<table border="1"><tr><td>WC STATUTORY LIMITS</td><td>OTHER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000						
WC STATUTORY LIMITS	OTHER																			
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E.L. DISEASE - EA EMPLOYEE	\$ 500,000																			
E.L. DISEASE - POLICY LIMIT	\$ 500,000																			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

jsouthwick@dhhs.state.nh.u

State of NH
Dept of Health & Human Services
129 Pleasant Street
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

Pat Mack/PAT

Lakes Region Partnership for Public Health, Inc.

Mission: To improve the health and well being of the Lakes Region through inter-organizational collaboration and community and public health improvement activities.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.

FINANCIAL STATEMENTS

JUNE 30, 2014 and 2013

COMPLIANCE REPORT JUNE 30, 2014

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.

FINANCIAL STATEMENTS AND COMPLIANCE REPORT

JUNE 30, 2014 and 2013

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.
Laconia, New Hampshire 03246

Report on the Financial Statements

We have audited the accompanying financial statements of Lakes Region Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2014 and 2013, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. 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 from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Lakes Region Partnership for Public Health, Inc as of June 30, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of federal awards, as required by Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, is presented for the purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and related directly to the underlying accountings and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the 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 State of America. In our opinion, the information is fairly stated, in all respects, in relation to the financial statements taken as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated November 3, 2014 on our consideration of Lakes Region Partnership for Public Health, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Lakes Region Partnership for Public Heath, Inc.'s internal control over financial reporting and compliance.

Malone Dirubbo & Company PC
Malone, Dirubbo & Company, P.C.
Lincoln, New Hampshire
November 3, 2014

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
STATEMENTS OF FINANCIAL POSITION
JUNE 30

ASSETS

	<u>2014</u>	<u>2013</u>
CURRENT ASSETS		
Cash	\$ 235,722	\$ 134,993
Cash - restricted	8,188	7,104
Cash - restricted fiduciary fund	28,839	24,593
Contracts receivable	190,624	130,509
Grants receivable - restricted	-	2,250
Prepaid expenses	20,475	9,338
	<u>483,848</u>	<u>308,787</u>
Total Current Assets		
PROPERTY AND EQUIPMENT		
Office equipment	25,909	25,909
Furniture and equipment	14,510	14,510
Leasehold improvements	4,561	4,561
Less, accumulated depreciation	(35,130)	(30,404)
	<u>9,850</u>	<u>14,576</u>
Net Property and Equipment		
OTHER ASSETS		
Deposit	2,499	2,499
	<u>2,499</u>	<u>2,499</u>
Total Other Assets		
TOTAL ASSETS	\$ <u>496,197</u>	\$ <u>325,862</u>

LIABILITIES AND NET ASSETS

	<u>2014</u>	<u>2013</u>
CURRENT LIABILITIES		
Accounts payable	\$ 161,075	\$ 38,516
Deferred contract revenue	116,576	99,851
Fiduciary funds	28,839	29,707
Accrued compensated absences	21,545	11,726
Accrued payroll	18,184	16,250
Accrued other expenses	<u>15,358</u>	<u>15,000</u>
Total Current Liabilities	<u>361,577</u>	<u>211,050</u>
 Total Liabilities	 <u>361,577</u>	 <u>211,050</u>
NET ASSETS		
Unrestricted	126,432	107,708
Temporarily restricted	<u>8,188</u>	<u>7,104</u>
Total Net Assets	<u>134,620</u>	<u>114,812</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u>\$ 496,197</u>	 <u>\$ 325,862</u>

See accompanying notes and independent auditors' report

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
STATEMENTS OF ACTIVITIES
JUNE 30

	<u>2014</u>	<u>%</u>	Restated	<u>%</u>
			<u>2013</u>	
UNRESTRICTED NET ASSETS				
Unrestricted Support				
Federal funds	\$ 1,181,160	73.7	\$ 847,152	72.2
State funds	194,222	12.1	105,823	9.0
Private grants and awards	112,471	7.0	134,802	11.5
In-kind support	83,098	5.2	43,010	3.7
Contributions	20,675	1.3	13,502	1.2
Special events	3,632	0.2	1,424	0.1
Miscellaneous income	3,127	0.2	6,280	0.5
Agent fees	2,330	0.1	15,881	1.4
Interest income	40	0.0	119	0.0
	<u>1,600,755</u>	<u>99.8</u>	<u>1,167,993</u>	<u>99.6</u>
Total Support				
	1,600,755	99.8	1,167,993	99.6
Net assets released from restrictions	<u>2,548</u>	<u>0.2</u>	<u>5,100</u>	<u>0.4</u>
Total Unrestricted Support and Revenue	<u>1,603,303</u>	<u>100.0</u>	<u>1,173,093</u>	<u>100.0</u>
Expenses				
Programs services	1,406,247	87.7	964,217	82.4
Management and general	176,849	11.0	170,050	14.5
Fundraising	1,483	0.1	1,217	0.1
	<u>1,584,579</u>	<u>98.8</u>	<u>1,135,484</u>	<u>97.0</u>
Total Expenses				
	1,584,579	98.8	1,135,484	97.0
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	<u>18,724</u>	<u>1.2</u>	<u>37,609</u>	<u>3.0</u>
TEMPORARILY RESTRICTED NET ASSETS				
Federal & state contract and awards	-		2,500	
Private grants and awards	3,632		1,999	
Net assets released from restrictions	<u>(2,548)</u>		<u>(5,100)</u>	
INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS	<u>1,084</u>		<u>(601)</u>	
INCREASE (DECREASE) IN NET ASSETS	19,808		37,008	
NET ASSETS AT BEGINNING OF YEAR	<u>114,812</u>		<u>77,804</u>	
NET ASSETS AT END OF YEAR	\$ <u>134,620</u>		\$ <u>114,812</u>	

See accompanying notes and independent auditors' report

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
STATEMENT OF FUNCTIONAL EXPENSES
JUNE 30, 2014

	Program	Management & Administrative	Fundraising	Total	%
Salaries and wages	\$ 472,330	\$ 122,328	\$ -	\$ 594,658	37.1
Employee benefits & insurance	91,487	21,483	-	112,970	7.0
Contracts and subgrantees	618,782	-	-	618,782	38.6
Donated program services	81,868	-	-	81,868	5.1
Occupancy	37,222	205	-	37,427	2.3
Professional fees	10,713	23,218	-	33,931	2.1
Staff education/meetings	28,978	1,182	-	30,160	1.9
Repair and maintenance	12,477	420	-	12,897	0.8
Program supplies	12,335	130	-	12,465	0.8
Equipment purchase/rent	10,993	-	-	10,993	0.7
Communications expense	9,422	340	-	9,762	0.6
Office expense	8,296	891	-	9,187	0.6
Insurance	7,707	880	-	8,587	0.5
Depreciation	-	4,726	-	4,726	0.3
Postage	1,944	20	-	1,964	0.1
Miscellaneous	712	1,026	-	1,738	0.1
Fundraising	-	-	1,483	1,483	0.1
Dues	981	-	-	981	0.1
Total Functional Expenses	\$ 1,406,247	\$ 176,849	\$ 1,483	\$ 1,584,579	98.8

See accompanying notes and independent auditors' report

LAKE REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
STATEMENT OF FUNCTIONAL EXPENSES - Restated
JUNE 30, 2013

	Program	Management & Administrative	Fundraising	Total	%
Salaries and wages	\$ 346,283	\$ 105,311	\$ -	\$ 451,594	38.5
Employee benefits & insurance	60,810	17,498	-	78,308	6.7
Contract service	347,858	-	-	347,858	29.7
Community education	48,370	-	-	48,370	4.1
Donated program services	43,010	-	-	43,010	3.7
Professional fees	4,463	33,707	-	38,170	3.3
Occupancy	28,253	-	-	28,253	2.4
Staff education/meetings	21,518	1,844	68	23,430	2.0
Program supplies	19,750	574	280	20,604	1.8
Office expense	16,500	934	17	17,451	1.5
Insurance	7,276	900	-	8,176	0.7
Repair and maintenance	6,867	431	-	7,298	0.6
Communications expense	4,915	1,946	-	6,861	0.6
Depreciation	-	5,675	-	5,675	0.5
Equipment purchase/rent	3,845	-	-	3,845	0.3
Miscellaneous	892	1,219	-	2,111	0.2
Postage	1,949	11	-	1,960	0.2
Fundraising	967	-	852	1,819	0.2
Dues	691	-	-	691	-
Total Functional Expenses	\$ 964,217	\$ 170,050	\$ 1,217	\$ 1,135,484	97.0

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
STATEMENTS OF CASH FLOWS
JUNE 30

	<u>2014</u>	<u>2013</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase(decrease) in net assets	\$ 19,808	\$ 37,008
Adjustments to reconcile net assets to net cash provided by (used in) operations:		
(Increase) decrease in assets:		
Depreciation and amortization	4,726	5,675
(Increase) decrease in contracts receivable	(60,115)	(7,223)
(Increase) decrease in grants receivable	2,250	750
(Increase) decrease in prepaid expenses	(11,137)	35,035
Increase (decrease) in liabilities:		
Increase (decrease) in accounts payable	122,559	5,113
Increase (decrease) in accrued liabilities	12,111	3,264
Increase (decrease) in fiduciary passthrough	(868)	4,704
Increase (decrease) in deferred revenue	16,725	4,318
Cash Provided by (Used in) Operations	<u>106,059</u>	<u>88,644</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Change in restricted cash	<u>(5,330)</u>	<u>(1,989)</u>
Net Cash Provided by (Used in) Investing Activities	<u>(5,330)</u>	<u>(1,989)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Payment on long-term debt	<u>-</u>	<u>(1,695)</u>
Net Cash Provided by (Used in) Financing Activities	<u>-</u>	<u>(1,695)</u>
Net increase (decrease) in cash & cash equivalents	100,729	84,960
Cash & cash equivalents, Beginning of Year	<u>134,993</u>	<u>50,033</u>
Cash & cash equivalents, End of Year	<u>\$ 235,722</u>	<u>\$ 134,993</u>
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	\$ -	\$ 9

See accompanying notes and independent auditors' report

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014 and 2013

Note 1 - Summary of Significant Accounting Policies

Organization

Lakes Region Partnership for Public Health, Inc. (the Organization) was organized on May 21, 2005 to improve the health and well-being of the Lakes Region through inter-organizational collaboration and community and public health improvement activities.

a. Basis of Accounting

The Organization uses the accrual basis of accounting in accordance with generally accepted accounting principles.

b. Net Assets

In accordance with generally accepted accounting principles, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the Organization is required to present a statement of cash flows.

Unrestricted

The Organization reports gifts of cash, land, buildings, and equipment as unrestricted unless explicit donor stipulations specify how the donated assets must be used.

Temporarily Restricted

The Organization reports gifts of cash, grants and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently Restricted

The Organization's permanently restricted net assets consist of donor restricted bequests providing for permanent endowments, which are intended to provide a permanent source of income. The endowment principal is held for investment in an agency endowment fund. The Organization has no permanently restricted net assets.

c. Grants and Awards

The Organization uses the accrual method of accounting for all significant items of revenue and expense. Grants are recorded when awarded. Restricted funds are accounted for in accordance with various donor and grantor requirements.

d. Exchange Transactions

The Organization recognizes some grants and awards as exchange transactions. Accordingly, revenue is recognized when earned and expenses are recognized as incurred.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014 and 2013

Note 1 - Summary of Significant Accounting Policies (cont'd)

e. Tax Status

The Organization qualifies as a tax-exempt Organization under Section 501(c)(3) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. In addition, the Organization has been determined by the Internal Revenue Service not to be a private foundation within the meaning of section 509 (a) of the code. As of June 30, 2014 and 2013, there was no unrelated business income for the organization.

f. Functional Expenses

Functional expenses have been allocated between Program Services and Supporting Services based on an analysis of personnel time and space utilized for the related activities.

g. Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

h. Restricted Cash

The Organization considers all highly liquid investments with a maturity of three months or less when purchased and restricted for a particular purpose to be included in restricted cash.

i. Contributions

The Organization elected to adopt U.S. generally accepted accounting principles. In accordance with U.S. generally accepted accounting principles, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Under U.S. GAAP, all donor restricted contributions are required to be reported as temporarily restricted or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

j. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

k. Federally Insured Limits

The Organization maintains its cash at a financial institution whose accounts are secured by the Federal Deposit Insurance Corporation for up to \$250,000, in the aggregate. The Organization had balances which exceeded insured limits as of June 30, 2014 of \$28,606.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014 and 2013

Note 1 - Summary of Significant Accounting Policies (cont'd)

l. Advertising Costs

The Organization expenses advertising costs as they are incurred. There were no advertising costs for the years ending June 30, 2014 and 2013.

m. Accrued Vacation Wages

Employees of the Organization working full-time and part-time employees working in excess of 20 hours per week are entitled to paid time off. Vacation time is earned from the first day of work. A maximum of 160 hours can be accumulated. Accumulated vacation time is payable upon termination of employment with proper notice. The Organization accrues accumulated vacation wages accordingly.

n. Income Taxes

The Organization adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Organization has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. The Organization believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse affect on the Organization's financial condition, results of operations or cash flows. Accordingly, the Organization has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at June 30, 2014 and 2013.

The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Organization believes it is no longer subject to income tax examinations for years prior to 2010.

The Organization's policy is to classify income tax related interest and penalties in interest expense and other expenses, respectively.

Under generally accepted accounting principles effective September 15, 2009, an Organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will be sustained. The implementation of this generally accepted accounting principle had no impact on the Organization's financial statements. The Organization does not believe there are any material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014 and 2013

Note 2 - Property and Equipment

Donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long these donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time.

Property and equipment are carried at cost. Depreciation of property and equipment is provided using the straight-line method for financial reporting purposes at rates based on the following estimated useful lives.

	Years
Leasehold improvements	10-15
Office equipment	5-10
Furniture and fixtures	7-15

Expenditures for major renewals and betterments that extend the useful lives of property and equipment are capitalized. Expenditures for maintenance and repairs are charged to expense as incurred. Depreciation expense for the years ended June 30, 2014 and 2013 was \$4,726 and \$5,675 respectively.

Note 3 - Line of Credit

The Organization had a \$25,000 line of credit with Bank of New Hampshire with an interest rate of 5.25% through September 3, 2013. On September 4, 2013, the Organization increased the line of credit to \$50,000, with a variable interest rate. The interest rate is based on the Wall Street Journal Prime Rate as published in the Wall Street Journal, which was 5.25% at June 30, 2014. At June 30, 2014 and 2013, the balance of the line-of-credit was \$0.

Note 4 - Donated Services & In-kind

Donated services are recognized if the services received require special skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Donated services for volunteer counselors have been reflected in the financial statements as support and expense.

For the year ended June 30, 2014, the estimated value of the volunteers' donated time was \$83,098 based on 2267 of recorded volunteer hours valued at various rates per hour.

For the year ended June 30, 2013 the estimated value of the volunteers' donated time was \$20,680 based on 1,034 of recorded volunteer hours valued at approximately \$20 per hour. Donated in-kind goods and other services totaled \$22,330.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014 and 2013

Note 5 - Related Party Transactions

In 2014 and 2013, the Organization contracted with Lakes Region Community Services for services provided on a federal program. The executive director of Lakes Region Community Services is a member of the Organization's board of directors. The payments for services were \$29,918 and \$24,533 for the years ending June 30, 2014 and 2013, respectively.

Note 6 - Concentrations

The Organization's source of revenue and support are as follows:

	2014	2013
Federal Sources	73.6	56.6
State Sources	12.1	11.7
Private Grants	7.2	14.8
In-Kind Support	5.2	4.6
Contributions	1.3	1.5
Agent Fees	0.1	10.0
Other	0.4	0.8
	100 %	100 %

The services provided by the Organization are funded primarily by grants and awards from federal and state funds. If federal and state budgets are reduced, they might have significant future impact on operating income.

Note 7 - Lease

The Organization entered into a one-year renewable lease for new office space in Laconia, NH with annual increases tied to the Consumer Price Index at June 30. The lease was renewed on September 1, 2014 and 2013 with monthly lease payments of \$2,030 and \$1,978, respectively. Lease expense for the years ended June 30, 2014 and 2013 was \$23,666 and \$23,316, respectively.

Effective January 1, 2014 the Organization entered into a one-year renewable lease for office space located in Tamworth NH with monthly lease payments of \$1,050. Lease expense for the year ended June 30, 2014 was \$6,300.

In addition, the Organization leases a copier, which is traded-in periodically. The copier lease expense for the years ending June 30, 2014 and 2013 was approximately \$2,756 and \$2,495, respectively.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014 and 2013

Note 8 - Restricted Net Assets

Substantially all of the restrictions on net assets for the year ended June 30, 2014 and 2013 are related to donor stipulations that limit the use of the donated assets. When the restrictions expire, the amounts will be reclassified to unrestricted net assets.

Temporarily restricted net assets include the following:

	2014	2013
Family Caregivers Network	\$ 3,877	\$ 4,715
Volunteer CERT	571	596
N4A	1,006	1,006
CERT	2,500	-
Other	234	787
	<u>\$ 8,188</u>	<u>\$ 7,104</u>

Note 9 - Exchange Transaction

The Organization has been awarded federal and state grants that for financial statement presentation are considered exchange transactions. The revenue and expense from an exchange transaction are treated as unrestricted net assets, even in circumstances in which resource providers have placed limitations on the use of the resources. For the years ended June 30, 2014 and 2013 the Organization has \$190,624 and \$130,509 in contract receivable, and \$116,576 and \$99,851 in deferred contract revenue, respectively.

The contracts that are expected to be received in the next fiscal year are approximately \$1,748,000.

Note 10 - Grant Receivable

Grants receivables are as follows:

	2014	2013
Receivable in less than one year	\$ -	\$ 2,250
	<u>\$ -</u>	<u>\$ 2,250</u>

Note 11 - Restatement of Prior Period

The accompanying financial statements for 2013 have been restated to correct an error discovered in 2014 regarding the reporting of funding for the Veteran Administrative Medical Center. The effect of the restatement was to increase Unrestricted Support - Federal Funds for \$245,988 and increase Expenses - Program Services for \$245,988 on the Statement of Activities. The Statement of Functional Expenses for program services, Contract Services was increased \$245,988. There was no effect on net income.

Note 12 - Subsequent Events

In preparing these financial statements, the Organization has evaluated subsequent events and transactions for potential recognition or disclosure through November 3, 2014, the date the financial statements are available to be issued.

SUPPLEMENTARY INFORMATION AND COMPLIANCE REPORT

**Lakes Region Partnership for Public Health
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2014**

<i>Federal Grantor/Pass-Through Grantor/Program or Cluster Title</i>	<i>Federal CFDA Number</i>	<i>Pass-Through Entity Identifying Number</i>	<i>Federal Expenditures (\$)</i>
Department of Homeland Security Pass-Through Programs			
Passed-through New Hampshire Department of Safety; FEMA			
State of New Hampshire Emergency Management Performance Grants	97.042	02-23-23-236010- 80920000	<u>1,451</u>
Department of Health and Human Services Direct Programs			
Medical Reserve Corps Small Grant Program	93.008	5MRCSG101005-03	2,911
Preventative Health and Human Services Block Grant	93.991		1,450
Department of Health and Human Services Pass-Through Programs:			
New Hampshire Department of Health and Human Services Market Place Assistors	93.525		440,176
State of New Hampshire Department of Health & Human Services Special Programs for the Aging Title IV and Title II Discretionary Projects	93.048	90MP00176/22	17,025
State of New Hampshire Department of Health & Human Services Special Programs for the Aging Title IV and Title II Discretionary Projects	93.048	90CT0160/01	8,278
State of New Hampshire Department of Health & Human Services Social Services Block Grant	93.667	1301NHSOSR/105954 848101092555 45500387	7,127
State of New Hampshire Department of Health & Human Services Block Grants for Prevention and Treatment of Substance Abuse	93.959	10250073495848502	65,380
State of New Hampshire Department of Health & Human Services National Bioterrorism Hospital Preparedness Program	93.889	059590190251051711 02500731	10,000
State of New Hampshire Department of Health & Human Services Public Health Emergency Preparedness	93.069	0100905171000102	67,388
State of New Hampshire Department of Health & Human Services Nursing Home Modernization	93.517	90RO0028	46,489
State of New Hampshire Dept. of Health & Human Services Bureau of Elderly & Adult National Family Caregiver Support, Title III, Part E	93.052	90CD1202/01	48,233

**Lakes Region Partnership for Public Health
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2014**

State of NH Health & Human Services Lakes Region Healthy Homes	93.070	9003600	1,528
State of New Hampshire Department of Health & Human Services Medicare Improvements for Patients and Providers	93.071	IX0CMS331283	6,566
State of New Hampshire Department of Health & Human Services School Vaccination Services	93.268	010090517800001025 00731	10,500
State of New Hampshire Department of Health & Human Services Public Health Suicide Prevention Project	93.243		9,733
Passed-through Strafford Network; Easter Seals; NH Dept. of Health & Human Svc			
Strafford Network; Easter Seals; NH Dept. of Health & Human Service Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	93.779		31,254
State of New Hampshire Department of Health & Human Services Medical Assistance Program	93.778	618055050039B	63,379
Total Department of Health and Human Services			<u>837,417</u>
Department of Veterans Affairs Direct Programs			
Veterans Medical Care Benefits	64.009		<u>342,292</u>
Total Expenditures of Federal Awards			<u><u>\$1,181,160</u></u>

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2014

NOTE 1 - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Lakes Region Partnership for Public Health, Inc. under programs of the federal government for the year ended June 30, 2014. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operations of Lakes Region Partnership of Public Health, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of Lakes Region Partnership for Public Health, Inc.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Pass-through entity identifying numbers are presented where available.

NOTE 3 - SUBRECIPIENTS

Of the federal expenditures presented in the Schedule, Lakes Region Partnership for Public Health, Inc. provided federal awards to subrecipients as follows:

CFDA Number	Program Name	Amount Provided to Subrecipients
93.525	Market Place Assisters	\$320,659
93.268	School Vaccination Services	2,683
93.069	Public Health Emergency Preparedness	3,000
Total		<u>\$326,342</u>

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INDEPENDENT AUDITORS' REPORT

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

To The Board of Directors of
Lakes Region Partnership for Public Health, Inc.
Laconia, New Hampshire 03246

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Lakes Region Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2014, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 3, 2014.

Internal Control Over Financial Reporting

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

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

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

To The Board of Directors of
Lakes Region Partnership for Public Health, Inc.

Compliance and Other Matters

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

Purpose of this Report

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

Malone, Dirubbo & Company PC
Malone, Dirubbo & Company, P.C.
Lincoln, New Hampshire
November 3, 2014

Kenneth R. Malone, CPA
James F. Dirubbo, CPA, CGMA
Ronda J. Kilanowski, CPA, CGMA
Penny I. Raby, CPA, CGMA
Robert E. Reed, CPA
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INDEPENDENT AUDITORS' REPORT

REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.
Laconia, New Hampshire 03246

Report on Compliance for Each Major Federal Program

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

Management's Responsibility

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

Auditor's Responsibility

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

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Lakes Region Partnership for Public Health, Inc.'s compliance.

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.

Opinion on Each Major Federal Program

In our opinion, Lakes Region Partnership for Public Health, Inc. complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2014.

Report on Internal Control over Compliance

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

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

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

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

Malone Dirubbo & Company PC
Malone, Dirubbo & Company, P.C.
Lincoln, NH
November 3, 2014

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2014

SUMMARY OF AUDITOR'S RESULTS

1. The auditor's report expresses an unmodified opinion on the financial statements of Lakes Region Partnership for Public Health, Inc.
2. No significant deficiencies relating to the audit of the financials statements are reported.
3. No instances of noncompliance material to the financial statements of Lakes Region Partnership for Public Health, Inc., were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs were reported in the Report on Compliance For Each Major Program and on Internal Control Over Compliance Required by OMB Circular A-133.
5. The auditor's report on compliance for the major federal award programs for Lakes Region Partnership for Public Health, Inc. expresses an unmodified opinion on all major federal programs.
6. Audit findings that are required to be reported in accordance with Section 510(a) of OMB Circular A-133 are reported in this Schedule.
7. The programs tested as major programs included:

 Department of Veterans Affairs Direct Programs - Veterans Medical Care Benefits #64.009
 Department of Health and Human Services Pass-Through Programs - Market Place Assistors #93.525
8. The threshold for distinguishing Types A and B programs was \$300,000.
9. Lakes Region Partnership for Public Health, Inc. was determined to be a high-risk auditee.

FINDINGS - FINANCIAL STATEMENT AUDIT

None

FINDINGS AND QUESTIONED COSTS - MAJOR FEDERAL AWARD PROGRAMS AUDIT

None

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
SUMMARY SCHEDULE OF CURRENT YEAR AUDIT FINDINGS
FOR THE YEAR ENDED JUNE 30, 2014

NONE

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
FOR THE YEAR ENDED JUNE 30, 2013

Veterans Affairs Direct Programs

2013-1 Veterans Affairs Direct Programs-

Veterans Medical Care Benefits CFDA No. 64.009 FYE: 6/30/13

Compliance Requirement: Monitoring

Condition:

Documentation is required by Veterans Affairs Direct Programs on employees.

Criteria:

The Organization should have in place policies and procedures to ensure that contractual requirements for obtaining all necessary employee documentation for files are met.

Cause:

There are a lack of written policies and procedures relating to the monitoring of the contractor handling employment records.

Effect:

Because of the failure to properly monitor the contractor handling employment records, unallowable expenditures of grant funds could be made and not detected.

Recommendation:

We recommend that formal monitoring procedures be developed and documented and that all appropriate staff members be trained to properly monitor the contractor handling the employees in accordance with those procedures.

Questioned Costs: None

Views of Responsible Officials and Planned Corrective Actions:

Lakes Region Community Services (LRCS) has implemented a new timesheet procedure as of November 1, 2013. This includes providing training to Veteran's employees and the Veteran Representatives with a sample timesheet during employee orientation. The sample timesheet provides instruction on how employees must complete their timesheets including the required signature by the supervising Veteran or Veteran Representative.

Veteran employees will continue to turn their timesheets in to LRCS staff dedicated to work with Veteran employees. This staff will see that timesheet information is accurate before sending to LRPPH.

Once timesheets are received at LRPPH, they will continue to be reviewed by ServiceLink Veteran's Specialist. A newly implemented timesheet review form and procedure will assist with this process. When the timesheets are successfully reviewed, questions will be sent back to LRCS (if any). Timesheets will then be forwarded to LRPPH finance department to be billed to the Veteran's Administration.

LRPPH Executive Director will be working with LRCS Executive Director and LRCS Human Resources Director to develop procedure whereby LRPPH will complete a yearly audit of a sampling of employee files to ensure completeness.

Current Status: Corrective Action was taken.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
FOR THE YEAR ENDED JUNE 30, 2013

Veterans Affairs Direct Programs

2013-2 Veterans Affairs Direct Programs-

Veterans Medical Care Benefits CFDA No. 64.009 FYE: 6/30/13

Compliance Requirement: Specific Program Requirement

Condition:

The program requires monthly reports to veterans.

Criteria:

The Organization should have provided a monthly report of account to the veterans.

Cause:

There are a lack of policies and procedures relating to the preparation of the monthly reports.

Effect:

Because of the failure to provide the reports to the veterans, unallowable expenditures of grant funds could be made and not detected.

Recommendation:

We recommend that formal policies and procedures be developed and documented and that all appropriate staff members be trained to properly provide veterans with monthly reports of accounts in accordance with those procedures.

Questioned Costs: None

Views of Responsible Officials and Planned Corrective Actions:

The Finance Manager has been working on design of reports through the QuickBooks program. Monthly reports by Veteran will be ready and mailed to them (or their Representative) in November showing October expenses and balance of funds. The ServiceLink Veteran's Specialist will be available to the Veteran or Veteran Representative to assist them with any questions they may have relative to the report. Procedure will be written and placed into Veteran's procedure manual.

Current Status: Corrective Action was taken.

***Lakes Region Partnership for Public Health
Board of Directors
67 Water Street, Suite 105
Laconia, NH 03246***

Director	Title
Margaret Pritchard	President
Dr Rick Wilson	Vice President
David Emberley	Treasurer
John Beland	Secretary
Betty Anson	
Kathy Berman	
Liane Clairmont	
Brian Hoffman	
Denise Hubbard	
Alida Millham	
Andrew Moeller	
Karin Salome	

EXPERIENCE

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC. Laconia, NH 10/05- Present

EXECUTIVE DIRECTOR

- In conjunction with the Board of Directors, establish annual goals and objectives, action plans and evaluation strategies for the purpose of improving the health and well being of the citizens of the Lakes Region.
- Develop and implement action plans and evaluation strategies to operationalize selected goals.
- Manage inter-organizational cooperation and collaboration among Partners and external organizations to mitigate program duplication, fill needs gaps and develop public service plans to meet the evolving social and public health needs of the Lakes Region community.
- Hire and supervise LRPPH staff positions and programs that support the Partnership.
- Cultivate, develop and maintain external relationships with community organizations.
- Create annual public relations plan to create positive awareness of the LRPPH.
- Work with other agencies to conduct periodic community assessments and use that information to guide programs and policies.
- Responsible for grant prospecting, grant writing and all grant and financial reporting functions.
- Establish annual budget in partnership with the Board of Directors
- Manage annual budget for LRPPH and report quarterly to Board of Directors on financial status.
- Coordinate function of the Winnepesaukee Public Health Council.

SERVICELINK RESOURCE CENTER OF BELKNAP COUNTY, Laconia, NH 2/00-2008

PROGRAM DIRECTOR

- Directs the overall operation of a specialized aging/disability information and referral service for Belknap County

LAKES REGION GENERAL HOSPITAL, Laconia, NH 11/99-2/04

EMERGENCY ROOM SOCIAL WORKER

LACONIA CENTER-GENESIS ELDER CARE, Laconia, NH 2/99-10/99

DIRECTOR OF ADMISSIONS

- Assisted individuals and families in accessing skilled and nursing facility based care
- Provided marketing and public relations activities
- Provided case management, individual and family counseling for skilled residents

STRAFFORD GUIDANCE CENTER, Dover, NH 1991-1998

ASSISTANT CLINICAL DIRECTOR

DIRECTOR, COMMUNITY SUPPORT PROGRAMS

ASSISTANCE DIRECTOR COMMUNITY SUPPORT PROGRAM

- Managed the overall clinical and administrative operations of Community Support Programs serving 500 adults with severe mental illness including: elder services, case management, therapy, nursing, vocational and housing services
- Promoted and coordinated community involvement through regional planning and partnership building activities
- Member of the Strafford Guidance Center Executive Committee which provided overall management of clinical and administrative operations as well as planning and development for the entire agency.

SEACOAST MENTAL HEALTH CENTER, Portsmouth, NH 6/90-6/91

COORDINATOR OF VOCATIONAL SERVICES

- Assisted clients with severe mental illness obtain employment
- Supervised staff, budget development, quality assurance activities including JCAHO accreditation
- Educated the competitive job market to increase employer's willingness and capability to hire clients through supported and unsupported placements

MENTAL HEALTH CENTER OF GREATER MANCHESTER, Manchester, NH 11/84-6/90

ADMINISTRATIVE COORDINATOR

ASSISTANT PROGRAM COORDINATOR

THERAPEUTIC ACTIVITIES SUPERVISOR

OCCUPATIONAL THERAPIST/CASE MANAGER

EMERGENCY SERVICES RELIEF WORKER

Program management and direct service activities for large day treatment program for adults with severe mental illness

WESTCHESTER COUNTY JAIL, Valhalla, NY 5/83-9/84

OCCUPATIONAL THERAPIST

SOUTH BEACH PSYCHIATRIC CENTER, Union, NJ 1/81-5/83

OCCUPATIONAL THERAPIST

EDUCATION

SPRINGFIELD COLLEGE, Springfield, MA 1988

MASTERS OF SCIENCE, SOCIAL WORK

KEAN STATE COLLEGE OF NEW JERSEY, Union, NJ 1980

BACHELORS OF SCIENCE, OCCUPATIONAL THERAPY

MEMBERSHIPS/AFFILIATIONS

Leadership Lakes Region -2010 graduate

Member NH Association for Non-Profits

Member NH Public Health Association

Member, Board of Directors, Upstream 2004

Certified Information and Referral Specialist for Aging, Alliance of Information and Referral Systems, 2005-2008

Certified Counselor, Health Information Counseling Education Assistance Services, 2002-2006

Member, Board of Directors, Tri-City Consumer Action Cooperative, 1997

Private, non-profit organization that provides peer support services for adults with mental illness

Chair and Member of Board of Directors, The Housing Consortium, 1994

Promote availability of affordable, non-discriminatory safe housing in Strafford County

Past member of National Association of Social Workers, Alliance for the Mentally Ill of NH and

International Association for Psychosocial Rehabilitation Services

PRESENTATIONS

"Working Together; Enhancing Partnerships in Public Health"-Keynote Speaker NH Public Health Association Annual Meeting

"Planning Ahead: The Key to Healthy Aging"- Keynote Speaker Speare Memorial Hospital Aging Conference

"ServiceLink, A Virtual Tour" Administration on Aging Summit National Leadership Conference

"The Housing Consortium", State Conference New Hampshire Alliance for the Mentally Ill

"Building Partnerships in the Community", National Conference, International Association for Psychosocial Rehabilitation Services

"Functional Assessment and Skill Building as Clinical Intervention", NH Community Support Services Conference

Marie L. Tule, CPA, MSA
MTule@lrpph.org

Educational Experience

Bentley University – MS in Accountancy

University of Vermont – BA degree

Work Experience

Lakes Region Partnership for Public Health, Laconia, NH 2013 – 2014

Finance Director

- Prepare and analyze monthly financial statements
- Develop budgets and forecasts, and manage cash flow
- Responsible for contract billing and reporting
- Supervise accounting staff.

Melanson Heath & Company, PC, Nashua, NH 1994 – 2013

Manager

- Planned, supervised, and prepared audited GAAP financial statements and compliance reports for nonprofit and commercial clients.
- Performed financial statement and data analytics, reconciled general ledger accounts, prepared audit schedules and adjusting entries.
- Documented accounting systems, evaluated client internal controls, and prepared management letters of recommendations.
- Proficient in Microsoft Excel, Word, PowerPoint, QuickBooks, and Fixed Asset software.
- Conducted presentations to Boards and audit committees of financial statements and compliance audit results.

Price Waterhouse Coopers, LLP, Manchester, NH 1989 – 1994

Senior Accountant

- Planned, supervised, and performed audits, reviews, and compilations of financial statements.
- Clients included manufacturing, financial, and higher educational institutions.
- Performed Federal compliance (A-133) audits of sponsored research programs.

The Donoghue Organization, Holliston, MA 1986 – 1988

Controller/Financial Analyst

- Prepared and analyzed monthly financial statements for newsletter publishing company.
- Supervised accounting staff including general ledger, accounts receivables, payroll, and accounts payables functions.
- Prepared budgets and forecasts, and managed cash flow.
- Responsible for human resource function.

Dennison Computer Supplies, Waltham, MA 1984 - 1986

Payroll Administrator

- Responsible for payroll function including filing monthly and quarterly tax reports (Forms 940,941)

Billing Coordinator

- Responsible for invoicing all shipments, rentals, and maintenance contracts. Filed sales & use tax returns.

Senior Accounts Payable

- Processed invoices and prepared vendor checks.

Accounts Receivable

- Applied cash receipts to AR ledger and researched discrepancies.

Volunteer Experience

- NH Society of Certified Public Accountants Committee Chair May, 2010 – Present
- Greater Nashua Mental Health Center – Treasurer Audit & Finance Committee Chair March, 2011 - Present
- Various local nonprofits – Treasurer, Trustee 2001 – 2013

References - Available upon request.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH

Name of Program: Regional Public Health Network Services

BUDGET PERIOD: FY 14				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Lisa Morris	Executive Director	\$66,070	2.19%	\$14,480.00
Marie Tule	Finance Director	\$33,752	1.50%	\$5,063.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$19,543.00

BUDGET PERIOD: FY 15				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Lisa Morris	Executive Director	\$66,070	2.36%	\$15,561.00
Marie Tule	Finance Director	\$33,752	1.63%	\$5,500.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$21,061.00

BUDGET PERIOD: FY 17				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Lisa Morris	Executive Director	\$66,070	0.00%	\$0.00
Marie Tule	Finance Director	\$33,752	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$0.00

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

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

January 8, 2015

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

REQUESTED ACTION

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

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

Summary of contracted amounts by vendor:

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

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
January 8, 2015
Page 2 of 4

Funds to support this request are available in the following accounts for SFY 2015, with authority to adjust amounts within the price limitation without further approval from Governor and Executive Council.

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

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

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

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

See attachment for financial details

EXPLANATION

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

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

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

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

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

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

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

Community Health Improvement Planning

- Completion and approved work plan within one month of the approved contract.
- Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.

Substance Use Disorders and Resiliency and Recovery Oriented Systems of Care

- Completion and approved work plan within one month of the approved contract.
- Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
- Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
- Number of, content and attendance of the following:
 - Educational meetings related to the impact of substance use disorders;
 - Resource sharing meetings related to substance use disorders;
 - Educational meeting on Resiliency and Recovery Oriented System of Care;
 - Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
 - The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".

- Convene Public Health Advisory Committee and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
- Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

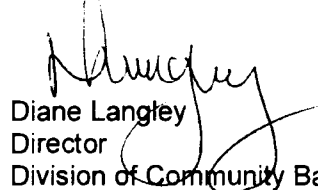
Area served: Statewide.

Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

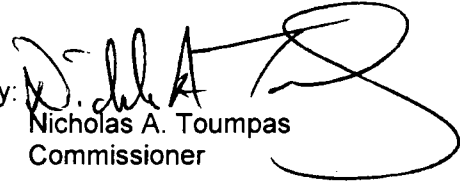
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


José Thier Montero, MD, MHCDS
Director
Division of Public Health Services


Diane Langley
Director
Division of Community Based Care Services

Approved by:


Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
85.45% Federal Funds and 14.55% General Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2015	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	123,476	-	123,476

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2015	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	380,200	-	380,200

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2015	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	100,732	-	100,732

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2015	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	149,878	-	149,878

FINANCIAL DETAIL ATTACHMENT SHEET

Regional Public Health Networks (RPHN)

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2015	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	157,726	-	157,726

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2015	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	665,510	-	665,510

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2015	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	301,000	-	301,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2015	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	103,966	-	103,966

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2015	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	104,542	-	104,542
			SUB TOTAL	2,695,030	-	2,695,030

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	104,000	-	104,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		20,000	-	20,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2015	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		119,290	-	119,290

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		67,600	-	67,600

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		67,600	-	67,600
		SUB TOTAL		486,090	-	486,090

**05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE
100% Other Funds (Transfer from Emergency Management)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	13,000	-	13,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	13,000	(3,000)	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
		Sub-Total		26,000	(3,000)	23,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	7,000	-	7,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	7,000	(7,000)	-
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	14,000	(7,000)	7,000
			SUB TOTAL	40,000	(10,000)	30,000

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	20,272	-	20,272

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	20,500	-	20,500

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2015	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	13,842	-	13,842

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2015	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	19,250	-	19,250
			SUB TOTAL	157,864	-	157,864

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760
		SUB TOTAL		1,699,880	-	1,699,880

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF
PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000
			SUB TOTAL	-	60,000	60,000

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY AND PERFORMANCE

100% Federal Funds

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	8,000	8,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	8,000	8,000

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000
			SUB TOTAL	-	58,000	58,000

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000
			SUB TOTAL	-	180,000	180,000
			TOTAL	5,078,864	288,000	5,366,864

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Capital Area Region

RFP/REP CRITERIA	Max Pts	Community Action Program Belknap-Merrimack Counties, Inc.	Granite United Way						
Avg Capacity	40	30.00	34.00						
Program Structure	40	31.00	32.00						
Budget & Justification	18	15.00	15.00						
Format	2	2.00	2.00						
Total	100	78.00	83.00						

BUDGET REQUEST									
Year 01		\$160,819.00	\$160,569.00	-	-	-	-	-	-
Year 02		\$160,819.00	\$160,569.00	-	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-	-
TOTAL BUDGET REQUEST		\$321,638.00	\$321,138.00	-	-	-	-	-	-
BUDGET AWARDED									
Year 01		\$0.00	\$160,569.00	-	-	-	-	-	-
Year 02		\$0.00	\$160,569.00	-	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-	-
TOTAL BUDGET AWARDED		\$0.00	\$321,138.00	-	-	-	-	-	-

RFP Reviewers									
Name	Job Title	Dept/Agency	Qualifications						
1 Sandra DelSesto	Director	Institute for Addiction Recovery at Rhode Island College							
2 Patty Baum	Program Officer	Healthy NH	This bid was reviewed by three						
3 Michelle Ricco Jonas	Family Planning Program Manager	Division of Public Health Services, Maternal and Child Health Services	Department of Health and Human Services reviewers and two external reviewers who have over 30 years experience in program administration, emergency planning and substance misuse prevention.						
4 Neil Twitchell	Administrator	Division of Public Health Services							
5 Valerie Morgan	Administrator	Department of Health and Human Services, Bureau of Drug and Alcohol Services							

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Stratford Area

	Max Pts	Goodwin Community Health Center	Health & Safety Council of Stratford County					
RFA/RFP CRITERIA								
Agy Capacity	40	34.00	27.00					
Program Structure	40	35.00	26.00					
Budget & Justification	18	16.00	13.00					
Format	2	2.00	1.00					
Total	100	87.00	67.00					

BUDGET REQUEST								
Year 01		\$177,046.00	\$173,680.00	-	-	-	-	-
Year 02		\$177,046.00	\$173,680.00	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-
TOTAL BUDGET REQUEST		\$354,092.00	\$347,360.00	-	-	-	-	-
BUDGET AWARDED								
Year 01		\$167,046.00	\$0.00	-	-	-	-	-
Year 02		\$167,046.00	\$0.00	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-
TOTAL BUDGET AWARDED		\$334,092.00	\$0.00	-	-	-	-	-

RFP Reviewers				
Name	Job Title	Dept/Agency	Qualifications	
1 Neil Twitchell	Adminisrator	DPHS/Division of Public Health Services	This bid was reviewed by two Department of Health and Human Services reviewers and three external reviewers who have over 30 years of experience in program administration, emergency planning and substance misuse prevention.	
2 Jessica Blais	Chief of Prevention Services	DHHS/Bureau of Drug and Alcohol Services		
3 Betsy Houde	Executive Director	The Youth Council		
4 Valerie Morgan	Administrator	DHHS/Bureau of Drug and Alcohol Services		
5 Jo Porter	Deputy Director	NH Institute for Health Policy & Practice, UNH		



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services**

This 1st Amendment to the Lakes Region Partnership for Public Health, Inc., contract (hereinafter referred to as "Amendment One") dated this 11th day of November, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lakes Region Partnership for Public Health, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 67 Water Street, Suite 105, Laconia, NH 03246.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #98, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to change the scope of services and the price limitation, and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

1. **Change** price limitation in P-37, Block 1.8, of the General Provisions, to read:

\$334,486.

2. **Add** Exhibit A-1, Additional Scope of Services

3. **Amend** Exhibit B, Purchase of Services, Contract Price, to add:

- 1.1. The contract price shall increase by \$25,000 for SFY 2015 for a total increase of \$25,000.
- 1.2. Funding is available as follows:
 - \$15,000 - 100% Federal Funds from the Substance Abuse and Mental Health Services, CFDA #93.959, Federal Award Identification Number (FAIN) TI010035-14;
 - \$10,000 - 100% Federal Funds from the Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN), B01OT009037.

4. **Amend** Exhibit B, Purchase of Services, Contract Price, to:

Delete: Paragraph 6 and,



Replace with:

6. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

5. **Amend** Budget, to add: Exhibit B-1 (2015)

6. **Amend** Exhibit C, Special Provisions to:

Delete: Exhibit C, Special Provisions,

Replace with: Exhibit C, Special Provisions Amendment #1

7. **Add**: Exhibit C-1, Revisions to General Provisions

8. **Amend** Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance to:

Delete: Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and;

Replace with: Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-based Organizations and Whistleblower Protection Amendment #1

This amendment shall be effective upon the date of Governor and Executive Council approval.

New Hampshire Department of Health and Human Services



IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/15/15
Date

[Signature]
Brook Dupee
Bureau Chief

Lakes Region Partnership for Public Health, Inc.

11/13/14
Date

Margaret Pritchard
Name:
Title: President BOB

Acknowledgement:

State of New Hampshire County of Bellamy on Nov 13, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Colleen A. Drouin
Signature of Notary Public or Justice of the Peace

COLLEEN A. DROUIN, NOTARY PUBLIC
Name and Title of Notary or Justice of the Peace

My Commission Expires: Aug 14, 2018



New Hampshire Department of Health and Human Services



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 1/26/15

Name: William A. York
Title: Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____



Exhibit A-1

ADDITIONAL SCOPE OF SERVICES

1. Required Services

The Contractor shall:

A. Community Health Improvement Planning

Consistent with the responsibilities of the Public Health Advisory Council (PHAC) established under the original agreement:

- 1.1 Collaborate with the PHAC to determine whether a regional Community Health Improvement Plan has been published within the prior 3 years that has the following elements:
 - 1.1.1 Is based on data that assessed key public health issues;
 - 1.1.2 Is the result of a collaborative effort among key regional public health partners
 - 1.1.3 Set priorities for action by regional partners
- 1.2 Determine which of following best describes the current status of a regional Community Health Improvement Plan:
 - 1.2.1 No plan exists that meets the criteria in section 1.1 above.
 - 1.2.2 A plan exists that meets the criteria in section 1.1 above.
- 1.3 Based on that determination, the Public Health Advisory Council shall conduct:
 - 1.3.1 In regions that meet the criteria in item 1.2.1 the contractor shall convene and facilitate a regional process to develop and publish a Community Health Improvement Plan that meets the criteria described in item 1.1, and includes priorities related to at least five of the Priority Areas identified in the State Health Improvement Plan, including Emergency Preparedness and Misuse of Alcohol and Drugs. This includes the setting of region-specific objectives based on the statewide objectives.
 - 1.3.2 In regions that meet the criteria in item 1.2.2. the contractor shall determine the degree of alignment between the priorities included in the Community Health Improvement Plan and the New Hampshire State Health Improvement Plan published by the Division of Public Health Services That plan is available at: <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf>
 - 1.3.2.1 When the Community Health Improvement Plan includes priorities related to fewer than five of the Priority Areas identified in the State Health Improvement Plan, the contractor shall collaborate with the Public Health Advisory Council to develop additional regional priorities that address specific objectives and recommended actions that are identified in the State Health Improvement Plan in order to expand the existing plan in order to address at least five of Priority Areas, including Emergency Preparedness and Misuse of Alcohol and Drugs. This includes the setting of region-specific objectives based on the statewide objectives.
 - 1.3.2.2 When the Community Health Improvement Plan includes priorities related to more than five of the Priority Areas identified in the State Health Improvement Plan, including Emergency Preparedness and Misuse of Alcohol and Drugs, the contractor shall collaborate with the Public Health Advisory Council to:
 - 1.3.2.3 Consider whether additional priorities should be added to the Community Health Improvement Plan and, when a determination is



Exhibit A-1

made to do so, develop the new regional priorities to address specific objectives and recommended actions that are identified in the State Health Improvement Plan. This includes the setting of region-specific objectives based on the statewide objectives.

- 1.3.2.4 When no additional priorities are needed, take action to implement an intervention from the existing Plan.

- 1.4 Activities to develop, update, or revise a Community Health Improvement Plan shall be done in accordance with guidance to be issued by the Division of Public Health Services.

B. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care

These funds are to support planning for the development of organizational structures needed within each of the Regional Public Health Networks to study and develop capacity for a seamless substance misuse continuum of care approach that includes: environmental strategies, prevention, early intervention, treatment and recovery support services. Activities will include training, education, and orientation for Public Health Advisory Councils in substance misuse and the progression of substance use disorders and its effect on individuals, families, and communities, including financial impact. This work will include outlining a comprehensive approach to address the misuse of alcohol and drugs within a Resiliency and Recovery Oriented System of Care context.

Building on information from the Regional Continuum of Care Roundtables, and using local expertise as much as possible, the Contractor will develop and implement a work plan to:

- 1.1 Recruit and convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup who will help plan, implement and facilitate these deliverables within Resiliency and Recovery Oriented Systems to educate the Public Health Advisory Council about an integrated/collaborative continuum of care Substance Use Disorder strategies and services.
- 1.2 Provide education, training and information to Public Health Advisory Council on the impact of the misuse of alcohol and drugs to help members:
 - 1.2.1 Understand the nature of substance use disorders;
 - 1.2.2 Learn about the impact of substance use disorders on individuals, families and communities;
 - 1.2.3 Increase their knowledge of the financial impact of substance use disorders – at the state level, community level, and community sector level;
 - 1.2.4 Understand the relationship between, and integration of, healthcare and behavioral health, and its relationship to misuse of substances and substance use disorders;
 - 1.2.5 Learn about the components of Resiliency and Recovery Oriented Systems of Care what they do, and the interrelationship with:
 - 1.2.5.1 Environmental strategies
 - 1.2.5.2 Prevention services
 - 1.2.5.3 Intervention services
 - 1.2.5.4 Treatment services
 - 1.2.5.5 Recovery support services
- 1.3 Discover, understand and envision a comprehensive approach to preventing, treating and recovering from substance use disorders.
 - 1.3.1 Connect with and recruit representatives from Community Health Centers, hospital networks and local primary care so that they can provide information to the Public Health Advisory Council on the integration of healthcare and

Exhibit A-1 – Additional Scope of Services

Contractor Initials

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Exhibit A-1

- behavioral health, e.g. Screening and Brief Intervention and Referral to Treatment and other evidenced informed practices;
- 1.3.2 Work with Substance Misuse Prevention Coordinator and local prevention coalitions to present information on prevention to the Public Health Advisory Council and the role prevention plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
 - 1.3.3 Connect with and recruit representatives from intervention/treatment providers to provide information on treatment to the Public Health Advisory Council, and the role intervention/treatment plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
 - 1.3.4 Connect with and recruit representatives from the recovery community to provide information on recovery and recovery supports to the Public Health Advisory Councils, and the role recovery supports play in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
 - 1.3.5 Familiarize the Public Health Advisory Council with the "Misuse of Alcohol and Drugs" section of the State Health Improvement Plan to prepare them for the development of the Community Health Improvement Plan described in the section above.
 - 1.3.6 The Center for Excellence, a technical assistance contractor to the Bureau of Drug and Alcohol Services, will provide materials and host a webinar on elements of a comprehensive system in environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders.

2. Deliverables Schedule

2.1. Compliance Requirements

- 1. As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, the Contractor must submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within 10 days of the contract effective date.

2.2. Reporting Requirements

- 1. Submit quarterly progress reports by completing additional sections that are added to the existing Survey Monkey report used to report on Public Health Advisory Council activities.

2.3. Performance Measures

- A. Community Health Improvement Planning
 - 1. Completion and approved work plan within one month of the approved contract.
 - 2. Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.
- B. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care
 - 1. Completion and approved work plan within one month of the approved contract.

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Exhibit A-1

2. Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
3. Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
4. Number of, content and attendance of the following:
 - 4.1 Educational meetings related to the impact of substance use disorders;
 - 4.2 Resource sharing meetings related to substance use disorders;
 - 4.3 Educational meeting on Resiliency and Recovery Oriented System of Care;
 - 4.4 Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
 - 4.5 The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".
 - 4.6 Convene Public Health Advisory Council and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
 - 4.6.1 Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

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11/13/14



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9559 1-800-852-3345 Ext. 9559
Fax: 603-271-8431 TDD Access: 1-800-735-2964



NH DIVISION OF
Public Health Services
improving health, preventing disease, reducing costs for all

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May 13, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

G&C Approved

Date 6/19/13
Item # #98

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to enter into an agreement with Lakes Region Partnership for Public Health, Inc. (Vendor #165635-B001), 67 Water Street, STE 105, Laconia, NH 03246, in an amount not to exceed \$309,486.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

92.58% Fed . 7.42% GF

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$78,863.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$78,863.00
		Sub-Total		\$157,726.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
		Sub-Total		\$130,760.00

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
			Sub-Total	\$21,000.00
			Total	\$309,486.00

EXPLANATION

Funds in this agreement will be used to allow Lakes Region Partnership for Public Health, Inc. to align a range of public health and substance misuse prevention and related health promotion activities. Lakes Region Partnership for Public Health, Inc. will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness; Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

Lakes Region Partnership for Public Health, Inc. will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. Lakes Region Partnership for Public Health, Inc. will also coordinate a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

Lakes Region Partnership for Public Health, Inc. will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals "live, work, learn and play."

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire's epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

Lakes Region Partnership for Public Health, Inc. will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 60% in the 2011-2012 influenza season and from 32% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 13, 2013
Page 4

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; and coordinate overall public health response activities in this region. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

Lakes Region Partnership for Public Health, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with Lakes Region Partnership for Public Health, Inc. being the sole bid to provide these services in this region. This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Emergency preparedness, substance misuse prevention and related health promotion, and school vaccination services were contracted previously with this agency in SFY 2012 in the amounts of \$76,000, \$75,000 and \$15,000 respectively. Emergency preparedness funding will increase by \$2,863 due a new funding formula that included both a base award plus a population-based allocation. Substance misuse prevention and related health promotion services will be reduced by \$9,620 as a result of an increase from 10 to 13 in the number of regional prevention networks being funded. School vaccination funding is reduced by \$4,500 as a result of moving to a more targeted program that also allows for this program to be expanded to three additional Public Health Networks statewide.

The following performance measures will be used to measure the effectiveness of the agreement.

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).
- Establish and increase, over time regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

- Percentage of increase of evidence-based programs, practices and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outline in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic.
- Percent of students receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

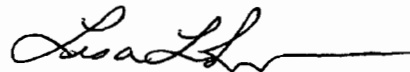
Area served: Alton, Barnstead, Belmont, Center Harbor, Danbury, Franklin, Gilford, Gilmanton, Hill, Laconia, Meredith, New Hampton, Northfield, Sanbornton, Tilton.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 13, 2013
Page 6

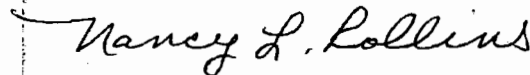
Source of Funds is 92.58% Federal Funds from the U.S. Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration and 7.42% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

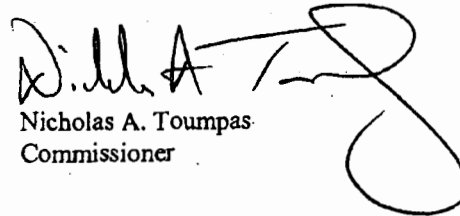


José Thier Montero, MD
Director



Nancy L. Rollins
Associate Commissioner

Approved by:



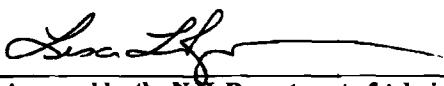
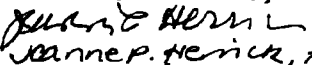
Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Subject: Regional Public Health Network Services**AGREEMENT**

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Lakes Region Partnership for Public Health, Inc.		1.4 Contractor Address 67 Water Street, Suite 105 Laconia, NH 03246	
1.5 Contractor Phone Number (603) 528-2145	1.6 Account Number 05-95-90-902510-5171-102-500731, 05-95-49-491510-2988-102-500734, 05-95-90-902510-5178-102-500731	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$309,486.00
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 Sally Minkow, President Board of Directors	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Belknap</u> On <u>4/15/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace NANCY A BACON NOTARY PUBLIC			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  J. P. Herin, Attorney On: <u>27 May 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit A

**Scope of Services
Regional Public Health Network Services**

CONTRACT PERIOD: July 1, 2013 or Date of G&C approval, whichever is later,
through June 30, 2015

CONTRACTOR NAME: Lakes Region Partnership for Public Health, Inc.
67 Water Street, STE 105
ADDRESS: Laconia, NH 03246
Executive Director: Lisa Morris
TELEPHONE: (603) 528-2145

The Contractor shall:

The contractor, as a recipient of federal and state funds will implement recommendations from the NH Division of Public Health Service's (DPHS) report Creating a Regional Public Health System: Results of an Assessment to Inform the Planning Process to strengthen capacity among public health system partners to deliver essential public health services in a coordinated and effective manner by establishing a Regional Public Health Advisory Committee.

The contractor will implement the 2012 Regional Strategic Plan for Prevention pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed June 2012, located on:
<http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.

The contractor will develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.

The contractor in selected regions will also implement initiatives that respond to other public health needs as identified in this Exhibit A.

All contractors will ensure the administrative and fiscal capacity to accept and expend funds provided by the DPHS and the Bureau of Drug and Alcohol Services (BDAS) for substance misuse prevention and related health promotion and other public health services as such funding may become available.

To achieve these outcomes, the contractor will conduct the following activities:

1. Regional Public Health Advisory Committee

Develop and/or maintain a Regional Public Health Advisory Committee comprised of representatives from the community sectors identified in Table 1 of the RFP. At a minimum, this entity shall provide an advisory role to the contractor and, as appropriate, subcontractors to assure the delivery of the services funded through this agreement.

The Regional Public Health Advisory Committee should strive to ensure its membership is inclusive of all local agencies that provide public health services beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related

services and continue implementation of the Strategic Prevention Framework (SPF) and substance misuse prevention and related health promotion as appropriate to the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-based to meet improved health outcomes; and advance the coordination of services among partners.

A. Membership

At a minimum, the following entities within the region being served shall be granted full membership rights on the Regional Public Health Advisory Committee.

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each DPHS-designated community health center
5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. At least one representative from each of the following community sectors shall also be granted full membership rights: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

Responsibilities

Perform an advisory function to include:

1. Collaborate with the contractor to establish annual priorities to strengthen the capabilities within the region to prepare for and respond to public health emergencies and implement substance misuse prevention and related health promotion activities.
 - 1.1. Upon contracting, recruit and convene members to determine a name for the region that is based on geography (ex. Seacoast, North Country) by September 30.
2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.
 - 2.1. Disseminate the 2012 NH State and Regional Health Profiles, the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance Survey (BRFSS) reports, and the forthcoming State Public Health Improvement Plan to public health system partners in the region in order to inform partners of the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.
 - 2.2. Participate in local community health assessments, prioritizing the Community Benefits Assessment conducted by hospitals as required under RSA 7:32.
 - 2.3. Participate in regional, county and local health needs assessments convened by other agencies.
 - 2.4. Participate in community health improvement planning processes being conducted by other agencies.
3. Liaison with municipal and county government leaders to provide awareness of and, as possible, participation in the Regional Public Health Advisory Committee and its role to coordinate activities regionally.
4. Designate representatives to other local or regional initiatives that address emergency preparedness and response, substance misuse prevention and related health promotion, and other public health services.
5. Develop and maintain policies and procedures related to the Regional Public Health Advisory Committee that include:
 - 5.1. Organizational structure
 - 5.2. Membership
 - 5.3. Leadership roles and structure
 - 5.4. Committee roles and responsibilities
 - 5.5. Decision-making process
 - 5.6. Subcommittees or workgroups
 - 5.7. Documentation and record-keeping

- 5.8. Process for reviewing and revising the policies and procedures
6. Complete the PARTNER survey during the fourth quarter of SFY 2014.
7. The chair of the Regional Public Health Advisory Committee or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.

2. Substance Misuse Prevention and Related Health Promotion

- a. Ensure oversight to carry out the regional three-year strategic plan (available at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>), and coordination of the SPF and other processes as described in this RFP and mapped out within the BDAS Regional Network System Logic Model (Attachment 8):
 1. Maintain and/or hire a full-time-equivalent coordinator to manage the project with one person serving as the primary point of contact and management of the scope of work.
 - a. The Prevention Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
 2. Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).
 3. Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
 4. Ensure the continuance of a committee to serve as the content experts for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Committee.
 - a. The expert committee shall consist of the six sectors representative of the region with a shared focus on prevention misuse of substances and associated consequences. The committee will inform and guide the regional efforts to ensure priorities and programs are data-driven, evidence-based, and culturally appropriate to the region to achieve outcomes.
 - b. Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the three-year strategic plan and other contract deliverables and serves as the liaison to the Regional Public Health Advisory Committee.
 - c. Recruit and maintain various members from the six core sectors to conduct the steps of the SPF in reaching key milestones and producing key products as outline in Attachment 2.
 - d. Submit any and all revised regional network strategic plans as required to BDAS that are data-driven and endorsed by regional members and the expert committee/workgroup.
 - e. Promote and communicate regional outcomes, goals, objectives, activities and successes through media and other community information channels to the regions' coalitions, local drug free community grantees, prevention provider agencies, and other prevention entities as appropriate.
 - f. Cooperate with and coordinate all evaluation efforts as required by BDAS conducted by the Center for Excellence, (e.g. PARTNER Survey, annual Regional Network Evaluation, and other surveys as directed by BDAS).
 - g. Maintain effective training and on-going communication within the coalition, expert committee, broader membership, six core sectors, and all subcommittees.
 - h. Attend all State required trainings, workshops, and bi-monthly meetings.
 - i. Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Synar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities).
 - j. Assist with other State activities as needed.
 - k. Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).
 - l. Conduct 10 Appreciative Inquires annually and utilize Community-Based Participatory Research approach in outreach efforts as stated in RFP.

- m. Meet the requirements of the National Outcomes as outlined in Attachment 7.
- n. Meet the required outcomes measures as outlined in BDAS Regional Network System Logic Model (Attachment 8).
- o. Provide hosting and/or collaborative efforts for one full time Volunteers in Service to America (VISTA) volunteer provided by Community Anti-Drug Coalitions of America (CADCA) at minimum for one-year to work within and across regions to support military personnel and their families in support of the goals and objectives of the VetCorps-VISTA Project:
 - Increase the number of veterans and military families (VMF) receiving services and assistance by establishing partnerships and developing collaborations with communities to help create a network and safety net of support similar to that of military bases;
 - Increase the capacity of community institutions and civic and volunteer organizations to assist local VMFs in several areas 1) Enhancing opportunities for healthy futures for VMF focusing on access to health care and health care services, with an emphasis on substance abuse prevention, treatment and outreach; 2) Facilitating the provision of and access to social, mental and physical health services to VMF; 3) Enhancing economic opportunities for VMF (focusing on housing and employment); and 4) Increasing the number of veterans engaged in service opportunities.

3. Regional Public Health Preparedness

A. Regional Public Health Emergency Planning

The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the Capabilities Standards. All activities shall build on current efforts and accomplishments within each region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.

1. In collaboration with the Regional Public Health Advisory Committee described in that section of this document provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices (Attachment 11). The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to: http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf.
 - 1.1 Participate in an annual Regional Annex Technical Assistance Review (RATAR) developed by the NH DPHS. The RATAR outlines planning elements to be assessed for evidence of the Public Health Regions' (PHRs) overall readiness to mount an effective response to a public health emergency or threat. Revise and update the RPHEA, related appendices and attachments based on the findings from the RATAR.
 - 1.2 Participate in an annual Local Technical Assistance Review (LTAR) as required by the CDC Division of Strategic National Stockpile (DSNS). The LTAR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the LTAR.
 - 1.3 Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.

- 1.4 Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.5 Disseminate the RPHEA and related materials to planning and response partners including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.
2. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners with(in) the region. Health(care) Coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹
3. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
4. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
5. Coordinate a hazard vulnerability assessment (HVA) (aka jurisdictional risk assessment) focused on public health, health care and behavioral health systems. The HVA will consist of 3 half-day meetings of regional partners that assess the impact to these three systems in the region from various types of hazards; identify existing preparedness capabilities that mitigate the impact; and identify priority interventions to address gaps. The HVA will be led by DHHS staff and an agency contracted by the DPHS.

B. Regional Public Health Emergency Response Readiness

1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
 - 1.1. Collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services (Attachment 3).
2. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
 - 2.1. Coordinate the procurement, rotation and storage of supplies necessary for the activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
 - 2.2. Develop and execute MOUs with agencies to store, inventory, and rotate these supplies.
 - 2.3. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 2.4. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
 - 2.5. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.

¹ Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.

- 2.6. Based on a determination made by regional partners, administer a regional HAN in accordance with DPHS policies, procedures, and requirements.
- 2.7. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
- 2.8. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs.
3. In coordination with the DHHS, maintain a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
 - 3.1 Identify current members or enlist new members to serve in a leadership capacity to further develop the capability, capacity and programs of the regional MRC.
 - 3.2 Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, related appendices, and to support the school-based immunization clinics described in this Exhibit. Conduct outreach in other venues to recruit non-clinical volunteers.
 - 3.3. Enter and maintain data about MRC members in a module within the NHResponds system administered by the NH DHHS to ensure the capability to notify, activate, and track members during routine public health or emergency events. Utilize this system to activate members and track deployments. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 3.4. Enter information about training programs and individuals trained into a learning management system administered by NH DHHS to track training programs completed by MRC members.
 - 3.5 Conduct training programs that allow members to meet core competency requirements established by the NH MRC Advisory Committee and the NH DHHS. Provide at least one opportunity per year for members to take each of the on-site courses required to meet the core competency requirements. These courses may be offered in the region or an adjoining region when feasible.

C. Public Health Emergency Drills and Exercises

1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
 - 1.1 Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.
 - 1.2 Coordinate participation of regional partners in a HSEEP compliant functional exercise regarding the section in the regional annex to provide low-flow oxygen support to patients in an ACS. The exercise will be offered through a vendor contracted by the DPHS.
 - 1.3 Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM).
 - 1.4 Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
 - 1.5 To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

4. School-Based Seasonal Influenza Vaccination Services

1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
 - 1.1 Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
 - 1.2 School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
 - 1.3 As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
 - 1.4 Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
 - 1.5 Report all known adverse reactions according to protocols established by the NHIP.
 - 1.6 Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
 - 1.7 Conduct debriefings after each clinic to identify opportunities for improvements.

5. Performance Measures

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the DPHS that participate in the regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

Outcome and evaluation measure instruments will be administered in cooperation with the NH Center for Excellence and Monthly submission of process evaluation data via the web-based performance monitoring system (P-WITS) and other surveys and reports as required by BDAS (e.g. PARTNER survey, Regional Network Evaluation, Regional Network Annual Report).

- Percentage of increase of evidence-based programs, practices and policies adopted by sector as recorded in P-WITS.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies as recorded in P-WITS.
- Number and increase in the diversity of Center for Substance Abuse Prevention (CSAP) categories implemented across Institute of Medicine (IOM) classifications as outlined in the Block Grant Requirements (Attachment 7) as recorded in P-WITS.
- Number of persons served or reached by IOM classification as recorded in P-WITS.
- Number of key products produced and milestones reached as outlined in Attachment 2 and reported annually in the Regional Network Annual Report and as recorded in P-WITS.

- Short-term and intermediate outcomes measured and achieved as outlined in the Regional System Logic Model (Attachment 8).
- a) Long-term outcomes measured and achieved as applicable to the region's 3-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population based on the CDC LTAR.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the DPHS' RATAR.
- Number of MRC volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by MRC units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

6. Training and Technical Assistance Requirements

The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.

Regional Public Health Preparedness

1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.
2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
3. Complete the training standards recommended for Preparedness Coordinators (See Attachment 12).
4. Attend the annual Statewide Preparedness Conferences in June 2014 and 2015.

Medical Reserve Corps

1. Participate in the development of a statewide technical assistance plan for MRC units.
2. Participate in monthly MRC unit coordinator meetings.
3. Attend the annual Statewide MRC Leadership Conference.

Substance Misuse Prevention and Related Health Promotion

1. On going quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and learning collaborative(s).

Immunization Services

1. Participate in bi-monthly conference calls with NHIP staff.
2. Attend a half-day Training of Trainers in-service program offered by the NHIP.

7. Administration and Management

A. All Services

1. Workplan

Monitor progress on the final workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each of the following:

- a. Regional Public Health Advisory Committee
- b. Substance Misuse Prevention and Related Health Promotion
- c. Regional Public Health Emergency Preparedness
- d. School-based Vaccination Services
- e. Training and Technical Assistance
- f. Administration and Management

2. Reporting, Contract Monitoring and Performance Evaluation Activities

All Services

1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
 - 1.1 A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 1.2 Subcontractors must attend all site visits as requested by DHHS.
 - 1.3 A financial audit in accordance with state and federal requirements.
2. Maintain the capability to accept and expend funds to support funded services.
 - 2.1 Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 2.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - 2.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
3. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
4. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in Exhibit C, paragraph 14.
5. Provide other programmatic updates as requested by the DHHS.
6. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
 - 6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.
 - 6.2 Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

3. Subcontractors

- 3.1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the DHHS must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.
- 3.2. In addition, the original contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

4. Transfer of assets

- 4.1 Upon notification by the DHHS and within 30 days of the start of the contract, coordinate with the DHHS the transfer of any assets purchased by another entity under a previous contract.

Public Health Preparedness and School-Based Immunization Clinics

1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the DPHS' Community Health Development Section that describes activities under each section of this Exhibit that the contractor is funded to provide. The Section will be responsible to distribute the report to the appropriate contract managers in other DPHS programs.
2. Complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

Substance Misuse Prevention and Related Health Promotion

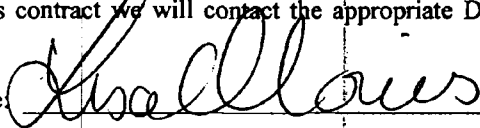
1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
 - 1.1. Contractor will submit the following to the State:
 - 1.1.1. Submit updated or revised strategic plans for approval prior to implementation.
 - 1.1.2. Submit annual report to BDAS due June 25, 2014 and 2015 (template will be provided by BDAS).
 - 1.1.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. PARTNER Survey, annual environmental measure, and other surveys as directed by BDAS).
 - 1.1.4. Provide additional information as a required by BDAS.

Fiscal Agent

1. As requested by regional partners, serve as a fiscal agent for federal, state or other funds to provide public health services within the PHR. Services provided using these funds may be implemented by the contractor or other partnering entities.

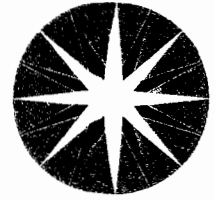
I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract we will contact the appropriate DHHS office immediately for additional guidance.

Executive Director Signature: _____



Lakes Region Partnership for Public Health, Inc.

67 Water Street • Suite 105 • Laconia, NH 03246 • Tel 603.528.2145 • www.LRPPH.org



April 1, 2015

NH Secretary of State
Corporate Division
State House, Room 204
107 North Main Street
Concord, NH 03301

To Whom it May Concern,

Please forward a Certificate of Good Standing for the Lakes Region Partnership for Public Health, Inc. I have enclosed the \$5.00 fee. Document should be forwarded to:

Lakes Region Partnership for Public Health, Inc.
67 Water Street, Suite 105
Laconia, NH 03246
Attn: Lisa Morris, Executive Director

Thank you,

Lisa Morris, Executive Director



New Hampshire Department of Health and Human Services

**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the
Regional Public Health Network Services**

This 2nd Amendment to the Regional Public Health Network Services contract (hereinafter referred to as "Amendment Two") dated this 2nd day of April, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mary Hitchcock Memorial Hospital d/b/a Dartmouth Hitchcock (hereinafter referred to as "the Contractor"), a corporation with a place of business at 1 Medical Center Drive, Lebanon, NH 03756.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on September 4, 2013, Item #54 and amended on February 11, 2015, Item #9, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services to support continued delivery of these services, and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: June 30, 2017.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$936,149.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Brook Dupee.
4. Delete Exhibit A Scope of Services and Exhibit A-1 Additional Scope of Services in their entirety and replace with Exhibit A Amendment #1 Scope of Services to be effective July 1, 2015 through June 30, 2017.
5. Add Exhibit A-2 Additional Scope of Services to be effective the date of Governor and Council approval through September 30, 2015.
6. Add Exhibit A-3 Additional Scope of Services to be effective the date of Governor and Council approval through June 30, 2016.
7. Modify Exhibit B to add to paragraph 1:
 - 1.3. The contract shall increase by \$33,677 for SFY 2015, \$313,490 for SFY 2016, and \$267,380 for SFY 2017, for a total increase of \$614,547.



1.4. Funding is available as follows:

- \$22,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.268, Federal Award Identification Number (FAIN) H23IP000757. Account # 05-95-90-902510-5178-102-500731, \$11,000 in SFY 2016, and \$11,000 in SFY 2017.
 - \$330,760 = 100% federal funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, Federal Award Identification Number (FAIN) T1010035-14. Account # 05-95-49-491510-2988-102-500731, \$165,380 in SFY 2016, and \$165,380 in SFY 2017.
 - \$30,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037. Account # 05-95-90-901010-5362-102-500731, \$15,000 in SFY 2016, and \$15,000 in SFY 2017.
 - \$152,000 = 85.45% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.074, Federal Award Identification Number (FAIN) U90TP000535, and 14.55% general funds. Account # 05-95-90-902510-7545-102-500731, \$76,000 in SFY 2016, and \$76,000 in SFY 2017.
 - \$39,787 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037, Account # 05-95-90-902010-5190-102-500731, \$20,677 in SFY 2015, and \$19,110 in SFY 2016.
 - \$40,000 = 100% federal funds from the US Department of Health and Human Services, Environmental Public Health and Emergency Response, CFDA #93.070, Federal Award Identification Number (FAIN) UE1EH001046, Account # 05-95-90-901510-7936-102-500731, \$13,000 in SFY 2015, and \$27,000 in SFY 2016.
8. Modify existing Exhibit B-1 and Exhibit B -1 Amendment #1 budgets by adding Exhibit B-1 Amendment #2 budgets for SFY 2015, 2016 and 2017. Within 10 business days of the effective date of this contract amendment, the vendor shall submit to the Department of Health and Human Services and receive departmental approval, detailed line item budgets, on budget forms approved by the State.

New Hampshire Department of Health and Human Services



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/15/15
Date

[Signature]
Brook Dupee
Bureau Chief

Mary Hitchcock Memorial Hospital d/b/a Dartmouth
Hitchcock

4/15/15
Date

[Signature]
Name: Robin Kilfeather-Mackey
Title: CFO

Acknowledgement:

State of New Hampshire, County of Grafton on 4/15/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace
FAITH JOHNSTON, Notary
Name and Title of Notary or Justice of the Peace
My Commission Expires: 10/26/16



Contractor Initials: [Signature]
Date: 4/15/15

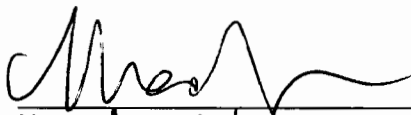
New Hampshire Department of Health and Human Services



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 5/11/15


Name: Megan A. Kelly
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

Contractor Initials: MA
Date: 4/15/15



Exhibit A Amendment #1

SCOPE OF SERVICES

1. Required Services

Contract Period: July 1, 2015 through June 30, 2017

The Contractor shall:

- 1.1. Implement the 2015 Regional Strategic Plan for Prevention pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed September 2015, located at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
- 1.2. Develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.
- 1.3. Ensure the administrative and fiscal capacity to accept and expend funds provided by the Department of Health and Human Services' (DHHS), Division of Public Health Services (DPHS) and Bureau of Drug and Alcohol Services (BDAS) for other services as such funding may become available.
- 1.4. School-Based Seasonal Influenza Vaccination Services
 - 1.4.1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
 - 1.4.2. Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
 - 1.4.3. School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
 - 1.4.4. As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
 - 1.4.5. Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
 - 1.4.6. Report all known adverse reactions according to protocols established by the NHIP.
 - 1.4.7. Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
 - 1.4.8. Conduct debriefings after each clinic to identify opportunities for improvements.

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1.5. Regional Public Health Advisory Committee

- 1.5.1. Continue a regional Public Health Advisory Committee (PHAC) comprised of representatives from the community sectors identified in the table below. At a minimum, this PHAC shall provide an advisory role to the contractor and, where applicable, all subcontractors to assure the delivery of the services funded through this agreement.
- 1.5.2. The PHAC membership should be inclusive of all local agencies that provide public health services in the region beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related services and oversight of substance misuse through the continuum of care (prevention, intervention, treatment and recovery) as appropriate to the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-informed to meet improved health outcomes; and advance the coordination of services among partners.
- 1.5.3. As federal funders, both the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration have developed lists of key community sectors. While described in different ways, the two lists encompass the same community sectors as evident in this table.

Substance Misuse Prevention and Related Health Promotion	Public Health Preparedness
Community Leadership*	
Local Government Safety and Enforcement	Emergency Management
Health and Medical	Health Care Mental / Behavioral Health
Community and Family Support	Cultural and Faith-based Organizations Housing and Sheltering Senior Services Social Services
Business	Business Media
Education	Education and Child Care

*This CDC sector is defined as leaders with policy and decision-making roles, including elected and appointed public officials, leaders of non-governmental organizations and other community-based organizations. Thus, this sector includes leaders from all of the other sectors in this table.

1.6. Membership

- 1.6.1. At a minimum, the following entities within the region being served shall be invited to participate in the PHAC in order to achieve a broad-based advisory committee comprised of senior leaders from across sectors and communities. It is expected that

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the larger PHAC will be supported by committees/workgroups, etc. comprised of professionals with more specific topical and/or function-based expertise.

1.6.2. PHAC General Membership

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each DPHS-designated community health center
5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Representative from each of the following community sectors shall also be invited to participate: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

1.5.5.1. PHAC Executive/Steering Committee Membership

1.5.5.2. For PHACs that include an executive or steering committee, the Contractor shall strive to ensure representation from the following entities.

1. One municipal and county government
2. One community hospital
3. One School Administrative Unit (SAU)
4. One DPHS-designated community health center
5. One NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Other business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.

1.5.5.3. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

1.6. Perform an advisory function to include:

1.6.1. Collaborate with partners to establish annual priorities to strengthen the capabilities within the region to deliver public health services, including public health emergencies and substance misuse through the continuum of care.

1.6.2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.

1.6.2.1. Monitor and disseminate data products and reports to public health system partners in the region in order to inform partners about the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.

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- 1.6.2.2. Educate partners on the NH WISDOM data repository, in order to build capacity to utilize this system to generate and analyze regional data.
- 1.6.2.3. Participate in local community health assessments convened by other agencies.
- 1.6.3. Designate representatives of the PHAC to other local or regional initiatives that are providing public health services, including public health emergencies and substance misuse through the continuum of care.
- 1.6.4. By September 30, publish the Community Health Improvement Plan (CHIP) started in SFY 15.
 - 1.6.4.1. Disseminate the CHIP to regional partners and seek opportunities to educate the community about CHIP priorities, strategies, and activities.
- 1.6.5. Implement priorities included in the 2015 CHIP.
 - 1.6.5.1. Provide leadership to implement the priorities and strategies included in the CHIP.
 - 1.6.5.2. Implement specific activities for at least one CHIP priority in addition to public health emergency preparedness and substance misuse prevention.
 - 1.6.5.3. Monitor progress of CHIP implementation and provide an annual report describing programs and activities implemented that address CHIP priorities to regional partners and DHHS.
- 1.6.6. Maintain a set of operating guidelines/principles or by-laws related to the Regional Public Health Advisory Committee that include:
 - a) Organizational structure
 - b) Membership
 - c) Leadership roles and structure
 - d) Committee roles and responsibilities
 - e) Decision-making process
 - f) Subcommittees or workgroups
 - g) Documentation and record-keeping
 - h) Process for reviewing and revising the policies and procedures
- 1.6.7. Assist in the implementation of the biennial PARTNER survey of the PHAC membership.
- 1.6.8. Implement the PARTNER survey in SFY 2016.
 - 1.6.8.1. Host at least one meeting to share results from the PARTNER survey with regional partners.
- 1.6.9. Maintain a webpage related to the PHAC.

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- 1.6.10. Attend semi-annual meetings of PHAC leaders convened by the DHHS. Attendees should include a representative of the Contractor and at least one PHAC member.
- 1.6.11. The chair of the PHAC or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.
- 1.7. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care
 - 1.7.1. Development of organizational structures needed within each of the Regional Public Health Networks to study and develop capacity for a seamless substance misuse continuum of care approach that includes: environmental strategies, prevention, early intervention, treatment and recovery support services. Activities will include training, education, and orientation for Public Health Advisory Councils in substance misuse and the progression of substance use disorders and its effect on individuals, families, and communities, including financial impact. This work will include outlining a comprehensive approach to address the misuse of alcohol and drugs within a Resiliency and Recovery Oriented System of Care context.
 - 1.7.2. Building on information from the Regional Continuum of Care Roundtables, and using local expertise as much as possible, the Contractor will develop and implement a work plan to:
 - 1.7.2.1. Recruit and convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup who will help plan, implement and facilitate these deliverables within Resiliency and Recovery Oriented Systems to educate the Public Health Advisory Council about an integrated/collaborative continuum of care Substance Use Disorder strategies and services.
 - 1.7.2.2. Provide education, training and information to Public Health Advisory Council on the impact of the misuse of alcohol and drugs to help members:
 - 1.7.2.2.1. Understand the nature of substance use disorders;
 - 1.7.2.2.2. Learn about the impact of substance use disorders on individuals, families and communities;
 - 1.7.2.2.3. Increase their knowledge of the financial impact of substance use disorders – at the state level, community level, and community sector level;
 - 1.7.2.2.4. Understand the relationship between, and integration of, healthcare and behavioral health, and its relationship to misuse of substances and substance use disorders;
 - 1.7.2.2.5. Learn about the components of Resiliency and Recovery Oriented Systems of Care what they do, and the interrelationship with:

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Environmental strategies, Prevention services, Intervention services,
Treatment services, Recovery support services

- 1.7.2.3. Discover, understand and envision a comprehensive approach to preventing, treating and recovering from substance use disorders.
 - 1.7.2.4. Connect with and recruit representatives from Community Health Centers, hospital networks and local primary care so that they can provide information to the Public Health Advisory Council on the integration of healthcare and behavioral health, e.g. Screening and Brief Intervention and Referral to Treatment and other evidenced informed practices.
 - 1.7.2.5. Work with Substance Misuse Prevention Coordinator and local prevention coalitions to present information on prevention to the Public Health Advisory Council and the role prevention plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.6. Connect with and recruit representatives from intervention/treatment providers to provide information on treatment to the Public Health Advisory Council, and the role intervention/treatment plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.7. Connect with and recruit representatives from the recovery community to provide information on recovery and recovery supports to the Public Health Advisory Councils, and the role recovery supports play in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.8. Familiarize the Public Health Advisory Council with the "Misuse of Alcohol and Drugs" section of the State Health Improvement Plan to prepare them for the development of the Community Health Improvement Plan described in the section above.
 - 1.7.2.9. The Center for Excellence, a technical assistance contractor to the Bureau of Drug and Alcohol Services, will provide materials and host a webinar on elements of a comprehensive system in environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders.
- 1.8. Substance Misuse Prevention (SMP) and Related Health Promotion
- 1.8.1. Maintain and/or hire a full-time-equivalent coordinator(s) to manage the project with one person serving as the primary point of contact and management of the scope of work.
 - 1.8.1.1. The Prevention Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
 - 1.8.1.2. Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).

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- 1.8.1.3. Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
- 1.8.2. Ensure the continuance of a committee to serve as the content experts for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Council.
 - 1.8.2.1. The expert committee shall consist of the six sectors, Drug Free Coalitions, Student Assistance Counselors and other grass roots coalitions' representation of the region with a shared focus on substance misuse prevention, the associated consequences and health promotion.
 - 1.8.2.2. The committee will inform and guide regional efforts to ensure priorities and programs are not duplicative but rather build local capacity that is data-driven, evidence-informed, and culturally appropriate to achieve positive outcomes.
 - 1.8.2.3. Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the strategic plan.
 - 1.8.2.4. Portion of the committee or a member serves as the liaison to the Regional Public Health Advisory Committee.
- 1.8.3. Attend, assist and participate with the Continuum of Care facilitator and the Continuum of Care work group in the regions' capacity development in continuum of care services.
- 1.8.4. Develop and implement substance misuse prevention three-year regional strategic plan.
 - 1.8.4.1. Current one-year work plan is good through to Sept 29, 2015 and is available at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
 - 1.8.4.2. Three-year strategic plan due by September 30, 2015 that is aligned with the Collective Action and Collective Impact Plan <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>, and the State Health Improvement Plan (SHIP) <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf> and the region's Community Health Improvement Plan (CHIP).
 - 1.8.4.3. Regional strategic plan needs to be endorsed by expert committee and approved by the PHAC prior to submission to BDAS for approval. PHAC letter of approval is due at the time of submission.
 - 1.8.4.4. Three-year plan needs to be approved by BDAS prior to implementation.
- 1.8.5. All programs and practices need to be evidenced-informed approaches for substance misuse prevention as outlined in the following document: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.

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- 1.8.6. Maintain effective training and on-going communication within the Regional Public Health Network, expert committee, PHAC, broader membership, and all subcommittees. Promote the regions substance misuse prevention strategic plans' goals, objectives, activities and outcomes promoted through media and other community information channels and other prevention entities as appropriate.
- 1.8.7. Utilization of the Strategic Prevention Framework (SPF) five-step planning process to guide regions/communities in the data driven planning process planning, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities <http://www.samhsa.gov/spf>.
- 1.8.8. Substance misuse prevention plans and regional efforts need to adhere to the Federal Substance Abuse Prevention and Treatment Block Grant requirements:
 - 1.8.8.1. Prevention approaches must target primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment.
 - 1.8.8.2. Comprehensive primary prevention program shall include activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance abuse. The program must include, but is not limited to the Center for Substance Abuse Prevention categories: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Process, and Environmental.
 - 1.8.8.3. A comprehensive approach using the above categories targeting populations with different levels of risk classified by the Institute of Medicine Model: Universal, Selective, and Indicated.
 - 1.8.8.4. All the above information in more detail is outlined under the heading Primary Prevention: <http://www.samhsa.gov/grants/block-grants/sabg>.
 - 1.8.8.5. Assist the state in meeting the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcome Measures (NOMS) through data collection, evaluation and process measures via the PWITS online data system. These regulatory requirements are described and posted on the BDAS website: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>
- 1.8.9. Cooperate with and coordinate all evaluation efforts as required by BDAS and DPHS as conducted by the Center for Excellence (e.g. PARTNER Survey, SMP stakeholder survey and all other surveys as directed by BDAS).
- 1.8.10. Attend all State required trainings, workshops, and bi-monthly meetings and ongoing quality improvement as required demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).

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- 1.8.11. Must respond to BDAS and DPHS emails and inquiry's within 3 to 5 business days or time stated.
- 1.8.12. Must cooperate with all BDAS site visits as required; at minimum one annually.
- 1.8.13. Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Synar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities).
<http://www.samhsa.gov/synar>.
- 1.8.14. Coordinate with your RPHN contract administrator in the development and the ongoing maintenance of a Substance Misuse Prevention and Health Promotion website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
- 1.8.15. Assist with other State activities as required by BDAS or DPHS.
- 1.9. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
 - 1.9.1. The Public Health Advisory Council (PHAC) will provide support for the development of regional capacity for a comprehensive, accessible continuum of care for substance use disorder that supports the state plan recommendations, best practice and Department of Health and Human Services priorities. A comprehensive service array will include developing needed capacity for environmental strategies, prevention, early intervention, treatment and recovery support services. The PHAC will promote the utilization of a Resiliency and Recovery-Oriented System of Care – RROSC (whole person) construct in an effort to minimize the prevalence and consequence of substance misuse in each region. RROSC is a coordinated effort that supports person-centered approach that builds on the strengths and resiliencies of individuals, families, and communities (<http://www.dhhs.nh.gov/dcbcs/bdas/index.htm>). The work will include:
 - 1.9.1.1. Participation in ongoing education on comprehensive approaches to addressing substance misuse through the development of a regional continuum of care.
 - 1.9.2. Hiring and providing support for one (1) dedicated full-time Continuum of Care (CC) Facilitator to:
 - 1.9.2.1. Be trained in the evidence-based Strategic Planning Model (five steps: Assessment, capacity, develop a plan, Implement the plan, evaluation), Resiliency and Recovery-Oriented System of Care tenants, and NH Comprehensive Systems of Care
 - 1.9.2.2. Ongoing attendance and participation in Regional PHAC meetings and planning.



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- 1.9.2.3. Use the Strategic Planning Model to assess services availability within the continuum of care: prevention, intervention, treatment and recovery support services, including the regions' current assets and capacity for regional level services.
- 1.9.2.4. Assessment of substance use disorder service within the NH Health Improvement Plan benefits.
- 1.9.2.5. Work with partners to establish a plan, based on the assessment, to address the gaps and build the capacity to increase substance use disorder services across the continuum.
- 1.9.2.6. Develop mechanism to coordinate efforts between key Prevention, Intervention, Treatment and Recovery stakeholders.
- 1.9.2.7. Reconvene or recruit subject matter experts consisting of local (when possible) healthcare providers and other professionals within the continuum of services to form the CC workgroup to assist, coordinate efforts.
- 1.9.2.8. Develop a plan for communication and for respective roles and responsibilities of the continuum of care workgroup.
- 1.9.2.9. Work with BDAS and its technical assistance partners to address education, training and technical assistance needs.
- 1.9.2.10. Recruiting representatives from community health centers, community mental centers, hospitals, primary care, and other health and social service providers to help further efforts in the integration of healthcare and behavioral health by:
 1. Promoting substance use screenings at sites at appropriate locations;
 2. Providing information on substance misuse trainings available for healthcare and other behavioral health providers;
 3. Communicating resources available to address substance misuse issues.
- 1.9.2.11. Assisting in the continuation or development of a Continuum of Care work group that includes local expertise in:
 1. Prevention: Work with the Substance Misuse Coordinator and prevention providers to identify assets, address areas of need and increase access to prevention services; Coordinates this work with the regional three-year strategic prevention plan (available at: <https://www.dhhs.nh.gov.bdas/prevention.htm>).
 2. Intervention/Treatment: Work with Intervention and treatment providers to identify assets, address areas of need and increase capacity and to improved access to services; To develop and maintain established quality standards.



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3. Recovery: Work with recovery service providers, including peer led organizations, to identify assets, address areas of need and increase access to services. Work with recovery service providers to enhance or increase services, and/or develop new services.
4. Primary Healthcare/Behavioral Health: Work with primary healthcare providers and behavioral health providers to develop means of integrating substance misuse services, mental health and primary care services within the region, including health promotion. Work with healthcare and behavioral health providers to enhance or increase substance misuse screening other services, and/or develop new services.
5. Based on the work above, develop a format that tracks and makes available information on Prevention, Intervention, Treatment and Recovery resources.

1.9.2.12. Participation with all trainings, technical assistance and evaluations as directed by BDAS

1.10. Staffing Requirements

1.10.1. CONTINUUM OF CARE FACILITATOR – dedicated full time position

1.10.1.1. This position works with the RPHN and communities to ensure that all necessary partners for the development of a comprehensive continuum of care as described above, and that aligns with the regional Community Health Improvement Plan. These partners should include substance use Prevention, Intervention, Treatment, and Recovery providers, healthcare and behavioral health providers, and other interested or affected parties. The Continuum of Care facilitator will work with BDAS and its technical assistance resources to ensure that all partners have access to information, training and/or technical assistance necessary for them to understand and fully participate in continuum of care development discussions and planning.

1.10.1.2. Qualifications:

1. MPH with focus on systems development or,
2. MSW with focus or experience in macro social work or,
3. Master's degree in Community Development/Organizing or,
4. BA in the any of the above with 2-3 years' experience in public health systems development, macro social work, or community development/organizing.

1.11. Regional Public Health Preparedness

1.11.1. Regional Public Health Emergency Planning

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- 1.11.1.1. The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011). All activities shall build on current efforts and accomplishments within the region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.
- 1.11.1.2. In collaboration with the PHAC described in Section 3.1, provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices. The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to: <https://www.fema.gov/media-library/assets/documents/25975>.
- 1.11.1.3. As requested by the DPHS, participate in review of the RPHEA and, related appendices and attachments. Revise and update the RPHEA, related appendices and attachments based on the findings from the review.
- 1.11.1.4. Participate in an annual Medical Countermeasure Operational Readiness Review (MCM ORR) as required by the CDC Division of Strategic National Stockpile (DSNS). The MCM ORR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the MCM ORR.
- 1.11.1.5. Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.
- 1.11.1.6. Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.11.1.7. Disseminate the RPHEA and related materials to planning and response partners, including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.

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1.11.1.8. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners. Healthcare coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹

1.11.1.9. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.

1.11.1.10. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.

1.11.1.11. Implement at least one priority intervention identified during the regional Hazard Vulnerability Assessment.

1.12. Regional Public Health Emergency Response Readiness

1.12.1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.

1.12.2. Through the Public Health Advisory Committee, continue to collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services.

1.12.3. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.

1.12.4. Coordinate the procurement, rotation and storage of supplies necessary for the initial activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.

1.12.5. As needed, develop and execute MOUs with agencies to store, inventory, and rotate these supplies.

¹ Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.



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- 1.12.6. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor.
 - 1.12.7. An inventory of regional supplies shall be conducted at least annually and after every deployment of these supplies. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 1.12.8. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
 - 1.12.9. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.
 - 1.12.10. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
 - 1.12.11. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs. In coordination with the DHHS, participate in a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
 - 1.12.12. Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, and related appendices.
- 1.13. Public Health Emergency Drills and Exercises
- 1.13.1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
 - 1.13.2. Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.



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- 1.13.3. Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM). AS funding allows, this includes all drills and exercises conducted by NH DHHS to meet CDC requirements for a full-scale exercise regarding medical countermeasures distribution and/or dispensing.
- 1.13.4. Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
- 1.13.5. To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

2. Performance Measures

2.1. School-Based Vaccinations

- 2.1.1. Number of schools hosting a seasonal influenza clinic
- 2.1.2. Percent of total student enrollment receiving seasonal influenza vaccination
- 2.1.3. Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

2.2. Regional Public Health Advisory Committee

- 2.2.1. Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- 2.2.2. Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- 2.2.3. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 2.2.4. Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the biennial PARTNER Survey.

2.3. Substance Use Disorders, Resiliency and Recovery – Orientated Systems of Care

- 2.3.5. Number of subject matter experts from across the Continuum of Care Services recruited and serving on the workgroup.
- 2.3.6. Number of educational resources developed to educate the PHAC.

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- 2.3.7. Number of educational events identified by the delivery modality (face to face meeting, webinars, etc.) to educate the PHAC.
- 2.3.8. Number of PHAC members educated.
- 2.3.9. Submission of PHAC endorsed statement/vision on what constitutes a substance use disorder comprehensive approach for your region's system of care.
- 2.4. Substance Misuse Prevention (SMP) and Related Health Promotion
 - 2.4.5. Completion of 3 year substance misuse prevention plan and endorsed by Regional Public Health Advisory Committee and approved by BDAS due September 30, 2015.
 - 2.4.6. Completed an approved annual workplan reflective of new strategic plan due October 31, 2015.
 - 2.4.7. Completed monthly PWITS data entries due by the 20th business day of the following month (e.g. September data due by October 30).
 - 2.4.8. Data entry needs to align with the 3 year strategic plan for substance misuse prevention and health promotion and adhere to the PWITS Policy Guidance document
 - 2.4.9. Host at minimum 4 SMP expert team meetings annually
 - 2.4.10. Meet all Federal regulatory reporting requirements of the Substance Abuse Prevention and Treatment Block Grant.
 - 2.4.11. Participates and coordinates evaluation surveys: SMP stakeholder survey and other surveys as required.
 - 2.4.12. Participates and coordinates attendees and prepare for BDAS or DPHS site visits. At request of the state you may be asked to convene: SMP coordinator, Contract administrator, financial agent, expert team chair and others as requested.
 - 2.4.13. Attendance at SMP bi monthly meetings jointly convened by BDAS and NH Charitable Foundation.
 - 2.4.14. Maintain a SMP website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
 - 2.4.15. Provides additional information to BDAS when requested.
- 2.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
 - 2.5.5. One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.

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Date *4/15/15*



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- 2.4.1.1. CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care, that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
 - 2.4.1.2. Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
 - 2.4.1.3. Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
 - 2.4.1.3.1. Identification of gaps in CC components and services that need to be developed or enhanced.
 - 2.4.1.3.2. Identification of barriers to cooperation between CC components.
 - 2.4.1.3.3. Identification of barriers to community/client access to component services.
 - 2.4.1.4. Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region
- 2.6. Regional Public Health Preparedness
- 2.6.5. Score assigned to the region's capacity to dispense medications to the population based on the CDC MCM ORR.
 - 2.6.6. Number of outreach events with entities that employ health care personnel.
 - 2.6.7. Submission of the RPHEA annually

3. Training and Technical Assistance Requirements

- 3.1. The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.
- 3.2. School-Based Vaccination
 - 3.2.1. Participate in bi-monthly conference calls with New Hampshire Immunization Program (NHIP) staff.
 - 3.2.2. Attend a half-day Training of Trainers in-service program offered by the NHIP.
- 3.3. Regional Public Health Preparedness
 - 3.3.1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.

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- 3.3.2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
- 3.3.3. Complete the training standards recommended for Preparedness Coordinators
- 3.3.4. Attend the annual Statewide Preparedness Conferences in June 2016 and 2017.
- 3.4. Medical Reserve Corps
 - 3.4.1. Participate in the development of a statewide technical assistance plan for MRC units.
- 3.5. Substance Misuse Prevention and Related Health Promotion
 - 3.5.1. Participate in bi month SMP meetings
 - 3.5.2. Maintain Prevention Certification credentialing
 - 3.5.3. Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and trainings.
- 3.6. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Continuum of Care.
 - 3.6.1. Ongoing quality improvement is required by attendance and participation in on or offsite technical assistance and trainings provided by the Center for Excellence and/or BDAS staff.

4. Cultural Considerations

- 4.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within ten (10) days of the effective date of this contract.

5. Administration and Management – All Services

- 5.1. Workplan
 - 5.1.1. Monitor progress on the final workplans approved by the DHHS. There must be a separate workplan for each of the following based on the services being funded:
 - 5.1.1.1. Regional Public Health Advisory Committee
 - 5.1.1.2. Substance Misuse Prevention and Related Health Promotion

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- 5.1.1.3. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 5.1.1.4. Regional Public Health Emergency Preparedness
- 5.2. Reporting, Contract Monitoring and Performance Evaluation Activities
 - 5.2.1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
 - 5.2.1.1. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 5.2.1.2. Subcontractors must attend all site visits as requested by DHHS.
 - 5.2.1.3. A financial audit in accordance with state and federal requirements.
 - 5.2.1. Maintain the capability to accept and expend funds to support funded services.
 - 5.2.1.1. Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 5.2.1.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - 5.2.1.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
 - 5.2.2. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
 - 5.2.3. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in this contract.
 - 5.2.4. Provide other programmatic updates as requested by the DHHS.
 - 5.2.5. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
 - 5.2.6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health

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promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.

- 5.2.6.2. Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

5.3. Public Health Advisory Committee and Public Health Preparedness

- 5.3.1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS.
- 5.3.2. As requested by the DPHS, complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

5.4. Substance Misuse Prevention and Related Health Promotion

- 5.4.1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
- 5.4.2. Contractor will submit the following to the State:
 - 5.4.2.1. Submit updated or revised strategic plans for approval prior to implementation.
 - 5.4.2.2. Submit annual report to BDAS due June 25, 2016 and 2017 (template and guidance will be provided by CEFx).
 - 5.4.2.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. Stakeholder Survey, annual environmental measure, and other surveys as directed by BDAS).
- 5.4.3. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
- 5.4.4. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 5.4.4.1. Subcontractors must attend all site visits as requested by DHHS.
- 5.4.5. A financial audit in accordance with state and federal requirements.
- 5.4.6. Provide additional information as a required by BDAS.

5.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional

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Exhibit A Amendment #1

5.5.1. Contractor will submit the following to the State:

- 5.5.1.1. Quarterly reports (dates for submission and template will be provided by BDAS).
- 5.5.1.2. Report on prevention, intervention, treatment and recovery services gap assessment within nine (9) months of the date of contract.
- 5.5.1.3. Plan to address gaps in services identified within twelve (12) months of the date of contract.



Exhibit A-2

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through September 30, 2015

The Contractor shall:

1.1. Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity.

- 1.1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by implementing Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity.
- 1.1.2. Select up to three cities or towns within the region that agree to complete the Community Readiness Assessment tool around access to safe and affordable physical activity.
- 1.1.3. Provide training and technical assistance and work with each of the selected cities or towns to choose at least one approved activity that will increase access to safe and affordable physical activity opportunities for city and town residents.
- 1.1.4. Coordinate with at least one representative from the Regional Planning Commission and/or local planning department, to ensure completion of the Community Readiness Assessment. The Community Readiness Assessment consists of the following five steps:
 1. Identify the issue to be assessed. The issue needs to be specifically tied to access to safe and affordable physical activity in the city or town.
 2. Identify a "community" of focus (examples of "community" include the city or town, a specific area or street within a city or town, or a particular group such as residents within walking distance of a chosen destination).
 3. Conduct interviews with a minimum of 6 community members, who represent different community organizations, utilizing the questions provided in the Community Readiness Assessment tool.
 4. Score the interviews using the scoring methods provided in the Community Readiness Assessment tool to obtain a final readiness score.
 5. Collaborate with the DHHS and the Regional Planning Commission and/or local planning department to assist the selected towns/cities to develop at least one improvement to access to safe and affordable physical activity based on the town/city's final readiness score.

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Exhibit A-2

- 1.1.5. Once each city or town has submitted their action plan for improvement to the contractor, the city or town is then eligible to apply for a mini-grant to be used to further the implementation of the selected strategy.
- 1.1.6. All mini-grant applications shall be approved by the DHHS before final mini-grants are executed.
- 1.2. Preventing Older Adult Falls
 - 1.2.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Older Adult Falls.
 - 1.2.2. Identify regional data pertaining to older adult falls. This includes, but is not limited to, hospitalizations, emergency department visits, emergency medical service runs and deaths. Data should be aggregated into a one page data brief made available on-line.
 - 1.2.3. Work with the New Hampshire Falls Risk Reduction Task Force (Task Force) to learn about current evidence-based practice in the prevention of older adult falls. This can include working with current regional members of the Task Force in a brief internal training.
 - 1.2.4. Work with currently identified evidence-based falls risk reduction programs, "Matter of Balance" (MOB) programs and class locations, Appendix F or "Tai Ji Quan: Moving for Better Balance" (TJQMBB) instructors and class locations in the region, Appendix G, to support implementation of trainings of either program through assessing current capacity and need. This could lead to a variety of activities, including but not limited to:
 1. Hosting/funding a site where trainings can occur,
 2. Funding a certified instructor to deliver the program,
 3. Providing/funding social marketing outreach for already existing trainings,
 4. Providing/funding specific training necessary for program implementation.
 - 1.2.5. Implement at least one, full training of either MOB or TJQMBB.
 - 1.2.6. Work with the program instructor and Task Force to facilitate evaluation data gathering and analysis.
- 1.3. Preventing Suicide
 - 1.3.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Suicide.
 - 1.3.2. Identify regional data pertaining to suicide. This includes the identification of needs, gaps & high risk populations in the region with respect to suicide risk. Data should be aggregated into a data brief made available on-line.
 - 1.3.3. Establish, or continue facilitation of a regional suicide prevention implementation team. This should include members of the Public Health Advisory Council.

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Exhibit A-2

- 1.3.4. Provide logistical support for, and implement a "Connect" suicide prevention and postvention training with the prevention implementation team. If this training has already occurred in the region, provide logistical support for, and implement the "Connect" suicide prevention and postvention "Train the Trainers" sessions with a subset of the prevention implementation team. Both trainings will integrate information related to the suicide component of the DPHS' "State Health Improvement Plan", the "State Suicide Prevention Plan" and community resources.
- 1.3.5. Provide logistical support for, and implement a "Counseling on Access to Lethal Means" training for up to 30 participants (half day training). If this has already occurred in the region, coordinate with the prevention implementation team trained in "Connect" to facilitate one prevention training open to community members from across the region.
- 1.3.6. Disseminate national media recommendations for reporting on suicide/safe messaging to local media outlets and key stakeholder organizations and constituent groups.

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
 - 2.2.1. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.
 - 2.2.2. Subcontractors must attend all site visits as requested by DHHS.
 - 2.2.3. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

- 3.1. Community Readiness Assessments to Increase Access to Safe and Affordable Physical Activity
 - 3.1.1. 100% of the selected towns/cities will have:
 - 3.1.1.1. A completed Community Readiness Assessment tool that includes a final readiness score by June 30, 2015.
 - 3.1.1.2. A written action plan detailing at least one strategy for improving access to safe and affordable physical activity opportunities for city and town residents by July 31, 2015, and
 - 3.1.1.3. The implementation of the selected strategy to improve access to safe and affordable physical activity opportunities for city and town residents by September 30, 2015.

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Exhibit A-2

3.2. Preventing Older Adult Falls

- 3.2.1. A minimum of at least 60% of participants will have improved their functional ability between initiation and completion of the TJQMBB training as recorded on both functional tests (Timed Up and Go; and Five Times Sit and Stand).
- 3.2.2. MOB: At least a 60% overall increase from baseline to post class in the Matter Of Balance (MOB) Falls Management Scale among participants.

3.3. Preventing Suicide

- 3.3.1. 100% of participants in the "Connect" training will have increased their perceived effectiveness in recognizing suicidal risk.

4. Staffing

- 4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.
- 4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.
- 4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

5.1. Reporting Requirements

- 5.1.1. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.
- 5.1.2. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.
- 5.1.3. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

6. Extensions

- 6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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Exhibit A-3

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through June 30, 2016

The Contractor shall, by September 30, 2015, in PHASE I:

- 1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Health Effects from Severe Weather and Climate.
- 1.2. Participate in up to twelve (12) monthly 1-hour meetings or conference calls with State Climate and Health staff to coordinate activities and update progress. Attend up to four (4) quarterly 2-3 hour meetings in Concord of the statewide NH Climate and Health Working Group.
- 1.3. Organize, host and facilitate at least four (4) planning sessions to gather input for the development of a regional climate and health adaptation plan with the Regional Public Health Advisory Council. The ultimate goal of this process is to reach agreement on a draft climate adaptation plan of action that meets the needs of the region.
- 1.4. Participate in at least two (2) half-day trainings provided by DHHS in the Concord, New Hampshire area on how to assess vulnerabilities, measure preparedness, and implement the Building Resilience Against Climate Effects (BRACE) framework. An option for webinar participation at these trainings may be provided.
- 1.5. Develop a written summary of any pertinent information found in local or regional vulnerability assessments relevant to severe weather, climate and health. The document should reference local hazard mitigation plans, involve local emergency planning officials, and determine how to integrate climate and health interventions into the local planning process.
- 1.6. Develop a written summary of regional health risks and vulnerable populations. Coordinate with State staff to assess local risks using available health data.
- 1.7. Develop a written summary of current resources and assets that can be leveraged to mitigate health impacts from climate change or severe weather events.
- 1.8. Develop a written summary adaptation plan that includes specific intervention strategies that address adaptation to severe weather and climate change. The plan will include:
- 1.9. A list that shows the number and percent of existing local and/or regional hazard vulnerability assessments and mitigation plans reviewed to identify areas related to climate change impacts.
- 1.10. A list that shows the number of regional entities participating in the strategic planning process.



Exhibit A-3

- 1.11. A table that identifies and prioritizes health impacts related to climate change; links each of these impacts to populations that are most vulnerable; and describes the size and geographic distribution of vulnerable populations.
- 1.12. A table that identifies current resources and assets identified in local, regional and state plans and identifies and prioritizes gaps in preparedness and response capabilities.
- 1.13. A description of strategies to implement that address identified gaps and mitigates risks.
- 1.14. Work with the DHHS to:
- 1.15. Review regional information for severe weather, climate vulnerabilities, and social vulnerabilities via reference materials and consultations list.
- 1.16. Provide estimates of related disease burden.
- 1.17. Obtain examples of climate adaptation resources.
- 1.18. Obtain examples of population-level interventions that are appropriate to the community needs (i.e. evidence based or informed; promising practices).
- 1.19. Develop a logic model and an evaluation process to determine if the community has been able to effect change in the level of preparedness or resilience. This evaluation will include measures of emergency preparedness or community resilience, as, feasible.

The Contractor shall, by June 30, 2016, in PHASE II:

- 1.20. Implement an intervention in this Phase 2 period to address a specific regional health effect identified in Phase 1.
- 1.21. Participate in up to six (6) 1-hour conference calls with DPHS Climate and Health staff to coordinate activities and update progress.
- 1.22. Organize, host and facilitate at least four (4) meetings of a climate and health workgroup in order to assess, plan and make decision on the direction of the project.
- 1.23. Participate in at least two (2) half-day trainings provided by DHHS in the Concord, New Hampshire area on how to implement the Building Resilience Against Climate Effects (BRACE) framework for climate adaptation planning in phase one, and climate-related interventions in phase two.
- 1.24. Prioritize and choose one (1) priority climate and health issue relevant to the public health region from the climate adaptation plan developed in Phase 1. Examples include pollen/allergens and asthma, heat waves-heat injury, warmer seasons-Lyme disease, flooding and injuries, etc.
- 1.25. Implement at least one (1) intervention designed to address the priority issues identified in Phase 1 in order to improve public health at the population level. Examples include asthma reduction via home-based environmental controls, tick-exposure reduction via behavior change, and heat stress reduction via policy change or behavioral change.

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Exhibit A-3

- 1.26. Collaborate with the DPHS to pursue phase two intervention activities, including taking action on the intervention, tracking progress, and measuring change. DHHS will also provide examples of population-level interventions (i.e. evidence based or informed; promising practices).

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
- 2.3. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.
- 2.4. Subcontractors must attend all site visits as requested by DHHS.
- 2.5. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

- 3.1. By June 30, 2015, submit a draft adaptation plan that documents at least three (3) vulnerable populations and three (3) health burdens relevant to the existing climate vulnerabilities. The draft plan can be hard copy or web-based.
- 3.2. By September 30, 2015, submit a final adaptation plan that includes at least two (2) viable interventions that address regional weather or climate vulnerabilities.
- 3.3. By March 31, 2016, submit a draft progress report that describes the early results of the intervention project successes and challenges. The report will include suggested changes to improve the project.
- 3.4. By June 30, 2016, submit a final progress report that describes the later results of the intervention project, including successes and challenges, and measures of progress toward improved public health.

4. Staffing

- 4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.
- 4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.
- 4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document



Exhibit A-3

that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

- 5.1. Reporting Requirements
- 5.2. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.
- 5.3. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.
- 5.4. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

6. Extensions

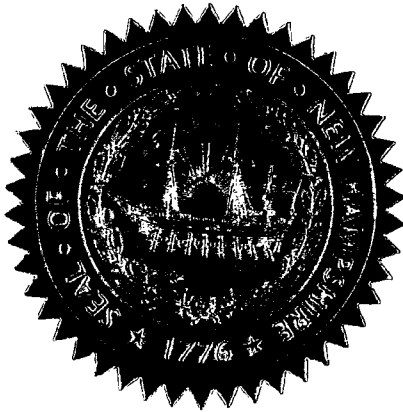
- 6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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 MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire nonprofit corporation formed August 7, 1889. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of April, A.D. 2015

A handwritten signature in black ink, appearing to read "William M. Gardner".

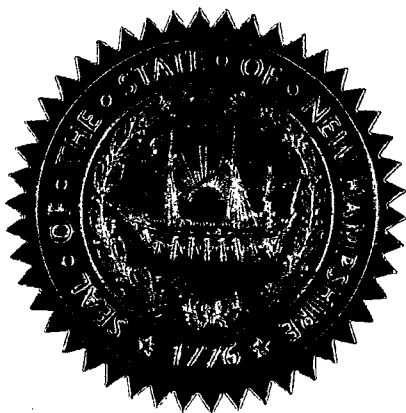
William M. Gardner
Secretary of State

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 DARTMOUTH-HITCHCOCK CLINIC is a New Hampshire nonprofit corporation formed March 1, 1983. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of April, A.D. 2015

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State



Mary Hitchcock Memorial Hospital
Dartmouth-Hitchcock Medical Center
1 Medical Center Drive
Lebanon, NH 03756
Dartmouth-Hitchcock.org

CERTIFICATE OF VOTE/AUTHORITY

I, Barbara J. Couch of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

1. I am the duly elected Secretary of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
2. The following is a true and accurate excerpt from the December 7th, 2012 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:

ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets

“In exercising this [fiduciary] duty, the Board may, consistent with the Corporation’s Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable.”

3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Executive Officer and Chief Financial Officer, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. Robin Kilfeather-Mackey is the Chief Financial Officer of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 15th day of April 2015.

Barbara J. Couch, Secretary

STATE OF NH

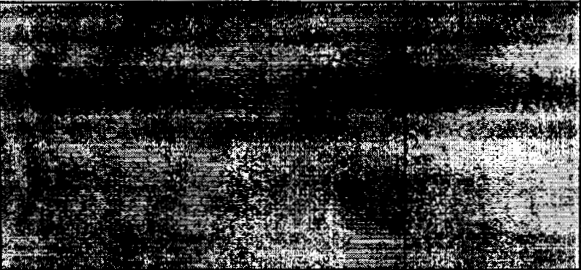
COUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 15th day of April 2015 by Barbara J. Couch.

Notary Public/~~Justice of the Peace~~

My Commission Expires: February 28, 2019

SUSAN S. SHYKULA, Notary Public
My Commission Expires February 28, 2019

CERTIFICATE OF INSURANCE					DATE: September 2, 2014	
CONSULTANT Hamden Assurance Risk Retention Group, Inc. P.O. Box 1687 30 Main Street, Suite 330 Burlington, VT 05401				This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.		
INSURED Mary Hitchcock Memorial Hospital 1 Medical Center Drive Lebanon, NH 03756-0001						
COMPANY AFFORDING COVERAGE Hamden Assurance Risk Retention Group, Inc.						
This is to certify that the Policies listed below have been issued to the Named Insured 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. NOTICE: This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.						
TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002014-A	7/1/14	6/30/15	GENERAL AGGREGATE	\$NONE
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGGREGATE	
					PERSONAL ADV INJURY	
					EACH OCCURRENCE	\$1,000,000
X	CLAIMS MADE				FIRE DAMAGE	
	OCCURRENCE	MEDICAL EXPENSES				
PROFESSIONAL LIABILITY					EACH CLAIM	
					ANNUAL AGGREGATE	
OTHER						
DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS) MARY HITCHCOCK MEMORIAL HOSPITAL EVIDENCE OF COVERAGE FOR GENERAL LIABILITY. We have been advised that Mary Hitchcock Memorial Hospital has a Regional Public Health Network Services Grant with the New Hampshire Department of Health & Human Services. Certificate of Insurance to be submitted to Bobbie Aversa, BS, Administrator, Contracts & Procurement Unit, New Hampshire Department of Health & Human Services, 129 Pleasant Street, Concord, NH 03301.						
CERTIFICATE HOLDER						
New Hampshire Department of Health & Human Services 29 Hazen Drive Concord, NH 03301-6504 (Contact: Insurance Coordinator 603-653-1249)				CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
				AUTHORIZED REPRESENTATIVES		
						

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. POLICY LIMITS ARE NO LESS THAN THOSE LISTED, ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMIT/LIMITS NOT LISTED BELOW.

This is to Certify that

Mary Hitchcock Memorial Hospital
One Medical Center Drive
Lebanon NH 03756-0001

NAME AND
ADDRESS
OF INSURED



Liberty Mutual.
INSURANCE

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and Conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE ☐ CONTINUOUS ☐ EXTENDED ☒ POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY	
WORKERS COMPENSATION	7/1/2015	WA7-61D-253624-044	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: All states except Monopolistic States	EMPLOYERS LIABILITY Bodily Injury by Accident \$1,000,000 Each Accident Bodily Injury By Disease \$1,000,000 Policy Limit Bodily Injury By Disease \$1,000,000 Each Person
COMMERCIAL GENERAL LIABILITY ☐ OCCURRENCE ☐ CLAIMS MADE	RETRO DATE 		General Aggregate Products / Completed Operations Aggregate Each Occurrence Personal & Advertising Injury Other	Per Person / Organization Other
AUTOMOBILE LIABILITY ☐ OWNED ☐ NON-OWNED ☐ HIRED			Each Accident—Single Limit B.I. And P.D. Combined Each Person Each Accident or Occurrence Each Accident or Occurrence	
OTHER				
ADDITIONAL COMMENTS				

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.)
BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE
INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST _____ DAYS NOTICE
OF SUCH CANCELLATION HAS BEEN MAILED TO:

**Liberty Mutual
Insurance Group**

Certificate
Holder

Department of Health and Human Services
Contracts and Procurement Unit
129 Pleasant Street
Concord NH 03301

Karyn Lessard

Karyn Lessard

AUTHORIZED REPRESENTATIVE

BEDFORD / 0116
SUITE 100 10 CORPORATE DRIVE
BEDFORD NH 03110

603-472-7100 9/5/2014

OFFICE

PHONE

DATE ISSUED

This certificate is executed by LIBERTY MUTUAL INSURANCE GROUP as respects such insurance as is afforded by those Companies NM 772 07-10

CERT NO.: 21484470 CLIENT CODE: LM_2538 Nicholas Misoni 9/5/2014 2:45:29 PM (EDT) Page 1 of 1

LDI COI 268896 02 11



Mission, Vision, & Values

Our Mission

We advance health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our Vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Dartmouth-Hitchcock Health and Subsidiaries

**Consolidated Financial Statements
June 30, 2014**

Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2014

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Independent Auditor's Report

To the Board of Trustees of
Dartmouth-Hitchcock Health and Subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and Subsidiaries ("Health System"), which comprise the consolidated balance sheet as of June 30, 2014, and the related consolidated statements of operations and changes in net assets and of cash flows for the year then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audit. We did not audit the consolidated financial statements of New London Hospital Association, Inc. and Subsidiaries, a subsidiary whose sole member is Dartmouth-Hitchcock Health, which statements reflect total assets constituting 4.4% of consolidated total assets at June 30, 2014 and total revenues of 3.0% of consolidated total revenues for the year then ended. Those statements as of June 30, 2014 and for the nine months then ended were audited by other auditors whose report thereon has been furnished to us, and our opinion expressed herein, insofar as it relates to the amounts included for New London Hospital Association, Inc. and Subsidiaries, is based solely on the report of the other auditors. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, based on our audit and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Dartmouth-Hitchcock Health and Subsidiaries at June 30, 2014, and the results of their operations and changes in net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations and changes in unrestricted net assets of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position and results of operations and changes in unrestricted net assets of the individual companies.

Princeton House Cooper LLP

November 26, 2014

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheet
June 30, 2014

(in thousands of dollars)

Assets

Current assets

Cash and cash equivalents	\$ 50,927
Patient accounts receivable, net of estimated uncollectibles of \$124,404 at June 30, 2014 (Note 5)	184,606
Prepaid expenses and other current assets (Notes 3 and 14)	91,302
Total current assets	326,835

Assets limited as to use (Notes 6, 8, and 11)	629,185
Other investments for restricted activities (Notes 3, 6 and 8)	101,675
Property, plant, and equipment, net (Notes 3 and 7)	484,753
Other assets (Note 3)	72,508
Total assets	\$ 1,614,956

Liabilities and Net Assets

Current liabilities

Current portion of long-term debt (Note 11)	\$ 13,281
Current portion of liability for pension and other postretirement plan benefits (Note 12)	5,142
Accounts payable and accrued expenses (Note 14)	93,023
Accrued compensation and related benefits	78,575
Estimated third-party settlements (Note 5)	30,677
Total current liabilities	220,698

Long-term debt, excluding current portion (Note 11)	550,703
Insurance deposits and related liabilities (Note 13)	68,498
Interest rate swaps (Notes 3, 8 and 11)	24,413
Liability for pension and other postretirement plan benefits, excluding current portion (Note 12)	139,056
Other liabilities	47,980
Total liabilities	1,051,348

Net assets

Unrestricted (Note 10)	462,675
Temporarily restricted (Notes 9 and 10)	64,664
Permanently restricted (Notes 9 and 10)	36,269
Total net assets	563,608

Commitments and contingencies (Notes 5, 7, 8, 11, and 14)	-
Total liabilities and net assets	\$ 1,614,956

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statement of Operations and Changes in Net Assets
Year Ended June 30, 2014

(in thousands of dollars)

Unrestricted revenue and other support

Net patient service revenue, net of provision for bad debt (\$47,606 in 2014) (Notes 4 and 5)	\$ 1,229,848
Contracted revenue (Note 2)	92,390
Other operating revenue (Notes 2 and 6)	64,804
Net assets released from restrictions	11,670
Total unrestricted revenue and other support	<u>1,398,712</u>

Operating expenses

Salaries	675,716
Employee benefits	204,152
Medical supplies and medications	196,397
Purchased services and other	163,456
Medicaid enhancement tax (Note 5)	34,488
Geisel school of medicine support	6,500
Depreciation and amortization	57,729
Interest (Note 11)	18,436
Expenditures relating to net assets released from restrictions	11,670
Total operating expenses	<u>1,368,544</u>
Operating income	<u>30,168</u>

Nonoperating gains (losses)

Investment gains (Notes 6 and 11)	53,135
Other losses	(804)
Contribution revenue from acquisition (Note 1)	33,692
Total nonoperating gains, net	<u>86,023</u>
Excess of revenue over expenses	<u>\$ 116,191</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statement of Operations and Changes in Net Assets, Continued
Year Ended June 30, 2014

(in thousands of dollars)

Unrestricted net assets

Excess of revenue over expenses	\$ 116,191
Net assets released from restrictions	763
Change in funded status of pension and other postretirement benefits (Note 12)	14,769
Change in fair value of interest rate swaps (Note 11)	<u>1,538</u>
Increase in unrestricted net assets	<u>133,261</u>

Temporarily restricted net assets

Gifts, bequests, sponsored activities	18,295
Investment gains	1,171
Change in net unrealized gains on investments	2,998
Net assets released from restrictions	(12,433)
Contribution of temporarily restricted net assets from acquisition	<u>386</u>
Increase in temporarily restricted net assets	<u>10,417</u>

Permanently restricted net assets

Gifts and bequests	2,961
Contribution of permanently restricted net assets from acquisition	<u>2,053</u>
Increase in permanently restricted net assets	<u>5,014</u>
Change in net assets	148,692

Net assets

Beginning of year	<u>414,916</u>
End of year	<u>\$ 563,608</u>

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statement of Cash Flows
Year Ended June 30, 2014

Cash flows from operating activities

Change in net assets	\$ 148,692
Adjustments to reconcile change in net assets to net cash provided by operating and nonoperating activities	
Change in fair value of interest rate swaps	(968)
Provision for bad debt	47,606
Depreciation and amortization	58,216
Contribution revenue from acquisition	(36,131)
Change in funded status of pension and other postretirement benefits	(14,769)
(Gain) loss on disposal of fixed assets	313
Net realized gains and change in net unrealized gains on investments	(58,024)
Restricted contributions	(10,637)
Proceeds from sale of securities	413
Changes in assets and liabilities	
Patient accounts receivable, net	(54,587)
Prepaid expenses and other current assets	(7,669)
Other assets, net	(10,623)
Accounts payable and accrued expenses	10,658
Accrued compensation and related benefits	757
Estimated third-party settlements	2,389
Insurance deposits and related liabilities	(23,454)
Liability for pension and other postretirement benefits	(19,880)
Other liabilities	9,489
Net cash provided by operating and nonoperating activities	<u>41,791</u>

Cash flows from investing activities

Purchase of property, plant, and equipment	(50,043)
Proceeds from sale of property, plant, and equipment	3,155
Purchases of investments	(107,216)
Proceeds from maturities and sales of investments	111,111
Cash received through acquisition	3,431
Net cash used by investing activities	<u>(39,562)</u>

Cash flows from financing activities

Proceeds from line of credit	100,000
Payments on line of credit	(100,000)
Repayment of long-term debt	(27,351)
Proceeds from issuance of debt	17,066
Payment of debt issuance costs	(418)
Restricted contributions	8,519
Net cash used by financing activities	<u>(2,184)</u>
Increase in cash and cash equivalents	45

Cash and cash equivalents

Beginning of year	50,882
End of year	<u>\$ 50,927</u>

Supplemental cash flow information

Interest paid	\$ 22,220
Construction in progress included in accounts payable and accrued expenses	10,550
Equipment acquired through issuance of capital lease obligations	744
Donated securities	413

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

Year Ended June 30, 2014

1. Organization and Reporting Entity

Dartmouth-Hitchcock Health (D-HH), is a New Hampshire (NH) nonprofit corporation exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC).

D-HH is operated for the following charitable, educational and scientific purposes:

- To establish, manage, govern, and fundraise for an integrated healthcare delivery system that best serves the purposes of preventing, diagnosing, treating and curing human illness within the New England region;
- To manage a healthcare system that provides health care services to the public in a cost-effective manner;
- To establish and maintain cooperative hospital and provider relationships throughout its system;
- To achieve excellence in clinical innovations, service, quality, cost and outcomes, supported by a strong academic program; and to integrate research, training, information technology and academic medicine in the provider organizations throughout its system.

D-HH serves as the sole corporate member of Mary Hitchcock Memorial Hospital (MHMH) and Dartmouth-Hitchcock Clinic (DHC), collectively referred to as Dartmouth-Hitchcock (D-H), which provide healthcare and related services in NH and Vermont (VT). MHMH and DHC are nonprofit corporations as described in Section 501(c)(3) of the IRC and are generally exempt from income taxes on related income pursuant to Section 501(a) of the IRC, except as otherwise noted. The historical operational integration of DHC and MHMH is supported by an affiliation agreement.

D-HH and Subsidiaries (the "Health System") is comprised of the following entities:

- D-H
 - MHMH, an acute and tertiary care teaching hospital located in Lebanon, NH.
 - DHC and Subsidiaries, a multispecialty physician practice group which operates clinics throughout NH and VT, provides, among other things, medical services to patients, medical education, and research. The accompanying consolidated financial statements include the accounts of DHC's wholly owned for profit subsidiary Pompanoosuc Investment Corporation, majority-owned Hamden Assurance Company Limited (HAC), and majority owned Hamden Assurance Risk Retention Group, Inc. (RRG) (Note 13).

DHC has entered into various contractual arrangements with community hospitals located in Keene, Concord, Manchester, Nashua, NH and Bennington, VT in which DHC has existing community practice sites. These arrangements attempt to integrate and/or coordinate hospital and physician operations clinically and administratively within these communities (Note 2).

- The Hitchcock Foundation (THF), an organization established to provide financial aid to research and general health programs. DHC is the sole corporate member of THF.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
Year Ended June 30, 2014

- Dartmouth-Hitchcock Medical Center (DHMC) is organized under NH law for the exploration and coordination of matters of mutual interest to D-H, Geisel School of Medicine at Dartmouth (Geisel), a component of Dartmouth College, and the Veteran's Affairs Medical and Regional Office Center (VA) of White River Junction, VT.
- Effective October 1, 2013 D-HH became the sole corporate member of New London Hospital Association, Inc. (NLH) through an affiliation agreement. NLH is a not-for-profit organization providing inpatient, outpatient and extended care services to residents of Merrimack and Sullivan counties. Kearsarge Community Services, Inc. (KCS), a taxable corporation which owns and operates a medical office building, and New London Medical Center East, Inc. (NLMCE), a taxable corporation which operates a building, are wholly-owned subsidiaries of NLH. NLH elected to change their fiscal year end from September 30th to June 30th during fiscal year 2014. The Health System's 2014 consolidated financial statements reflect nine months of activity for NLH and its subsidiaries beginning October 1, 2013.

In accordance with applicable accounting guidance on non-for-profit mergers and acquisitions, D-HH recorded contribution income of approximately \$36,131,000 reflecting the fair value of the contributed net assets of NLH and its subsidiaries on the transaction date. Of this amount, \$33,692,000 represents unrestricted net assets and is included as a nonoperating gain in the accompanying consolidated statement of operations. Restricted contribution income of \$386,000 and \$2,053,000 was recorded within temporarily and permanently restricted net assets, respectively, in the accompanying consolidated statement of changes in net assets. No consideration was exchanged for the net assets contributed and acquisition costs are expensed as incurred.

The fair value of assets, liabilities, and net assets contributed by NLH and its subsidiaries at October 1, 2013 were as follows:

(in thousands)

Cash and cash equivalents	\$	3,431
Patient accounts receivable, net		6,493
Prepaid expenses and other current assets		2,194
Assets limited as to use		12,932
Property, plant, and equipment, net		40,360
Other assets		5,907
Total assets acquired	\$	<u>71,317</u>
Accounts payable and accrued expenses	\$	4,560
Accrued compensation and related benefits		1,841
Estimated third-party settlements		6,806
Long-term debt		17,366
Interest rate swaps		3,096
Other liabilities		1,517
Total liabilities assumed		<u>35,186</u>
Unrestricted		33,692
Temporarily restricted		386
Permanently restricted		2,053
Total net assets		<u>36,131</u>
Total liabilities and net assets	\$	<u>71,317</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
Year Ended June 30, 2014

A summary of the financial results of NLH and its subsidiaries included in the consolidated statement of operations and changes in net assets for the period from the date of acquisition, October 1, 2013 through June 30, 2014 is as follows:

(in thousands)

Total operating revenues	\$	41,737
Total operating expenses		<u>44,578</u>
Operating loss		(2,841)
Nonoperating gains		<u>1,431</u>
Deficit of revenues over expenses		(1,410)
Net assets released from restriction used for capital purchases		15
Net assets transferred from affiliate		<u>33,692</u>
Increase in unrestricted net assets	\$	<u>32,297</u>

A summary of the consolidated financial results of the Health System for the year ended June 30, 2014, as if the affiliation had occurred on July 1, 2013 is as follows (unaudited):

(in thousands)

Total operating revenues	\$	1,411,744
Total operating expenses		<u>1,383,675</u>
Operating income		28,069
Nonoperating gains		<u>86,388</u>
Excess of revenues over expenses		114,457
Net assets released from restriction used for capital purchases		793
Change in funded status of pension and other post retirement benefits		14,769
Change in fair value on interest rate swaps		<u>1,744</u>
Increase in unrestricted net assets	\$	<u>131,763</u>

2. Affiliated Entities

Affiliated entities include the following:

Northern New England Accountable Care Collaborative, LLC

D-HH has invested \$2,000,000 in the Northern New England Accountable Care Collaborative, LLC (NNEACC) as a twenty percent owner. NNEACC was formed to improve the quality and delivery of health care by supporting research, education and the implementation of clinical effectiveness tools and standards of care, identifying unnecessary resource utilization in the delivery of care, and conducting related activities to support the charitable purposes of the member organizations.

OneCare Vermont, LLC

In 2012, D-HH and Fletcher Allen Health Care, Inc. (FAHC) formed OneCare (OCV) Vermont, a state-wide accountable care organization working with Medicare. OCV comprises an extensive network of providers, including all fourteen of Vermont's hospitals, D-H, hundreds of primary care

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

Year Ended June 30, 2014

physicians and specialists, two federally qualified health centers, and several rural health clinics, to coordinate the health care of approximately 42,000 of Vermont's 118,000 Medicare beneficiaries.

Pioneer Accountable Care Organization (allwell)

D-HH is one of 22 health systems nationally to be selected to participate in the Pioneer Accountable Care Organization (ACO) payment model, a transformative new initiative sponsored by the Centers for Medicare and Medicaid Services (CMS) Innovation Center. Through the Pioneer ACO Model, D-HH has delegated operating function to D-H. D-H works with CMS to provide Medicare beneficiaries with higher quality care, while reducing growth in Medicare expenditures through enhanced care coordination. CMS uses robust quality measures and other criteria to reward ACOs like D-H for providing beneficiaries with a positive patient experience and better health outcomes, while also rewarding D-H for reducing growth in Medicare expenditures for the same patient population.

Everwell, Inc. (Everwell)

Effective January 1, 2014, Elliot Health Systems (EHS), a NH nonprofit organization and D-HH entered into a new affiliation in which each organization is a fifty percent member of a newly formed non-profit corporation, Everwell. The new affiliation was established to collaborate for the purpose of improving efficient and effective deployment of resources, improving the accessibility and diversity of services, improving cost effectiveness and efficiencies in the delivery of specified health care services, and increasing the value and improving the quality of health care provided.

New England Alliance for Health (NEAH)

NEAH is a NH limited liability company, which is owned and managed by MHMH. NEAH provides, on a contract basis, a range of consulting, group purchasing and other services to its members throughout NH and VT.

Other Regional Relationships – D-H

- D-H's Keene community practice and the Cheshire Medical Center, Keene's community hospital, operate collectively under a Partnership Agreement effective October 1, 1998. This agreement substantially integrates many hospital and physician operations clinically, administratively, and financially while maintaining the independent legal structure of each organization. Pursuant to this agreement, DHC recorded approximately \$6,804,000 of other operating revenue in the year ended June 30, 2014. A NH non-profit Joint Coordinating Company and Coordinating Board, consisting of 19 board members, has been delegated certain responsibilities to develop and recommend strategic plans, budgets, and community health initiatives. The purpose of the partnership is to improve the planning, delivery, and integration of healthcare services to benefit the greater Keene community.
- D-H and subsidiaries of Concord Hospital (CRHC), Catholic Medical Center (Alliance Health Services), an affiliate of St. Joseph's Hospital (D-H Family Medicine Nashua, Inc.), and Southwestern Vermont Medical Center (SVMC) entered into Professional Services Agreements (PSAs), pursuant to which these facilities purchase, with certain limited exceptions, the services of all personnel employed by D-H at its Concord, NH Division, two Bedford, NH locations, its Nashua, NH satellite locations, and at SVMC located in Bennington, VT to provide healthcare services to the related communities. The payment amount for the professional services of D-H's personnel are based on fair market value considerations and are not directly or indirectly related to the volume or value of referrals or admissions, in accordance with governing law. Through the PSAs, D-H and the parties identified above provide coordination of patient care in the community and facilitate the recruitment of new and needed physicians without unnecessary duplication of services, and serve as a platform for future discussions between the parties to

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Notes to Financial Statements

Year Ended June 30, 2014

explore additional collaborative programs. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statement of operations and changes in net assets. The PSA with D-H Family Medicine Nashua, Inc. ended June 30, 2014 and was not renewed.

3. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954 *Healthcare Entities* (ASC 954), which addresses the accounting for healthcare entities. In accordance with the provisions of ASC 954, net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, unrestricted net assets are amounts not subject to donor-imposed stipulations and are available for operations. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant areas that are affected by the use of estimates include the allowance for estimated uncollectible accounts and contractual allowances, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results could differ from those estimates.

Excess of Revenue Over Expenses

The consolidated statement of operations and changes in net assets include excess of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income on unrestricted investments, which are utilized to provide charity and other operational support. Peripheral activities, including unrestricted contribution income from acquisition, realized gains/losses on sales of investment securities and changes in unrealized gains/losses in investments are reported as nonoperating gains (losses).

Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), change in funded status of pension and other postretirement benefit plans, and the effective portion of the change in fair value of interest rate swaps.

Charity Care and Provision for Bad Debts

D-H and NLH provide care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because D-H and NLH do not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

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The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. Additions to the allowance for uncollectible accounts are made by means of the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 4 and 5).

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and bad debt. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 5).

Cash Equivalents

Cash equivalents include investments in highly liquid investments with maturities of three months or less when purchased, excluding amounts where use is limited by internal designation or other arrangements under trust agreements or by donors.

Investments and Investment Income

Investments in equity securities with readily determinable fair values, mutual funds and pooled/commingled funds, and all investments in debt securities are considered to be trading securities reported at fair value with changes in fair value included in the excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 8).

Investments in pooled/commingled investment funds that represent investments where the Health System owns shares or units of pooled funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in excess of revenues over expenses. All investments, whether held at fair value or under the equity method of accounting, are reported at what the Health System believes to be the amount they would expect to receive if it liquidated its investments at the balance sheet date on a non-distressed basis.

D-H and THF, are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. MHMH has been designated to serve as the managing general partner and, in such capacity, has the authority to bind the partners and the partnership under the agreement. Substantially all of D-H's board-designated and restricted assets, and certain of THF's board-designated assets and restricted assets, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on unrestricted investments, change in fair value of equity method investments, interest, and dividends) are included in excess of revenue over expenses classified as nonoperating gains and losses, unless the income or loss is restricted by donor or law (Note 10).

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Fair Value Measurement of Financial Instruments

The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.
Level 2	Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.
Level 3	Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The Health System applies the accounting provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2009-12). ASU 2009-12 allows for the estimation of fair value of investments for which the investment does not have a readily determinable fair value, to use net asset value (NAV) per share or its equivalent as a practical expedient, subject to the Health System's ability to redeem its investment.

The carrying amount of patient accounts receivable, prepaid and other current assets, accounts payable, and accrued expenses approximates fair value due to the short maturity of these instruments.

Property, Plant, and Equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair market value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to ten years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statement of operations and changes in net assets.

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Gifts of capital assets such as land, buildings, or equipment are reported as unrestricted support, and excluded from excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the consolidated balance sheet as other assets, are amortized over the term of the related bonds. Amortization is recorded within depreciation and amortization in the consolidated statement of operations and changes in net assets using the straight-line method which approximates the effective interest method.

Trade Name

In connection with the affiliation of NLH, the Health System recorded an intangible asset of \$2,200,000 associated with the trade name of NLH. The intangible asset is recorded within other assets on the consolidated statement of financial position. The Health System considers this to be an indefinite-lived asset, assesses the trade name at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes an impairment charge for the amount by which the carrying amount of the trade name exceeds its fair value. There was no impairment charge recorded for the year ended June 30, 2014.

Derivative Instruments and Hedging Activities

The Health System applies the provisions of ASC 815, *Derivatives and Hedging*, to its derivative instruments, which requires that all derivative instruments be recorded at their respective fair value in the consolidated balance sheet.

On the date a derivative contract is entered into, the Health System designates the derivative as a cash-flow hedge of a forecasted transaction or the variability of cash flows to be received or paid related to a recognized asset or liability. For all hedge relationships, the Health System formally documents the hedging relationship and its risk-management objective and strategy for undertaking the hedge, the hedging instrument, the nature of the risk being hedged, how the hedging instrument's effectiveness in offsetting the hedged risk will be assessed, and a description of the method of measuring ineffectiveness. This process includes linking cash-flow hedges to specific assets and liabilities on the consolidated balance sheet or to specific firm commitments or forecasted transactions. The Health System also formally assesses, both at the hedge's inception and on an ongoing basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in variability of cash flows of hedged items. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a cash-flow hedge are recorded in unrestricted net assets until earnings are affected by the variability in cash flows of the designated hedged item. The ineffective portion of the change in fair value of a cash-flow hedge is reported in excess of revenue over expenses in the consolidated statement of operation and changes in net assets.

The Health System discontinues hedge accounting prospectively when it is determined: (a) the derivative is no longer effective in offsetting changes in the cash flows of the hedged item; (b) the derivative expires or is sold, terminated, or exercised; (c) the derivative is undesignated as a hedging instrument because it is unlikely that a forecasted transaction will occur; (d) a hedged firm commitment no longer meets the definition of a firm commitment; and (e) management determines that designation of the derivative as a hedging instrument is no longer appropriate.

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In all situations in which hedge accounting is discontinued, the Health System continues to carry the derivative at its fair value on the consolidated balance sheet and recognizes any subsequent changes in its fair value in excess of revenue over expenses.

NLH does not apply hedge accounting to its interest rate swap and annual changes in the fair value of its swap is recorded within excess of revenues over expenses.

Gifts and Bequests

Unrestricted gifts and bequests are recorded net of related expenses as nonoperating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair market value at the date the gift is received. Gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statement of operations and changes in net assets as net assets released from restrictions.

4. Charity Care and Community Benefits

The mission of D-H is to advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Consistent with this mission, D-H provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. D-H actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, D-H also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, D-H provides significant support for academic and research programs.

The mission of NLH is to provide safe quality care for every patient, every time in partnership with patients, families, and healthcare providers.

NLH provides acute and primary health care from emergency services to family medical practice to neurosurgical care and essential wellness and prevention services for the 34,000 residents in their service area, a significant proportion of whom are uninsured and/or dependent on Medicaid/Medicare benefits. This population includes a large elderly population and a significant number of rural, low-income families. D-H and NLH file separate annual Community Benefits Reports with the State of NH which outline the community and charitable benefits they provide. The broad categories used in the Community Benefit Reports to summarize these benefits are as follows:

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- *Community health services* include activities carried out to improve community health and could include community health education (such as lectures, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).
- *Health Professional education*, including both financial and nonfinancial support in the form of undergraduate training, internships (clinical and nonclinical), residency education programs, scholarships, and continuing health professional education.
- *Subsidized health services* are services provided even though there is a financial loss because they meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Research support and other grants* representing costs in excess of awards for numerous health research and service initiatives awarded to the organizations.
- *Community health-related initiatives* outside of the organization(s) through various financial contributions of cash, in-kind, and grants to local organizations.
- *Community-building activities* include cash, in-kind donations, and budgeted expenditures for the development of programs and partnerships intended to address social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement. Community benefit operations includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.
- *Charity care (financial assistance)* represents services provided to patients who cannot afford healthcare services due to inadequate financial resources which result from being uninsured or underinsured. For the year ended June 30, 2014, D-H and NLH provided financial assistance to patients in the amount of approximately \$56,372,000 as measured by gross charges. The estimated cost of providing this care for the year ended June 30, 2014 was approximately \$22,477,000. The estimated costs of providing charity care services are determined using a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of costs to charges is calculated using total expenses, less bad debt, divided by gross revenue.
- *Government-sponsored healthcare services*, provided to Medicaid and Medicare patients at reimbursement levels that are significantly below the cost of the care provided.
- The *uncompensated cost of care for Medicaid* patients reported in the unaudited Community Benefits Reports for 2013 was approximately \$119,356,953. The 2014 Community Benefits Reports are expected to be filed in February 2015.

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The following table summarizes the value of the community benefit initiatives outlined in D-H and NLH's most recently filed Community Benefit Reports for the year ended June 30, 2013:

(Unaudited, in thousands of dollars)

Community health services	\$ 4,005
Health professional education	31,743
Subsidized health services	12,524
Research	5,930
Financial contributions	8,028
Community building activities	871
Community benefit operations	62
Charity care	20,482
Government-sponsored health care services	181,174
Total community benefit value	<u>\$ 264,819</u>

The Health System also provides a significant amount of uncompensated care to its patients that are reported as provision for bad debts, which is not included in the amounts reported above. During the year ended June 30, 2014, the Health System reported a provision for bad debts of approximately \$47,606,000. The Health System also routinely provides services to Medicare patients at reimbursement levels that are below the costs of the care provided.

5. Patient Service Revenue and Accounts Receivable

Patient service revenue is reported net of contractual allowances and the provision for bad debt as follows for the year ended June 30, 2014:

(in thousands of dollars)

Gross patient service revenue	\$ 3,246,221
Less: Contractual allowances	1,968,767
Less: Provision for bad debt	47,606
Net patient service revenue	<u>\$ 1,229,848</u>

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Health System analyzes past collection history and identifies trends for several categories of self-pay accounts (uninsured, residual balances, pre-collection accounts and charity) to estimate the appropriate allowance percentages in establishing the allowance for bad debts. Management performs collection rate look-back analyses on a quarterly basis to evaluate the sufficiency of the allowance for doubtful accounts. Throughout the year, after all reasonable collection efforts have been exhausted, the difference between the standard rates and the amounts actually collected, including contractual adjustments and uninsured discounts, will be written off against the allowance for doubtful accounts. In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for doubtful accounts.

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Accounts receivable, prior to adjustment for doubtful accounts, are summarized as follows at June 30, 2014:

(in thousands of dollars)

Receivables

Patients	\$ 169,766
Third-party payors	137,371
Nonpatient	1,873
	<u>\$ 309,010</u>

The allowance for doubtful accounts of \$124,404,000 as of June 30, 2014 is established to reserve for uncollectible amounts due primarily from patients.

The following table categorizes payors into five groups and their respective percentages of gross patient service revenue for the year ended June 30, 2014:

Medicare	39 %
Anthem/Blue Cross	20
Commercial insurance	21
Medicaid	13
Self-pay/Other	7
	<u>100 %</u>

D-H and NLH have agreements with third-party payors that provide for payments at amounts different from their established rates. A summary of the acute care payment arrangements in effect during the year ended June 30, 2014 with major third-party payors follows:

Medicare:

D-H inpatient acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates-per-discharge. These rates vary according to a patient classification system that is based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system. Under the system, outpatient services are reimbursed based on a pre-determined amount for each outpatient procedure, subject to various mandated modifications. D-H is reimbursed during the year for services to Medicare beneficiaries based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subsequent audit of this report by the Medicare fiscal intermediary.

As a Critical Access Hospital (CAH), NLH is reimbursed by Medicare at 101% of reasonable costs for its inpatient acute, swing bed, and outpatient services, excluding ambulance services and inpatient hospice care. NLH is reimbursed at an interim rate for cost based services with a final settlement determined by the Medicare Cost Report filing. The nursing home is not impacted by CAH designation. Medicare reimburses nursing home care based on an acuity driven prospective payment system with no retrospective settlement.

Medicaid:

D-H payment for inpatient services rendered to NH Medicaid beneficiaries are based on a prospective payment system, while outpatient services are reimbursed on a retrospective cost basis

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or fee schedules. NH Medicaid Outpatient Direct Medical Education costs are reimbursed, as a pass-through, based on the filing of the Medicare cost report. Payment for inpatient and outpatient services rendered to VT Medicaid beneficiaries are based on prospective payment systems.

NLH inpatient services are reimbursed at prospectively determined per diem rates which are not subject to retroactive adjustment. Outpatient services are reimbursed under a cost based reimbursement methodology. NLH receives an interim payment with final settlement determined after the filing and audit of the annual cost report. The skilled nursing facility is reimbursed on a prospectively determined per diem rate.

During the year ended June 30, 2014, the Health System recorded State of NH Medicaid Enhancement Tax (MET) expense of \$34,488,000. The tax is calculated at 5.5% of certain gross patient revenues in accordance with instructions received from the State of NH. The MET expense is included in operating expenses in the consolidated statement of operations and changes in net assets.

On June 30, 2014, the NH Governor signed into law a bi-partisan legislation reflecting an agreement between the State of NH and 25 NH hospitals on the Medicaid Enhancement Tax "SB 369". As part of the agreement the parties have agreed to resolve all pending litigation related to MET and Medicaid Rates, including the Catholic Medical Center Litigation, the Northeast Rehabilitation Litigation, 2014 DRA Refund Requests, the State Rate Litigation. As part of the Medicaid Enhancement Tax Agreement Effective July 1, 2014, a "Trust / Lock Box" dedicated fund mechanism will be established for receipt and distribution of all MET proceeds with all monies used exclusively to support Medicaid services. During the year ended June 30, 2014, the Health System received disproportionate share hospital (DSH) payments of \$12,631,782.

The Health Information Technology for Economic and Clinical Health (HITECH) Act included in the American Recovery and Reinvestment Act (ARRA) provides incentives for the adoption and use of health information technology by Medicare and Medicaid providers and eligible professionals over the next several years with an anticipated end date of December 31, 2016, depending on the program. CMS has published a final rule to define Stage 1 meaningful use of certified Electronic Health Record (EHR) technology and establish criteria for the incentive program. MHMH and DHC are currently in the CMS defined measurement period for Year 3 meaningful use which will also be measured using the same Stage 1 criteria. On September 4, 2012, CMS published a final rule to define Stage 2 meaningful use criteria with an implementation date of October 1, 2013 for the hospital and January 1, 2014 for the physicians. D-H has recognized \$6,833,075 in meaningful use incentives for both the Medicare and Vermont Medicaid programs during the year ended June 30, 2014. NLH recorded no meaningful use revenue from the Medicare EHR programs for the nine month period ending June 30, 2014.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with laws and regulations can be subject to future government review and interpretation as well as significant regulatory action; failure to comply with such laws and regulations can result in fines, penalties and exclusion from the Medicare and Medicaid programs.

Other:

For services provided to patients with commercial insurance the Health System receives payment for inpatient services at prospectively determined rates-per-discharge, prospectively determined per diem rates or a percentage of established charges. Outpatient services are reimbursed on a fee schedule or at a discount from established charges.

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Nonacute and physician services are paid at various rates under different arrangements with governmental payors, commercial insurance carriers and health maintenance organizations. The basis for payments under these arrangements includes prospectively determined per visit rates, discounts from established charges, fee schedules, and reasonable cost subject to limitations.

The Health System has provided for their estimated final settlements with all payors based upon applicable contracts and reimbursement legislation and timing in effect for all open years (2007 - 2014). The differences between the amounts provided and the actual final settlement, if any, is recorded as an adjustment to net patient service revenue as amounts become known or as years are no longer subject to audits, reviews and investigations. During 2014, changes in estimates related to D-H settlements with third-party payors resulted in increases in net patient service revenue of approximately \$4,076,601 in the consolidated statement of operations and changes in net assets.

6. Investments

The composition of investments at June 30, 2014 is set forth in the following table

(in thousands of dollars)

Assets limited as to use

Internally designated by board

Cash and short-term investments	\$ 7,463
U.S. government securities	36,930
Domestic corporate debt securities	83,224
Global debt securities	126,451
Domestic equities	111,970
International equities	54,778
Emerging markets equities	40,344
Private equity funds	25,146
Hedge funds	50,370
	<u>536,676</u>

Investments held by captive insurance companies (Note 13)

U.S. government securities	45,897
Domestic corporate debt securities	22,005
Global debt securities	3,770
Domestic equities	7,286
International equities	13,058
	<u>92,016</u>

Held by trustee under indenture agreement (Note 11)

Cash and short-term investments	493
Total assets limited as to use	<u>\$ 629,185</u>

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(in thousands of dollars)

Other investments for restricted activities	
Cash and short-term investments	\$ 4,215
U.S. government securities	13,872
Domestic corporate debt securities	26,689
Global debt securities	19,034
Domestic equities	15,901
International equities	7,461
Emerging markets equities	5,162
Private equity funds	3,101
Hedge funds	6,212
Other	28
Total other investments for restricted activities	\$ 101,675

Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used when debt securities or equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above. All investments, whether the fair value or equity method of accounting is used, are reported at what the Health System believes to be the amount that the Health System would expect to receive if it liquidated its investments at the balance sheet date on a non-distressed basis.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2014. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 8.

<i>(in thousands of dollars)</i>	2014		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 12,171	\$ -	\$ 12,171
U.S. government securities	96,699	-	\$ 96,699
Domestic corporate debt securities	101,467	30,451	\$ 131,918
Global debt securities	67,544	81,711	\$ 149,255
Domestic equities	123,620	11,537	\$ 135,157
International equities	13,763	61,534	\$ 75,297
Emerging markets equities	185	45,321	\$ 45,506
Private equity funds	-	28,247	\$ 28,247
Hedge funds	-	56,582	\$ 56,582
Other	28	-	\$ 28
	\$ 415,477	\$ 315,383	\$ 730,860

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Investment income (losses) is comprised of the following for the year ended June 30, 2014:

(in thousands of dollars)

Unrestricted

Interest and dividend income, and other	\$ 5,241
Net realized gains on sales of securities	15,464
Change in net unrealized gains on investments	38,685
Interest expense (Note 11)	(3,669)
	<u>55,721</u>

Temporarily restricted

Interest and dividend income, net	294
Net realized gains on sales of securities	877
Change in net unrealized gains on investments	2,998
	<u>4,169</u>
	<u>\$ 59,890</u>

For the year ended June 30, 2014 unrestricted investment income (losses) is reflected in the accompanying consolidated statement of operations and changes in net assets as operating revenue of approximately \$2,586,000 and as non-operating gains (losses) of approximately \$53,135,000.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner, but can be sold to third party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreements expire. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2014, the Health System has committed to contribute approximately \$101,285,000 to such funds, of which the Health System has contributed approximately \$67,206,000 and has outstanding commitments of \$34,079,000.

7. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2014:

(in thousands of dollars)

Land	\$ 25,839
Land improvements	30,450
Buildings and improvements	619,243
Equipment	507,077
Equipment under capital leases	16,128
	<u>1,198,737</u>
Less: Accumulated depreciation and amortization	<u>729,757</u>
Total depreciable assets, net	468,980
Construction in progress	15,773
	<u>\$ 484,753</u>

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As of June 30, 2014 construction in progress primarily consists of the construction of the Williamson Research building in Lebanon, NH. The estimated cost to complete this project is \$13,250,000 at June 30, 2014.

Depreciation and amortization expense included in operating and non-operating activities was approximately \$58,073,000 for 2014.

8. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and short-term investments: Consists of money market funds and are valued at NAV reported by the financial institution.

Domestic, emerging markets and international equities: Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. government securities, domestic corporate and global debt securities: Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Interest rate swaps: The fair value of interest rate swaps, are determined using the present value of the fixed and floating legs of the swaps. Each series of cash flows are discounted by observable market interest rate curves and credit risk.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2014:

<i>(in thousands of dollars)</i>	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Assets:						
Investments						
Cash and short term investments	\$ 11,144	\$ 1,027	-	\$ 12,171	Daily	1
U.S. government securities	96,699	-	-	96,699	Daily	1
Domestic corporate debt securities	33,201	68,266	-	101,467	Daily-Monthly	1-15
Global debt securities	57,911	9,633	-	67,544	Daily-Monthly	1-15
Domestic equities	123,620	-	-	123,620	Daily-Monthly	1-10
International equities	13,763	-	-	13,763	Daily-Monthly	1-11
Emerging market equities	185	-	-	185	Daily-Monthly	1-7
Other	-	28	-	28	Not applicable	Not applicable
Total investments	<u>336,523</u>	<u>78,954</u>	<u>-</u>	<u>415,477</u>		
Deferred compensation plan assets						
Cash and short-term investments	2,753	26	-	2,779		
U.S. government securities	80	-	-	80		
Domestic corporate debt securities	4,798	-	-	4,798		
Global debt securities	835	-	-	835		
Domestic equities	19,318	-	-	19,318		
International equities	8,735	-	-	8,735		
Emerging market equities	2,198	-	-	2,198		
Real Estate	1,665	-	-	1,665		
Multi Strategy Fund	6,079	-	-	6,079		
Guaranteed Contract	-	-	75	75		
Total deferred compensation plan assets	<u>46,461</u>	<u>26</u>	<u>75</u>	<u>46,562</u>	Not applicable	Not applicable
Beneficial interest in perpetual trust	<u>-</u>	<u>-</u>	<u>1,909</u>	<u>1,909</u>	Not applicable	Not applicable
Contribution receivable from charitable Remainder trust	<u>-</u>	<u>-</u>	<u>2,118</u>	<u>2,118</u>	Not applicable	Not applicable
Total assets	<u>\$382,984</u>	<u>\$78,980</u>	<u>\$4,102</u>	<u>\$466,066</u>		
Liabilities:						
Interest rate swaps	<u>\$ -</u>	<u>\$24,413</u>	<u>\$ -</u>	<u>\$ 24,413</u>	Not applicable	Not applicable
Total liabilities	<u>\$ -</u>	<u>\$24,413</u>	<u>\$ -</u>	<u>\$ 24,413</u>		

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The following table is a rollforward of the statement of financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above.

(in thousands of dollars)

	Beneficial interest in perpetual trust	Contribution receivable from charitable remainder trust	Guaranteed Contract	Total
Balance at beginning of year	\$ 1,823	\$ -	\$ 72	\$ 1,895
Purchases:	-	2,118	-	2,118
Net unrealized gains/ (losses)	86	-	3	89
Balance at end of year	<u>\$ 1,909</u>	<u>\$ 2,118</u>	<u>\$ 75</u>	<u>\$ 4,102</u>

There were no transfers into and out of Level 1 and Level 2 measurements due to changes in valuation methodologies during the year ended June 30, 2014.

9. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2014:

(in thousands of dollars)

Healthcare services	\$ 28,210
Research	22,699
Purchase of equipment	2,681
Charity care	1,511
Health education	7,688
Other	1,875
	<u>\$ 64,664</u>

Permanently restricted net assets consist of the following at June 30, 2014:

(in thousands of dollars)

Healthcare services	\$ 16,016
Research	7,634
Purchase of equipment	4,675
Charity care	2,820
Health education	5,124
	<u>\$ 36,269</u>

Income earned on permanently restricted net assets is available for these purposes.

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10. Board Designated and Endowment Funds

Net assets include approximately 50 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH Uniform Prudent Management of Institutional Funds Act (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Unrestricted net assets include funds designated by the Board of Trustees to function as endowments and the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Temporarily restricted net assets include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the temporary restrictions on these funds have been met, the funds are reclassified to unrestricted net assets.

In accordance with the Act, The Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2014.

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Endowment net asset composition by type of fund consists of the following at June 30, 2014:

<i>(in thousands of dollars)</i>	2014			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Donor-restricted endowment funds	\$ -	\$ 13,738	\$ 36,269	\$ 50,007
Board-designated endowment funds	19,834	-	-	19,834
Total endowed net assets	<u>\$ 19,834</u>	<u>\$ 13,738</u>	<u>\$ 36,269</u>	<u>\$ 69,841</u>

Changes in endowment net assets for the year ended June 30, 2014:

<i>(in thousands of dollars)</i>	2014			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Balances at beginning of year	\$ 19,304	\$ 11,672	\$ 31,255	\$ 62,231
Net investment return	341	3,457	-	3,798
Contributions	-	42	2,718	2,760
Transfers	450	(280)	243	413
Release of appropriated funds	(261)	(1,539)	-	(1,800)
Net asset transfer from affiliate	-	386	2,053	2,439
Balances at end of year	<u>\$ 19,834</u>	<u>\$ 13,738</u>	<u>\$ 36,269</u>	<u>\$ 69,841</u>

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11. Indebtedness

Long-Term Debt

A summary of long-term debt at June 30, 2014 follows:

(in thousands of dollars)

Variable rate issues

New Hampshire Health and Education Facilities
 Authority Revenue Bonds

Series 2013, principal maturing in varying annual amounts, through August 2043 (1)	\$ 17,923
Series 2011, principal maturing in varying annual amounts, through August 2031 (4)	93,395

Fixed rate issues

New Hampshire Health and Education Facilities
 Authority Revenue Bonds

Series 2012A, principal maturing in varying annual amounts, through August 2031 (2)	74,695
Series 2012B, principal maturing in varying annual amounts, through August 2031 (2)	40,990
Series 2010, principal maturing in varying annual amounts, through August 2040 (5)	75,000
Series 2009, principal maturing in varying annual amounts, through August 2038 (6)	115,225

Other

Series 2012, principal maturing in varying annual amounts, through July 2019 (3)	146,000
Obligations under capital leases	2,086
Note payable to a financial institution payable in interest free monthly installments of \$4,211, through September 2015; collateralized by associated equipment	56

565,370

Less

Original issue discount, net	1,386
Current portion	13,281

\$ 550,703

Aggregate annual principal payments required under revenue bond agreements and capital lease obligations for the next five years and thereafter ending June 30 are as follows:

(in thousands of dollars)

2015	\$ 13,281
2016	15,671
2017	16,014
2018	16,497
2019	16,830
Thereafter	487,077
	<u>\$ 565,370</u>

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Outstanding revenue bonds as of June 30, 2014 include:

NLH Bonds:

(1) Series 2013 Revenue Bonds

In October 2013, NLH refunded its Series 2007 Revenue Bonds through the issuance of New Hampshire Health and Education Facilities Authority (NHHEFA) Series 2013 Revenue Bonds of \$15,520,000. Additional borrowings were obtained (up to \$9,480,000 Revenue Bonds, Series 2013B) for the construction of a new health center building in Newport, NH. The bonds mature in variable amounts through 2043, the maturity date of the bonds, but are subject to mandatory tender in ten years. Interest is payable monthly and is equal to the sum of .72 times the Adjusted LIBOR Rate plus .72 times the credit spread rate. The bonds are collateralized by the gross receipts and property of New London Hospital Association, Inc. (NLHA). As part of the bond refinancing, the swap arrangement was effectively terminated for federal tax purposes with respect to the Series 2007 Revenue Bonds but remains in effect.

As of March 31, 2014, NLH's debt service coverage ratio was .69 which is below the covenant minimum of 1.1 to 1.0; therefore NLH was in violation of its covenant. NLH received a waiver of compliance from its lenders as of the date of this report.

Dartmouth-Hitchcock Obligated Group (DHOG) Bonds:

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The remaining members of the obligated group consist of MHMH and DHC. Effective August 1, 2013, Cooley Dickinson Hospital, Inc. (CDH) formally withdrew from the DHOG.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive of which are the Maximum Annual Debt Service Coverage Ratio (1.10x) and the Days Cash on Hand Ratio (> 75 days).

(2) Series 2012A and 2012B Revenue Bonds

MHMH, through the DHOG, issued NHHEFA Revenue Bonds, Series 2012A and Series 2012B in November 2012. The proceeds from the Series 2012A and 2012B were used to advance refund the Series 2002 Revenue Bonds and to cover cost of issuance. Interest on the 2012A Revenue Bonds is fixed with an interest rate of 2.29% and matures at various dates through 2031. Interest on the Series 2012B Revenue Bonds is fixed with an interest rate of 2.33% and matures at various dates through 2031.

(3) Series 2012 Bank Loan

MHMH and DHC, through the DHOG, issued the Bank of America, N.A. Series 2012 note, in July 2012. The proceeds from the Series 2012 note were used to prefund the D-H defined benefit pension plan. Interest on the Series 2012 note accrues at a fixed rate of 2.47% and matures at various dates through 2019.

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(4) Series 2011 Revenue Bonds

MHMH, through the DHOG, issued NHHEFA Revenue Bonds, Series 2011 in August 2011. The proceeds from the Series 2011 Revenue Bonds were primarily used to advance refund the Series 2001A Revenue Bonds. The Series 2011 Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30, 2014 was 1.04%. The Series 2011 Bonds are callable by the bank upon the end of seven years or may be renegotiated at that time.

(5) Series 2010 Revenue Bonds

MHMH, through the DHOG, issued NHHEFA Revenue Bonds, Series 2010, in June 2010. The proceeds from the Series 2010 Revenue Bonds were primarily used to construct a 140,000 square foot ambulatory care facility in Nashua, NH as well as various equipment. Interest on the bonds accrue at a fixed rate of 5.00% and mature at various dates through August 2040.

(6) Series 2009 Revenue Bonds

MHMH, through the DHOG, issued NHHEFA Revenue Bonds, Series 2009, in August 2009. The proceeds from the Series 2009 Revenue Bonds were primarily used to advance refund the Series 2008 Revenue Bonds. Interest on the Series 2009 Revenue Bonds accrue at varying fixed rates between 3.00% and 6.00% and mature at various dates through August 2038.

Outstanding joint and several indebtedness of the DHOG at June 30, 2014 approximates \$545,305,000.

The Master Trust Indenture requires that members of the DHOG establish certain debt service funds with the proceeds of the bonds, including the maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$493,000 at June 30, 2014 are classified as assets limited as to use in the accompanying consolidated balance sheet. For the year ended June 30, 2014 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statement of operations and changes in net assets as operating expense of approximately \$18,436,000 and as a reduction of investment income of \$3,669,000.

The estimated fair value of D-HH's long-term debt as of June 30, 2014 was approximately \$555,500,000 which was determined by discounting the future cash flows of each instrument at rates that reflect rates currently observed in publicly traded debt markets for debt of similar terms to organizations with comparable credit risk. The inputs to the assumptions used to determine the estimated fair value are based on observable inputs and are classified as level 2. For variable rate debt, the carrying value is equal to the fair value.

Swap Agreements

D-H is subject to market risks such as changes in interest rates that arise from normal business operation. D-H regularly assesses these risks and has established business strategies to provide natural offsets, supplemented by the use of derivative financial instruments to protect against the adverse effect of these and other market risks. D-H has established clear policies, procedures, and internal controls governing the use of derivatives and does not use them for trading, investment, or other speculative purposes.

In connection with the issuance of the Series 2001A Bonds, D-H entered into an interest rate swap agreement (Fixed Payor Swap), with a notional amount of \$118,780,000, as a hedge against the variability of cash flows associated with its variable rate Series 2001A Bonds. The interest rate swap agreement matures August 31, 2031. The interest rate swap agreement effectively fixed the interest rate on the Series 2001A Bonds at 4.56%. As a result of the credit market disruptions in the

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autumn of 2008, the counterparty to the Fixed Payor Swap exercised its option to apply the Securities Industry and Financial Markets Association (SIFMA) rate index through August 1, 2011 for purposes of calculating the interest to be received under the Fixed Payor Swap. The SIFMA rate index replaced the previous method of using the rate of interest on the Series 2001A Bonds. Effective August 1, 2011 and through the maturity of the agreement, the interest to be received under the Fixed Payor Swap is based on the LIBOR index.

In connection with the advance refunding of the Series 2001A Revenue Bonds through the issuance of the Series 2011 Revenue Bonds, D-H also amended the Fixed Payor Swap resulting in a partial redemption of approximately \$4,068,000 and a re-designation as a cash flow hedge of the Series 2011 Revenue Bonds, effective September 1, 2011. The notional amount of the amended Fixed Payor Swap is \$91,040,000. The amended Fixed Payor Swap effectively fixes the interest rate on the Series 2011 Revenue Bonds at 4.56%.

The obligation of D-H to make payments on its bonds with respect to interest is in no way conditional upon D-H's receipt of payments from the interest rate swap agreement counterparty.

NLH retained its interest rate swap agreement on \$15,000,000 of its outstanding bond obligation to hedge the interest rate risk associated with the Series 2013 bond. The interest rate swap agreement requires the NLH to pay the swap counterparty, a fixed rate of 3.9354% in exchange for the counterparty's payment to NLH of a variable rate based on 67% of the USD-LIBOR-BBA. NLH retains the sole right to terminate the swap agreement should the need arise.

At June 30, 2014 the fair value of the Health System's interest rate swaps was a liability of \$24,413,000. The change in fair value during the year ended June 30, 2014 was recorded as a \$1,538,000 increase to unrestricted net assets and a \$570,000 nonoperating loss. There was no material impact on operations due to hedge ineffectiveness.

12. Employee Benefits

Defined Benefit Plan

Employees of D-H who were employed or offered employment prior to February 9, 2006, and who met certain age and service requirements were covered by one of two defined benefit pension plans. The benefits are based on years of service and the employee's average compensation. Contributions are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future.

On March 14, 2013, the D-H Board of Trustees approved the enactment of a five-year delayed freeze of the defined benefit plan. After December 31, 2017 participants will no longer earn benefits under the defined benefit plan, and will transition to the defined contribution plan. The Board also approved the elimination of the transition payments associated with the 2006 choice program after December 31, 2017.

In addition, D-H began a process to settle the obligations of the defined benefit pension plan through a bulk lump sum distribution and purchase of annuity contracts to settle a portion of the benefit obligations due to retirees. The annuity purchase process will follow broad guidelines established by the Department of Labor ("DOL") and plan to continue over the next five years.

In addition to the defined benefit pension plans, D-H established the Dartmouth-Hitchcock Retirement Program in 2006. The Dartmouth-Hitchcock Retirement Program consists of three components, all defined contribution in nature: an employer-sponsored 403(b) pre-tax program, an

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employer-sponsored 401(a) plan, and a nonqualified supplemental retirement program. Under the Dartmouth-Hitchcock Retirement Program, D-H has allowed certain employees of DHC and MHMH to continue to earn benefit service in the defined benefit pension plan, provided that they met certain criteria. Other employees, comprised of employees (1) who received an offer of employment on or after February 9, 2006, (2) who have not been eligible to participate in or accrue benefits under the defined benefit pension plans, and (3) who have made the choice to irrevocably elect to participate in the new retirement program, are not eligible to earn benefit service in the defined benefit pension plans after December 31, 2006.

D-H also sponsors postretirement healthcare plans for retired employees, and DHC provides postretirement life insurance benefits for retired employees.

Net periodic pension expense included in employee benefits in the consolidated statement of operations and changes in net assets is comprised of the components listed below for the year ended June 30, 2014:

(in thousands of dollars)

Service cost for benefits earned during the year	\$	12,122
Interest cost on projected benefit obligation		41,821
Expected return on plan assets		(55,177)
Net prior service cost		380
Net loss amortization		17,285
	\$	<u>16,431</u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2014:

Weighted average discount rate	5.50 %
Rate of increase in compensation	Age Graded
Expected long-term rate of return on plan assets	7.75 %

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The following table sets forth the funded status and amounts recognized in D-H's consolidated financial statements for the above referenced defined benefit pension plans at June 30, 2014:

(in thousands of dollars)

Change in benefit obligation

Benefit obligation at beginning of year	\$ 812,374
Service cost	12,122
Interest cost	41,821
Benefits paid	(31,467)
Actuarial (gain) loss	94,207
Settlements	(51,975)
Benefit obligation at end of year	<u>877,082</u>

Change in plan assets

Fair value of plan assets at beginning of year	718,064
Actual return on plan assets	112,218
Benefits paid	(31,467)
Employer contributions	37,050
Settlements	(51,975)
Fair value of plan assets at end of year	<u>783,890</u>
Funded status of the plans	<u>(93,192)</u>
Current portion of liability for pension	(5,142)
Long term portion of liability for pension	(88,050)
Liability for pension	<u>\$ (93,192)</u>

For the year ended June 30, 2014 the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheet.

Amounts not yet reflected in net periodic pension expense and included in the change in unrestricted net assets are as follows as of June 30, 2014:

(in thousands of dollars)

Net actuarial loss	\$ 311,084
Prior service cost	989
	<u>\$ 312,073</u>

The estimated amounts that will be amortized from unrestricted net assets into net periodic pension expense in 2015 are as follows:

(in thousands of dollars)

Unrecognized prior service cost	\$ 380
Net actuarial loss	24,050
	<u>\$ 24,430</u>

The accumulated benefit obligation for the defined benefit pension plans was approximately \$856,673,000 at June 30, 2014.

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The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2014:

Weighted average discount rate	4.90 %
Rate of increase in compensation	Age Graded
Expected long-term rate of return on plan assets	7.75

The primary investment objective for the Plan assets is to support the Pension liabilities of the Pension Plan for Employees of D-H, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of plan liabilities. As of June 30, 2014, it is expected that the LDI strategy will hedge approximately 70% of the interest rate risk associated with the pension liabilities. To achieve these appreciation and hedging objectives, plan assets utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	3%
Domestic debt securities (non-Governmental)	20–58	42
International debt securities	6–26	10
Domestic equities	5–35	18
International equities	5–15	10
Emerging market equities	3–13	5
Private equity funds	0–5	-
Hedge funds	5–18	12

To the extent an asset class falls outside of its target range on a quarterly basis, D-H shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

The Boards of Trustees of D-H, as Plan Sponsors, oversee the design, structure, and prudent professional management of the D-H Plans' assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plan's assets are the same as outlined in Note 8. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. D-H Plans own interests in

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these funds rather than in securities underlying each fund and, therefore, are generally required to consider such investments as Level 2 or Level 3, even though the underlying securities may not be difficult to value or may be readily marketable.

The following table sets forth D-H Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2014:

<i>(in thousands of dollars)</i>	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	\$ 7,205	\$ 51,347	\$ -	\$ 58,552	Daily	1
Domestic debt securities	74,388	241,679	-	316,067	Daily-Monthly	1-15
Global debt securities	39,591	46,151	-	85,742	Daily-Monthly	1-15
Domestic equities	131,761	10,390	-	142,151	Daily-Monthly	1-10
International equities	-	77,262	-	77,262	Daily-Monthly	1-11
Emerging market equities	-	41,537	-	41,537	Daily-Monthly	1-17
Private equity funds	-	-	3,944	3,944	See Note 6	See Note 6
Hedge funds	-	30,169	28,466	58,635	Quarterly-Annual	60-96
Total investments	<u>\$ 252,945</u>	<u>\$ 498,535</u>	<u>\$ 32,410</u>	<u>\$ 783,890</u>		

The following table presents additional information about the changes in Level 3 assets measured at fair value for the year ended June 30, 2014:

<i>(in thousands of dollars)</i>	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	\$ 26,449	\$ 12,761	\$ 39,210
Purchases	-	6	6
Sales	(709)	(9,220)	(9,929)
Net realized (losses) gains	(59)	1,470	1,411
Net unrealized gains	2,785	(1,073)	1,712
Balances at end of year	<u>\$ 28,466</u>	<u>\$ 3,944</u>	<u>\$ 32,410</u>

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2014 were approximately \$7,187,000. There were no transfers into and out of Level 3 measurements during the year ended June 30, 2014.

There were no transfers into and out of Level 1 and Level 2 measurements due to changes in valuation methodologies during the year ended June 30, 2014.

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The weighted average asset allocation for the D-H Plans at June 30, 2014 by asset category is as follows:

Cash and short-term investments	7 %
Domestic debt securities (non-Governmental)	40
Global debt securities	11
Domestic equities	18
International equities	10
Emerging market equities	5
Private equity funds	1
Hedge funds	8
	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.75% per annum.

D-H is expected to contribute approximately \$37,000,000 to the Plans in 2015.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2015 and thereafter:

<i>(in thousands of dollars)</i>	Pension Plans
2015	\$ 30,664
2016	30,979
2017	33,735
2018	36,867
2019	40,192
2020-2024	252,092

Defined Contribution Plans

The Dartmouth-Hitchcock Retirement Plan is an employer-sponsored 401(a) plan, under which D-H makes base, transition, and match contributions based on specified percentages of compensation and employee deferrals. The 401(a) plan includes a discretionary match provision. The discretionary match contributions paid during the year ended June 30, 2014 were \$3,419,000. Total employer contributions to the plan of \$33,068,000 in 2014 are included in employee benefits in the accompanying consolidated statement of operations and changes in net assets.

NLH has a tax-sheltered annuity plan under which contributions can be made into the plans by all employees. NLH makes contributions to the plan computed at a percentage of yearly earnings, for employees who meet certain annual and consecutive service requirements, as defined by the plan documents. NLH has temporarily suspended further contributions on behalf of its employees for 2014.

Postretirement Medical and Life Benefits

D-H has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical and life insurance benefits to certain retired employees of D-H who meet age and years of service requirements. The plans are not funded.

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Net periodic postretirement medical and life benefit cost is comprised of the components listed below for the year ended June 30, 2014:

(in thousands of dollars)

Service cost	\$	1,803
Interest cost		4,411
Amortization of net transition asset		7
	\$	<u>6,221</u>

The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in D-H's consolidated financial statements at June 30, 2014:

(in thousands of dollars)

Change in benefit obligation		
Benefit obligation at beginning of year	\$	84,538
Service cost		1,803
Interest cost		4,411
Benefits paid		(5,770)
Actuarial loss		5,450
Plan amendments		<u>(39,426)</u>
Benefit obligation at end of year		<u>51,006</u>
Funded status of the plans		<u>(51,006)</u>
Liability for postretirement medical and life benefits	\$	<u>(51,006)</u>

The plan amendments are primarily related to the Board's decision to offer retiree health care benefits to post-65 retirees and covered post-65 dependents through a private Medicare exchange beginning in April 2015.

For the year ended June 30, 2014 the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheet.

Amounts not yet reflected in net periodic postretirement medical and life benefit cost and included in the change in unrestricted net assets are as follows:

(in thousands of dollars)

Net prior service credit	\$	(39,426)
Net actuarial loss		9,559
	\$	<u>(29,867)</u>

The estimated amounts that will be amortized from unrestricted net assets into net periodic postretirement expense in 2014 are as follows:

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
Year Ended June 30, 2014

(in thousands of dollars)

Net prior service credit	\$	(5,974)
Net loss		513
	\$	<u>(5,461)</u>

In determining the accumulated postretirement medical and life benefit obligation, D-H used a discount rate of 4.7% in 2014 and an assumed healthcare cost trend rate of 7.25%, trending down to 4.75% in 2019 and thereafter. Increasing the assumed healthcare cost trend rates by one percentage point in each year would increase the accumulated postretirement medical benefit obligation as of June 30, 2014 by \$4,411,000 and the net periodic postretirement medical benefit cost for the year then ended by \$576,000. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement medical benefit obligation as of June 30, 2014 by \$3,759,000 and the net periodic postretirement medical benefit cost for the year then ended by \$649,000.

13. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College and The Cheshire Health Foundation are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a Vermont captive insurance company. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

NLH is covered for malpractice claims under a modified claims-made policy purchased through NEAH. While NLH remains in the current insurance program under this policy, the coverage year is based on the date the claim is filed subject to a medical incident arising after the retroactive date (includes prior acts). The policy provides modified claims-made coverage for former insured providers for claims that relate to the employee's period of employment at NLH and for services that were provided within the scope of the employee's duties. Therefore, when the employee leaves the organization, tail coverage is not required.

Selected financial data of HAC and RRG, taken from the latest available audited and unaudited financial statements, respectively at June 30, 2014 are summarized as follows:

<i>(in thousands of dollars)</i>	HAC <i>(audited)</i>	RRG <i>(unaudited)</i>	Total
Assets	\$ 104,644	\$ 1,880	\$ 106,524
Shareholders' equity	13,620	569	14,189
Net income	-	26	26

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
Year Ended June 30, 2014

14. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

Operating Leases and Other Commitments

The Health System leases certain facilities and equipment under operating leases with varying expiration dates. The Health System's rental expense totaled approximately \$9,925,000 for the year ended June 30, 2014. Minimum future lease payments under non-cancelable operating leases at June 30, 2014 were as follows:

(in thousands of dollars)

2015	\$	6,854
2016		5,638
2017		2,525
2018		1,343
2019		913
Thereafter		1,767
	\$	<u>19,040</u>

Line of Credit

On July 28, 2011 D-H entered into a Loan Agreement with a financial institution establishing access to revolving loans of up to \$60,000,000. Interest is variable and determined using LIBOR. The Loan Agreement was due to expire on February 28, 2014, and an extension was negotiated through February 28, 2015 with the provision that the maximum revolving amount from May 1, 2014 through September 30, 2014 shall be temporarily reduced to \$30,000,000. As of and for the twelve months ended June 30, 2014, there was no outstanding balance and interest expense was approximately \$185,000 and is included in the consolidated statement of operations and changes in net assets.

NLH had a \$2,000,000 available line of credit with a local bank, collateralized by a second security interest in the NLH gross receipts and accounts receivable. Interest on borrowings was charged at the Wall Street Journal Prime plus .5%. The line of credit expired in October 2013 as part of the NLH's refunding of its 2007 Series Revenue Bonds.

15. Functional Expenses

Approximate operating expenses of the Health System by function are as follows for the year ended June 30, 2014:

(in thousands of dollars)

Program services	\$	1,188,407
Management and general		172,026
Fundraising		8,111
	\$	<u>1,368,544</u>

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Notes to Financial Statements
Year Ended June 30, 2014

16. Subsequent Events

The Health System has assessed the impact of subsequent events through November 26, 2014, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

Effective July 1, 2014, D-HH became the sole corporate member of Mt. Ascutney Hospital and Health Center (MAHHC) through an affiliation agreement. The new affiliation is intended to strengthen the clinical services offered by MAHHC, continue to improve population health in the region and reduce overall healthcare spending.

D-HH's board of trustees has elected to cease operations of ivy MD effective October 3, 2014.

MHMH, through the DHOG, issued NHHEFA Revenue Bonds, Series 2014A and 2014B in August 2014 through a private placement with two financial institutions. The Series 2014A and 2014B Revenue Bonds were primarily used to refinance a portion of the Series 2009 Revenue Bonds. The Series 2014A and 2014B Revenue Bonds accrue interest variably and mature at various dates through 2033.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheet
June 30, 2014

		<i>(in thousands of dollars)</i>						
		Dartmouth-Hitchcock Obligated Group	Dartmouth-Hitchcock Health	New London Hospital	The Hitchcock Foundation	Dartmouth-Hitchcock Medical Center	Eliminations	Dartmouth-Hitchcock Health and Subsidiaries
Assets								
Current assets								
Cash and cash equivalents	\$	45,438	377	4,179	213	720	-	50,927
Patient accounts receivable, net		178,066	-	6,540	-	-	-	184,606
Prepaid expenses and other current assets		92,372	4,503	2,907	171	496	(9,147)	91,302
Total current assets		315,876	4,880	13,626	384	1,216	(9,147)	326,835
Assets limited as to use								
Other investments for restricted activities		618,393	-	10,792	-	-	-	629,185
Property, plant, and equipment, net		77,622	-	-	24,053	-	-	101,675
Other assets		442,441	534	39,101	2	2,675	-	484,753
Total assets	\$	1,517,123	8,627	71,389	24,449	4,050	(10,682)	1,614,956
Liabilities and Net Assets								
Current liabilities								
Current portion of long-term debt	\$	12,487	-	794	-	-	-	13,281
Current portion of liability for pension and other postretirement plan benefits		5,142	-	-	-	-	-	5,142
Accounts payable and accrued expenses		87,663	9,623	2,907	1,304	673	(9,147)	93,023
Accrued compensation and related benefits		76,407	-	2,168	-	-	-	78,575
Estimated third-party settlements		25,103	-	5,574	-	-	-	30,677
Total current liabilities		206,802	9,623	11,443	1,304	673	(9,147)	220,698
Long-term debt, excluding current portion		532,336	-	18,367	-	-	-	550,703
Insurance deposits and related liabilities		68,498	-	-	-	-	-	68,498
Interest rate swaps		21,103	-	3,310	-	-	-	24,413
Liability for pension and other postretirement plan benefits, excluding current portion		139,056	-	-	-	-	-	139,056
Other liabilities		46,568	-	1,412	-	-	-	47,980
Total liabilities		1,014,363	9,623	34,532	1,304	673	(9,147)	1,051,348
Net assets								
Unrestricted		415,333	(996)	32,297	14,358	3,218	(1,535)	462,675
Temporarily restricted		57,518	-	318	6,669	159	-	64,664
Permanently restricted		29,909	-	4,242	2,118	-	-	36,269
Total net assets		502,760	(996)	36,857	23,145	3,377	(1,535)	563,608
Commitments and contingencies		-	-	-	-	-	-	-
Total liabilities and net assets	\$	1,517,123	8,627	71,389	24,449	4,050	(10,682)	1,614,956

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statement of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2014

<i>(in thousands of dollars)</i>	Dartmouth- Hitchcock Obligated Group	Dartmouth- Hitchcock Health	New London Hospital	The Hitchcock Foundation	Dartmouth- Hitchcock Medical Center	Eliminations	Dartmouth- Hitchcock Health and Subsidiaries
Unrestricted revenue and other support							
Net patient service revenue	\$ 1,190,366	-	39,482	-	-	-	1,229,848
Contracted revenue	91,034	1,004	-	710	-	(358)	92,390
Other operating revenue	57,306	2,435	2,161	1,704	6,933	(5,735)	64,804
Net assets released from restrictions	10,274	-	94	1,302	-	-	11,670
Total unrestricted revenue and other support	1,348,980	3,439	41,737	3,716	6,933	(6,093)	1,398,712
Operating expenses							
Salaries	649,981	1,071	21,070	-	-	3,594	675,716
Employee Benefits	198,359	311	4,783	-	-	699	204,152
Medical supplies and medications	188,905	-	7,512	-	-	(20)	196,397
Purchased services and other	150,033	6,077	5,897	2,816	6,934	(8,301)	163,456
Medicaid enhancement tax	32,636	-	1,852	-	-	-	34,488
Geisel school of medicine support	4,875	1,625	-	-	-	-	6,500
Depreciation and amortization	54,894	103	2,711	-	21	-	57,729
Interest	17,777	-	659	-	-	-	18,436
Expenditures relating to net assets released from restrictions	-	-	-	-	-	-	-
Total operating expenses	10,274	-	94	1,302	-	-	11,670
	1,307,734	9,187	44,578	4,118	6,955	(4,028)	1,368,544
Nonoperating gains (losses)							
Operating margin	41,246	(5,748)	(2,841)	(402)	(22)	(2,065)	30,168
Investment gains	49,729	(267)	1,144	2,529	-	-	53,135
Other, net	(3,489)	333	287	-	-	2,065	(804)
Contribution revenue from acquisition	-	33,692	-	-	-	-	33,692
Total nonoperating gains, net	46,240	33,758	1,431	2,529	-	2,065	86,023
Excess (deficiency) of revenue over expenses	87,486	28,010	(1,410)	2,127	(22)	-	116,191
Unrestricted net assets:							
Net assets released from restrictions (Note 8)	485	-	15	263	-	-	763
Change in funded status of pension and other postretirement benefits	14,769	-	-	-	-	-	14,769
Net assets transferred to affiliate	(4,435)	(29,257)	33,692	-	-	-	-
Additional paid in capital	-	1,348	-	-	-	(1,348)	-
Change in fair value on interest rate swaps	1,538	-	-	-	-	-	1,538
Increase (decrease) in unrestricted net assets	99,843	101	32,297	2,390	(22)	(1,348)	133,261

DARTMOUTH-HITCHCOCK (D-H)
DARTMOUTH-HITCHCOCK HEALTH (D-HH)

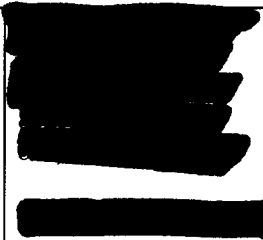
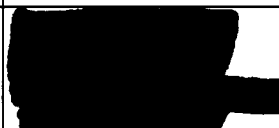
BOARDS OF TRUSTEES AND OFFICERS

(20 Trustees)

Effective: March 20, 2015

Troyen A. Brennan, MD, MPH (Wendy Warring) MHMH/DHC/D-HH Trustee <i>Executive Vice President and Chief Medical Officer of CVS Health</i> CVS Health One CVS Drive, Mail Drop 1000 Woonsocket, RI 02895 [REDACTED] [REDACTED]	401/770-2350 (o) [REDACTED] [REDACTED] [REDACTED] troyen.brennan@cvshealth.com Assistant: Debbi Gobeille debra.gobeille@cvshealth.com	MHMH/DHC: Elected on 3/20/2015. Term began 4/1/2015. Full term expires 12/31/2023. D-HH: Elected on 3/20/2015 as a DHC rep.
R. William Burgess, Jr. (Barbara) MHMH/DHC/D-HH Trustee <i>Managing Partner, ABS Ventures</i> North Bridge (work) 950 Winter St. Waltham, MA 02451 [REDACTED] [REDACTED]	781/250-0411 (o) [REDACTED] [REDACTED] bill@absventures.com	MHMH/DHC: Elected on 12/5/2014. Term began 1/1/2015. Full term expires 12/31/2023. D-HH: Elected on 9/19/2014 to complete Bill Helman's term as DC rep through 12/31/2014 and to begin his own 4 yr term on 1/1/2015 (ending 12/31/2018).
Duane A. Compton, PhD MHMH/DHC/D-HH Trustee <i>Ex-Officio: Interim Dean, Geisel School of Medicine at Dartmouth</i> HB 7060 Hanover, NH 03755 [REDACTED] [REDACTED]	603/650-1200 (o) [REDACTED] [REDACTED] duane.a.compton@dartmouth.edu Assistant: Becky Townsend rebeca.l.townsend@dartmouth.edu	MHMH/DHC/D-HH: Ex-officio (effective 7/15/2014).
William J. Conaty (Sue) MHMH/DHC/D-HH Trustee <i>President, Conaty Consulting, LLC</i> [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	MHMH/DHC: Term began 6/1/2011. Full term expires 5/31/2020. D-HH: Elected DHC rep. trustee (on 12/9/11) effective 1/1/2012.

Vincent S. Conti (Meredith) MHMH/DHC/D-HH Trustee <i>Retired President & CEO, Maine Medical Center</i> [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	MHMH/DHC: President appointed to MHMH Aug-Dec 2009. Nominated to both MHMH/DHC on 8/13/09 for a term to start 1/1/2010. Full term expires 12/31/2018. D-HH: Elected 12/2/09 as an MHMH rep.
Denis A. Cortese, MD (Donna) MHMH/DHC/D-HH Trustee <i>Foundation Professor at Arizona State University (ASU) and Director of ASU's Healthcare Delivery and Policy Program</i> [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] Arizona State University- Healthcare Delivery and Policy Program 13212 E. Shea Blvd Scottsdale, AZ 85259 Phillip Barr [REDACTED] phillip.barr@asu.edu	MHMH: President appointed to MHMH effective 9/1/2012 (approved by the BoT 6/15/12). Nominated to both MHMH/DHC on 12/7/12 for a term to start 1/1/2013. Full term expires 12/31/2021. D-HH: Elected on 3/15/13 as an MHMH rep.
Barbara J. Couch (Richard) MHMH/DHC/D-HH Boards' Secretary <i>President of Hypertherm's HOPE Foundation (includes leadership of all of Hypertherm's philanthropic and volunteer initiatives)</i> [REDACTED]	[REDACTED] barbara.couch@hypertherm.com Assistant: Sue Shykula sue.shykula@hypertherm.com	MHMH/DHC: Nominated on 3/25/09; completed D. Weaver's term through 12/31/09. Full term began 1/1/2010. Full term expires 12/31/2018. D-HH: Elected MHMH rep. trustee (on 12/9/11) effective 1/1/2012.
Paul P. Danos, PhD (Mary Ellen) MHMH/DHC/D-HH Boards' Treasurer <i>Dean; Laurence F. Whittemore Professor of Business Administration, Tuck School of Business at Dartmouth</i> [REDACTED] [REDACTED] [REDACTED]	[REDACTED] paul.danos@tuck.dartmouth.edu Assistant: Debbie Wilson debbie.wilson@tuck.dartmouth.edu	MHMH/DHC: Elected 2/5/2014 for a term beginning immediately. Term expires 12/31/2016. Full term expires 5/31/2022. D-HH: Elected DHC rep. trustee (on 2/5/2014) effective immediately, for an initial term ending 12/31/2016.

Matthew B. Dunne (Sarah) MHMH/DHC/D-HH Trustee <i>Manager of US Community Affairs, Google</i> 		MHMH/DHC: Term began 1/1/2013. Full term expires 12/31/2021. D-HH: Elected on 3/15/13 as an MHMH rep.
Senator Judd A. Gregg (Kathleen) MHMH/DHC Trustee <i>Senior Advisor to SIFMA</i> 		MHMH/DHC: Term began 1/1/2013. Full term expires 12/31/2021.
M. Brooke Herndon, MD (Eric Miller) MHMH/DHC (Lebanon Physician) Trustee <i>Staff Physician, Primary Care, DHMC (Heater Road)</i> 	 m.brooke.herndon@hitchcock.org bherndonmd@gmail.com	D-H: Elected on 3/20/2015 for a 3 year term that began 1/1/2015 and end 12/31/2017
Barbara C. Jobst, MD (Markus) MHMH/DHC (Lebanon Physician) Trustee <i>Section Chief of Adult Neurology at DHMC and Director of the Dartmouth-Hitchcock Epilepsy Center</i> 	 barbara.c.jobst@hitchcock.org Julie Bardales, Assistant julie.a.bardales@hitchcock.org	D-H: Elected on 12/6/2013 for a 3 year term to begin 1/1/2014 and end 12/31/2016.
Laura K. Landy (Robert Corman) MHMH/DHC/D-HH Trustee <i>President and CEO of the Fannie E. Rippel Foundation</i>  	 llandy@rippelfoundation.org Assistant: Patricia MacBain (x300) pmacbain@rippelfoundation.org	MHMH: President appointed to MHMH effective 9/1/2012 (approved by the BoT 6/15/12). Nominated to both MHMH/DHC on 12/7/12 for a term to start 1/1/2013. Full term expires 12/31/2021. D-HH: Elected on 3/15/13 as an MHMH rep.

Robert A. Oden, Jr., PhD (Teresa) MHMH/DHC/D-HH Boards' Chair <i>Retired President, Carleton College</i> [REDACTED]	[REDACTED] roden@carleton.edu	MHMH/DHC: President appointee to MHMH (1/27/11 - 12/31/11). Elected to MHMH/DHC Boards on 12/9/11 for a term 1/1/2012 - 12/31/2014. Full term expires 12/31/2020. Became Board Chair 1/1/2013. D-HH: Elected DHC rep. trustee (on 12/9/11) effective 1/1/2012.
Steven "Steve" A. Paris, MD (Susan) MHMH/DHC (Community Group Practice)/D-HH Trustee <i>Medical Director, D-H Manchester</i> 100 Hitchcock Way Manchester, NH 03104 [REDACTED]	[REDACTED] steven.a.paris@hitchcock.org Assistant: Amy Duhaime amy.l.duhaime@hitchcock.org	D-H: eBoG Trustee elected 2/2013. Term expires 12/31/2015. D-HH: elected to the Board on 6/28/13 for a term to begin immediately and end on 12/31/2015.
Charles G. Plimpton (Barbara) MHMH/DHC/D-HH Trustee <i>Retired Investment Banker</i> [REDACTED]	[REDACTED] charles.g.plimpton@gmail.com	MHMH/DHC: Elected on 3/20/2015. Term began 4/1/2015. Full term expires 12/31/2023. D-HH: Elected on 3/20/2015 as an MHMH rep.
Richard "Rick" J. Powell, MD (Roshini Pinto-Powell) MHMH/DHC (Lebanon Physician)/D-HH Trustee <i>Professor of Surgery and Radiology; Chief, Section of Vascular Surgery</i> One Medical Center Drive Lebanon, NH 03756 [REDACTED]	[REDACTED] richard.j.powell@hitchcock.org Assistant: Judy St. Hilaire judith.a.st.hilaire@hitchcock.org	D-H: eBoG Trustee elected 2/2013. Term expires 12/31/2015. D-HH: elected to the Board as a DHC rep on 12/6/2013 for a term to begin 1/1/2014 and end on 12/31/2015.
Richard I. Rothstein, MD (Lia) MHMH/DHC (Clinical Chair) Trustee <i>Joseph M. Huber Professor, Chair, Department of Medicine, and Senior Associate Dean for Clinical Affairs for the Geisel School of Medicine</i> One Medical Center Drive Lebanon, NH 03756 [REDACTED]	[REDACTED] richard.i.rothstein@hitchcock.org Assistant: Anne Hill anne.a.hill@hitchcock.org	D-H: Clinical Chair/Center Director Trustee, elected 2/2013. Term expires 12/31/2015.

Anne-Lee Verville MHMH/DHC/D-HH Boards' Vice Chair <i>Retired senior executive, IBM</i> [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	MHMH/DHC: Completed Fuehrer's term through 12/31/08. Nominated on 12/17/08. Term began 1/1/2009. Full term expires 12/31/2017. D-HH: Elected 9/3/10 as an MHMH rep. trustee. Re-elected on 12/6/2013 as a DHC rep for a term to end on 12/31/2015.
James N. Weinstein, DO, MS (Mimi) MHMH/DHC/D-HH Trustee <i>Ex-officio: CEO, Dartmouth-Hitchcock; President, D-HH</i> One Medical Center Drive Lebanon, NH 03756	[REDACTED] james.n.weinstein@hitchcock.org Assistant: Faith Johnston: faith.e.johnston@hitchcock.org	MHMH/DHC/D-HH: Ex-officio as DHC President effective 1/14/2010. Ex-officio as CEO of D-H began 11/1/2011. Voted by the D-HH Board as President on 9/1/2012 or upon vacancy. Became President on 11/14/2011 when Dr. Colacchio resigned.

Administrative Support:

Kimberley A. Gibbs (603/650-8779) (o)
Director, Governance & Leadership
One Medical Center Drive, Lebanon, NH 03756
kimberley.a.gibbs@hitchcock.org
Fax: 603/650-7440

Claire M. Lillie (603/650-5244) (o)
Jessica L. Osgood (603/650-7573) (o)
Exec. Coordinators for Governance & Leadership
claire.m.lillie@hitchcock.org
jessica.l.osgood@hitchcock.org

Gregory A. Norman

SUMMARY OF QUALIFICATIONS

Capable, grounded leader dedicated to integrity and social justice in pursuit of a healthier community. Demonstrated ability to partner with community organizations to identify community needs, design projects and services to address those needs, and pursue funding to support those projects. Consistent and reliable achiever who strives for excellence.

PROFESSIONAL EXPERIENCE

DARTMOUTH-HITCHCOCK

Lebanon, NH (2007-Present)

Director, Dept. of Community Health Improvement and Benefits (Consulting Basis, Nov. 2007-Feb.2009)

Provide leadership for Dartmouth-Hitchcock's Community Health Improvement initiatives as well as timely and complete Community Benefits reporting. Key areas of work and accomplishments include:

- *Upper Valley Healthy Eating Active Living Partnership:* Provides leadership and organizing to develop a coalition of 20+ organizations, schools, and individuals to develop policy, capacity development, practice, and communication interventions to address childhood obesity in the Upper Valley region. Project is funded as one of five NH HEAL community grantee sites. Changing school wellness policies, supporting development of trails and walking/biking paths, catalyzing Safe Routes to School projects, supporting enhanced clinical approaches to healthy weight and obesity, supporting produce access projects in communities and workplaces, and developing communications plans to mobilize community support and change social norms related to healthy eating and active living.
- *Substance Use Prevention and Treatment:* Currently Chair of Bridges to Prevention, the Strategic Prevention Framework Community Prevention Coalition for southern Grafton County. Bridges to Prevention is an effort to develop community driven, evidence-based prevention capacities and projects that address data-driven population health needs. Additionally, oversee delivery of Dartmouth-Hitchcock's "Mapping the Addiction Maze" community networking and organizing programs by developing twice annual events focused on substance use related issues that are attended by ~100 professionals. "Addiction Maze" events often serve as springboards for local organizations to individually or collaboratively address identified regional needs. Provided planning/organizing assistance leading to development of the Grafton County Drug Court, and the development of Youth Empowerment Services, an Adolescent Treatment Initiative evidence-based approach to treating adolescent substance use in the Lebanon/Sullivan county region.
- *Community Initiatives to Meet Health Needs of Older Adults:* Adapted the "Addiction Maze" model to convene regional provider of services for older adults for twice annual meetings. Ongoing workgroups include examining how care management services can be extended to new geographic areas and populations to reduce hospitalizations and promote aging-in-place, and how Dartmouth-Hitchcock can support the multiple fledgling aging in place workgroups that are emerging in our region. Facilitated portions of the 2009 Grafton County Senior Citizen's Council strategic planning process.
- *Patient and Family Education:* Oversaw development of new patient and family education classes, support groups, and screenings taking place at Dartmouth-Hitchcock Medical Center's Health Education Center. Worked with clinical providers and other hospital staff to identify new approaches to using the Health Education Center as a venue for patients and their families to become empowered consumers of health care services.
- *WARM Collaborative:* Provided leadership and technical assistance to the WARM Collaborative, a consortium of more than 20 regional organizations to address threats to community health that high home heating fuel costs posed in August 2008. Organizing efforts included community education and media campaigns in NH and VT, engagement of town, city, and public safety officials, and fund development to support fuel assistance programs and a new weatherization initiative. Worked with regional Senior Citizens Councils to develop and implement "One Minute Checklist" safety checks used by Home Delivered Meals volunteers to identify older adults in danger due to heating-related risks.
- *Community Benefits Reporting and Planning:* Oversee data gathering and compilation of financial and service statistics to complete and file Dartmouth-Hitchcock's annual Community Benefits Report and Plan as required by the State of NH. One aspect of this work involves working closely with the Upper Valley United Way to complete the Community Needs Assessments, and working with the United Way and Alice Peck Day Memorial Hospital to develop add-on surveys to help prioritize community health needs.

MANAGEMENT CONSULTANT / GRANTWRITER Norwich, VT (2002-Present)

Operated a private consulting practice centered on fund development and grant writing, as well as organization development and non-profit management issues. Combined fund development, strategic planning, program planning, and development of measurable outcomes to help organizations achieve their missions. Work has included developing grant proposals to private foundations, United Way organizations, town, county, state and federal governments; as well as consultation for annual and capital appeals, development planning and public relations efforts. More than 75% of funding initiatives were successful, raising more than \$2.2 million dollars for local organizations. Provided clients with additional consultation including program development, financial reporting, and strategic decision-making. Clients have included Dartmouth-Hitchcock Medical Center's Community Health Improvement and Benefits Office, Dartmouth Medical School Department of Psychiatry, the Sullivan County Oral Health Collaborative, Partners in Health, the Center for Cartoon Studies, Special Needs Support Center

(formerly *Upper Valley Support Group*), the Lebanon Housing Authority, Headrest, West Central Behavioral Health, Grafton County Senior Citizens Council, the Connecticut River Birding Trail, and Vital Communities. Consciously restricted practice to a small scale in order to serve as the at-home parent for two children during this time.

Significant accomplishments and assignments during this time included:

- Served as Treatment Liaison to the Grafton County Drug Court (GCDC) Steering Committee. Guided the development of service agreements between GCDC and community substance use treatment facilities to ensure high-quality treatment services are available to that program. Supported development of federal funding proposals for this program.
- Guided development of and wrote successful funding proposal that led to the creation of Youth Empowerment Services (YES), an evidence-based adolescent outpatient substance use treatment collaborative in the Lebanon-Claremont-Newport region. Provided ongoing expertise in goal setting and development of referral generation strategies at critical moments in this project's implementation.
- Provided grant-writing assistance that secured NH State Public Health funding for the Dartmouth-Hitchcock Medical Center / Dartmouth Medical School's Addiction Treatment Program, the Upper Valley's first NH-based intensive outpatient substance use disorders treatment program.
- Provided grant writing and planning assistance leading to NH State Public Health funding for the Tobacco-Free Upper Valley Coalition.
- Provided grant-writing and planning assistance to secure federal Title III funds for a substance use / mental health electronic screening and intervention project intended to help medical providers in Hitchcock Clinic's HIV Program better identify and treat patients with HIV infection and co-occurring substance use / mental health disorders.
- Served as Interim Executive Director of Headrest for three months at the request of the Board of Directors during a critical period in this organization's existence. Resolved numerous delicate personnel issues, repaired relationships with key funding sources, and worked with Board of Directors to prioritize and initiate new fund development strategies. During an earlier consultation at Headrest, identified and highlighted severe and immediate financial threats to the organization's existence, and made recommendations to the Board of Directors on means to address these crises.

THE FAMILY PLACE

Norwich, VT (1999-2001)

Business Manager / Supervisor of Healthy Babies and Reach Up Program

- Served as Acting Director for two months while Executive Director took an extended leave.
- Reduced staff turnover through a major revision of personnel and benefits policies.
- Supervised a \$950,000+ annual budget, including financial reporting and audit preparation.
- Guided major changes in The Family Place's accounting practices to bring the agency into compliance with federal single point (A-133) audit requirements.
- Doubled services provided through The Family Place's Healthy Babies home visiting services.
- Oversaw the introduction of computer networking.
- Supervised seven Family Place home visiting and administrative staff.
- Generated revenue to support new and emerging programs at The Family Place through successful grant writing and development activities.

HEADREST, INC.

Lebanon, NH (1988-1998 and Oct.-Dec. 2004)

- Developed Headrest's Teen Programs. At inception, no formal services to teens existed at Headrest. By 1998, more than 1,000 youth utilized Headrest's Teenline annually, and more than 200 youth in high-risk situations received services through Headrest's youth development services each year. Services included support groups for teens affected by substance use issues, weekend leadership and at-risk programs, peer leadership training, Teenline services, youth offender substance use treatment services, and community presentations and training.
- Trained and supervised more than 40 Crisis Intervention/ Information & Referral Hotline staff and volunteers, and trained and coached 10+ volunteer staff for weekend and day-long intensive prevention services. Supervised 3 Teen Program staff members and volunteers.
- Oversaw Headrest's Clinically Managed Residential Detoxification program and transformed its practices from a 2-3 day emergency approach to a long-term, case management approach. This tripled utilization and increased the rate of clients' successful return to independent living.

EDUCATION

Master of Science in Management

- Antioch New England Graduate School, Department of Organization and Management (June 1999).
Emphasis on organization development in non-profit organizations.

Bachelor of Arts

- Dartmouth College (cum laude, 1987).

AITA VONCEIL ROMAIN

EDUCATION:

Geisel Medical School at Dartmouth College, The Dartmouth Institute for Health Policy and Clinical Practice
Lebanon, NH

Master of Public Health, June 2012

University of Southern California

Los Angeles, CA

BS, Health Promotion/Disease Prevention, June 2007

Independently studied alcohol abuse among lesbians, mental health and sex reassignment surgery, and cervical cancer among black women in the United States, Haiti, and South Africa.

CERTIFICATION:

Lean Six Sigma-Certified Green Belt, February 2012

EXPERIENCE:

Dartmouth-Hitchcock, Upper Valley Substance Misuse Prevention Partnership

Community Health Partnership Coordinator

Lebanon, NH

October 2013-Present

- Coordinate a multi-stakeholder community partnership.
- Develop capacity in the region to plan and implement strategies related to the substance misuse prevention network.
- Coordinate assessment and evaluation of substance misuse prevention projects by community stakeholders and organizations.
- Implement new initiatives related to the Upper Valley Substance Misuse Prevention Work Team and the Upper Valley Public Health Advisory Council.

The Dartmouth Institute for Health Policy and Clinical Practice (TDI)

Temporary Teaching Assistant, Epidemiology/Biostatistics II

Lebanon, NH

January 2013-March 2013

- Provided student assistance and evaluates course material as requested by faculty.
- Met with course faculty and other teaching assistants on a regular basis to discuss student progress.

Dartmouth College, National College Health Improvement Project (NCHIP)

Strategic Research Analyst

Lebanon, NH

June 2012-September 2013

- Monitored, reviewed, and analyzed campus improvement teams' monthly reports and measures using a web-based system.
- Identified and developed specific ideas and plans for problem solving, sharing of innovative ideas, and connecting teams.
- Synthesized, organized, and summarized improvement data and information for dissemination across the collaborative.
- Consulted with improvement teams and served as a resource around documentation and measurement monitoring.

Martha's Vineyard Community Service, CONNECT to end violence

Social Work Assistant/ Advocate/ Volunteer Coordinator

Oak Bluffs, MA

November 2007-July 2011

- Provided crisis intervention, supportive education, advocacy, and follow-up services to 150 clients each fiscal year.
- Organized, promoted and hosted active outreach and advocacy for the prevention of domestic and sexual violence.
- Created an education curriculum covering healthy relationships, boundaries and bullying to present upon request.
- Coordinated and supervised volunteer staff and interns using a professional, motivating management style.
- Provided training to 12 volunteers, 9 college interns and 10 new employees, as needed.

SKILLS:

Proficiency in Microsoft Office (Word, Excel, Outlook, Publisher, Powerpoint), Blackboard, and STATA 12

CONFERENCES AND TRAININGS:

- Annual C. Everett Koop Addiction Medicine Conference (7 hours) December 2013 Lebanon, NH
- 9th Annual DCARE Symposium on Substance Abuse (6 hours) April 2013 Hanover, NH
- California State University 2013 Alcohol and Other Drugs Educational Conference (10 hours) April 2013 Chico, CA
- NASPA Alcohol & Other Drug Abuse Prevention & Intervention Conference (16 hours) January 2013 Fort Worth, TX
- 24th Annual National Forum on Quality Improvement in Health Care (25 hours) December 2012 Orlando, FL
- 1st Annual Dartmouth Global Health Ethics Conference (5 hours) October 2011 Lebanon, NH
- 16th Annual Batterer Intervention Services Coalition of Michigan Conference (32 hours) April 2011 Ann Arbor, MI
- DISC: A Four Model Approach to Human Behavior and Relationships (3 hours) June 2010 Oak Bluffs, MA
- Martha's Vineyard Dispute Resolution: Community Mediator Training (32 hours) March 2010 West Tisbury, MA
- Sport in Society: Mentors in Violence Prevention (MVP) Training (24 hours) February 2010 Boston, MA
- Psychological First Aid & Post Traumatic Stress Management (11 hours) January 2010 Oak Bluffs, MA
- Association of Developmental Disabilities Providers: Addressing Sexuality (7 hours) December 2009 Worcester, MA
- Police Domestic Violence Training Conference: Advocates for a Better Tomorrow (16 hours) October 2009 Boston, MA
- Emerge Basic Batterers Intervention Training (22.5 hours) May 2009 Boston, MA
- Cultural Competency (3 hours) March 2009 Vineyard Haven, MA
- DISC: A Four Model Approach to Human Behavior and Relationships (3 hours) February 2009 Oak Bluffs, MA
- Different Like Me: Learning From the Experts (8 hours) October 2008 Edgartown, MA
- Massachusetts Victim Assistance Academy (40 hours) July 2008 Beverly, MA
- Youth Development Approaches to Youth Violence Prevention (7 hours) June 2008 Worcester, MA
- Forensic Evidence Collection: A review of MA Sexual Assault Examination Kit (1.5 hours) May 2008 Oak Bluffs, MA
- Empathy, Engagement and Transformation: Improving Skills With Survivors (5 hours) April 2008 Marlborough, MA
- Intimate Partner Screening in Gay, Lesbian, Bisexual, & Transgender Relationships (7 hours) March 2008 Boston, MA
- Part II of the Sexual Assault Response Team Conference (6.5 hours) February 2008 Boston, MA
- Crisis Prevention Intervention (6 hours) January 2008 Oak Bluffs, MA
- Domestic and Sexual Violence Training for Massachusetts Advocates (60 hours) November 2007 Oak Bluffs, MA

PAPERS AND PRESENTATIONS:

- Assessment Of A Community Health Worker Program in Rural Haiti (Presentation) February 2013 Lebanon, NH
- Assessment Of A Community Health Worker Program in Rural Haiti (Paper) July 2012 Lebanon, NH
- Health Careers Institute at Dartmouth (HCID): Domestic Violence (Presentation) July 2012 Lebanon, NH
- Mastectomies: are black women more at risk for surgical complications? (Presentation) June 2012 Lebanon, NH
- GRACE (Geriatric Resources for Assessment and Care of Elders) (Presentation) June 2012 Lebanon, NH
- New Hampshire State Immunizations Program (Paper & Presentation) June 2012 Lebanon, NH
- Pilot Study: Reliability & Validity of the Clinical Microsystem Assessment Tool (Capstone) May 2012 Lebanon, NH
- Cholera Vaccinations in Haiti (White Paper) March 2012 Lebanon, NH
- Pharmacy Turn Around Time For Medical Infusion Team (Paper & Presentation) March 2012 Lebanon, NH
- Concord Regional Visiting Nurse Association: Company Assessment (Presentation) March 2012 Lebanon, NH
- Predicting sleep duration for individuals using marriage status & US region (Abstract) March 2012 Lebanon, NH
- Workers' compensation & return-to-work rate (Paper & Poster Presentation) December 2011 Lebanon, NH
- Total Parenteral Nutrition at Dartmouth Hitchcock (Paper & Presentation) December 2011 Lebanon, NH
- Shared Decision Making and Geographic Practice Variation (Op-ed) November 2011 Lebanon, NH
- Name Interviews (Abstract) November 2011 Lebanon, NH
- Quality Improvement: Personal Improvement Project (Paper) November 2011 Lebanon, NH
- Obesity among African American Women in Harris County, Texas (White Paper) October 2011 Lebanon, NH
- White River Junction, VT: Observations and Recommendations (Presentation) October 2011 Hartford, VT
- Critical Evaluation of the "Let's Move!" Campaign (Paper & Poster Presentation) September 2011 Lebanon, NH
- Promoting Healthy Relationships In Your Life Workshop (Workshop) September 2008 Oak Bluffs, MA

D. WESLEY MILLER

SUMMARY

Safety, Emergency Preparedness and Environmental professional with over 20 years experience in a broad array of disciplines. Proven record of leadership and problem solving with outstanding interpersonal, communication and customer service skills. Experience working under tight deadlines and emergency situations.

PROFESSIONAL EXPERIENCE

NORTHWESTERN MEDICAL CENTER (St. Albans, Vermont)

April 2006 to Present

Environmental Services and Safety Manager

October 2011 to Present

Manager of 22 Environmental Service personnel responsible for all aspects of hospital cleaning, linen program and floor care. Implemented projects focused on hospital cleanliness and quiet culture to increase HCAHPS scores. Managerial duties include budget development, productivity analysis, performance management, hiring, scheduling, equipment purchases and training. This newly developed managerial position includes all responsibilities and functions of the Safety and Emergency Preparedness Coordinator role as defined below.

Safety & Emergency Preparedness Coordinator

April 2006 to October 2011

Responsible for the evaluation, development, implementation and maintenance of all aspects of Northwestern Medical Center's Safety and Emergency Preparedness programs. Primary responsibilities include:

- Exercise design, evaluation and corrective action development
- Compliance assurance for Joint Commission EM and EOC management standards
- ASPR VTHPP grant administration
- Chairman of Employee Safe Practices Committee
- Job Hazard Analysis and Accident Investigation
- Hazardous materials/waste compliance and Decontamination Team Leader
- Oversight, program development, and compliance with Federal and State safety (OSHA/VOSHA) and environmental regulations

Vermont Hospital Emergency Preparedness Committee (VHEPC)

April 2006 to February 2012

Committee Chairman 2009 – 2011. This committee, representing all 14 of Vermont's hospitals, assists hospitals and their surrounding communities in improving and expanding emergency preparedness and response capabilities through education, sharing of best practices, procedure development, exercise and integration with state agencies including Vermont Division of Emergency Management and Homeland Security and the Vermont Department of Health.

CATAMOUNT SAFETY CONSULTING (Fairfield, Vermont)

December 2006 to August 2008

Sole Proprietor of LLC providing professional services to clients for Emergency Preparedness and Safety program support. Contracted services include development and implementation of Respiratory Protection Program, plan and procedure development, presentation and development of ICS/NIMS training programs and exercise design and evaluation.

HARVARD UNIVERSITY (Cambridge, MA)

January 2000 to June 2003

UOS Safety and Environmental Coordinator (February 2002 to June 2003)

Provided oversight, consultation, program development, program implementation and training to University personnel related to OSHA and EPA regulations. Provided support in the development and implementation of University wide emergency response programs.

- Regulatory areas include: Confined Space, Respiratory Protection, Lock Out-Tag Out, Hearing Protection, Bloodborne Pathogen, Asbestos Awareness, Fire Safety/Evacuation Planning, Accident Investigation, Job Hazard Analysis, RCRA hazardous waste, Spill Prevention Contingency and Countermeasures (SPCC), and Hazard Communications.
- Member of the Emergency Management Team, University Emergency Response Team, Facility Safety Team and UOS Safety Committee.

D. WESLEY MILLER

Environmental Engineer, EH&S Department (January 2000 to February 2002)

Provided a broad range of support services to the University through the Environmental Affairs Office including, Air Quality, Toxic Substances Control Act (TSCA), Emergency Response, Hazardous Waste and Storage Tank programs.

AUTOMATED SOLUTIONS of ALBUQUERQUE (Albuquerque, New Mexico) **1994 to August 1999**

Contracted full time to **SANDIA NATIONAL LABORATORIES** (SNL) for a broad range of Environmental Safety and Health (ES&H) functions including:

Environmental Safety and Health Coordinator/ Emergency Planner (March 1999 to August 1999)

Provided real-time analysis/status of critical ES&H issues including injuries/illness, environmental occurrences, root cause analyses and lessons learned.

- Coordinated efforts of Safety Engineering and Regulatory Compliance personnel to meet the needs of Corporate, Division and Center customers.
- Ongoing audits of ES&H programs.

Emergency Response Organization Team Member

- Responsible for design and implementation of realistic, credible exercises for use by SNL Emergency Response Organizations including Hazmat, Radiation Protection, Fire and Medical teams.
- Provided technical support to sub-committees producing hazard assessment and planning documentation.

Regulatory Compliance and Quality Assurance Specialist

Provided support for hazardous waste, water quality and safety programs. Led team members and subcommittees in the development and implementation of Corporate Feedback and Improvement Programs.

- Performed audits, developed and review of quality assurance plans.
- Established new collection and analysis systems for ES&H data and metrics, and processes for the development and dissemination of Lessons Learned.

NATIONAL ENVIRONMENTAL TESTING (Bedford, MA) **1986 to 1993**

Performed roles as Project Manager (1991 to 1993), Laboratory Section Supervisor (1989 to 1991) and Laboratory Technician (1986 to 1989) for this EPA certified environmental analytical laboratory.

EDUCATION

B.S., University of Massachusetts, 1984

Major: Environmental Science

ADDITIONAL TRAINING, EXPERIENCE AND SKILLS

Homeland Security Exercise Evaluation Program (HSEEP)

FEMA Center For Domestic Preparedness: Healthcare Leadership for Mass Casualty Incidents

U.S. Army Medical Research Institute of Chemical Defense: Hospital Management of CBRNE Events

ICS & NIMS: Numerous courses including ICS-100, 200, 300 and IS-700 & 800

Hazwoper 40 Hour Site Worker certification

Former: Emergency Medical Technician, Albuquerque Mountain Rescue Council – Rescue Team Leader,

Volunteer Firefighter, Executive Director - Climb Against Cancer, Board of Directors - Fairfield Community Center Association

PROFESSIONAL EXPERIENCE**DARTMOUTH CENTERS FOR HEALTH AND AGING, Lebanon, NH**

2/2011 - present

Resource Specialist, Aging Resource Center (2/2012 - present)

- Coordinate approximately 80 annual health education programs for older adults and their family caregivers.
- Instruct evidence-based courses, including A Matter of Balance (master trainer certified) on falls prevention and Savvy Caregiver on caring for persons with dementia.
- Produce marketing content, including a monthly e-newsletter, featuring articles relevant to adults as they age.

Project Assistant (2/2011 - 2/2012)

- Provide program support, including brochure design, registration and evaluation processing, and event planning to the Northern New England Geriatric Education Center.
- Conduct literature searches; assist with preparing and editing grant materials, papers, and presentations for the Center for Aging Research.

THE SPANGENBERG GROUP, West Newton, MA

12/2006 - 12/2008

Research Associate

- Evaluated indigent defense delivery systems: performed on-site interviews and observations; analyzed and presented caseload and expenditure data; wrote reports with findings and recommendations.
- Oversaw the production of *The Spangenberg Report*, a quarterly newsletter, including writing and researching lead and body articles on indigent defense-related topics.
- Managed projects and reports; assisted in budgeting and writing project proposals.

AMERICORPS VISTA, Monticello, UT

8/2005- 8/2006

- Medical Reserve Corps Program Coordinator: Established and coordinated a volunteer organization, the Southeastern Utah Medical Reserve Corps.
- Adult Education and English for Speakers of Other Languages (ESOL) Instructor: Recruited students for and instructed courses in ESOL, continuing adult education, and GED preparation.

EDUCATION**BINGHAMTON UNIVERSITY (SUNY), Binghamton, NY**Bachelor of Arts, *cum laude*, Sociology, May 2004 (GPA: 3.67; Major GPA: 3.8)

Minor: Latin American and Caribbean Area Studies

Honors:

Harpur College Undergraduate Research Award (Fall 2002)

Harpur College Dean's List (Fall 2001, Spring 2002, Fall 2002, Spring 2003)

ADDITIONAL QUALIFICATIONS**Languages:** Conversational Spanish.**Computer Skills:** MS Windows; MS Office; WordPerfect; EndNote; database and Internet research.**Activities & Interests:** Vital Communities, Valley Food & Farm volunteer (October 2010-January 2011); organic farming internship, Gypsy Meadows Farm, Plainfield, NH (June-October 2010); Willing Workers on Organic Farms, New Zealand (2009-2010); City of Newton, Department of Human and Volunteer Services, office volunteer (2009); vegetarian cooking; knitting; hiking; travel; dance.



Job Description:

Position Title:	Community Health Partnership Coordinator	Job Code:	400307
Exemption Status:		Grade:	S19
Department Name:	Community Health Improvement	Function:	
Reports To:	Director	Date:	8/9/13

Position Summary: A brief description of the overall primary duties

Coordinates multi-stakeholder community partnerships to plan and implement population health initiatives of the D-H Department of Community Health Improvement.

Responsibilities: A listing of the key responsibilities

1. Manages the development of a high-functioning community partnerships comprised of a broad array of health care, municipal, education, community service, business, and law enforcement members.
2. Ensures assessment of community needs and assets related to population health issues as assigned by the Director.
3. Coordinates assessment, capacity development, planning, implementation, and evaluation of projects by community stakeholders and organizations.
4. Supports development and revision of regional strategic plans for wellness and the formulation of indicators to help track progress toward goals.
5. Provides support and technical assistance to community partners to achieve the goals and objectives for which their organizations are responsible.
6. Integrates evaluation strategies or support evaluation strategies that can be used to track progress and improve the quality of future strategies.
7. Performs other duties as required or assigned.

Minimum Qualifications:

- ✓ Bachelor's degree with 2 years of professional experience in health-related community organizations and/or community development.
- ✓ Excellent interpersonal and organizational skills, creativity, maturity, flexibility, diplomacy, and the ability to work as part of a team required.
- ✓ Demonstrated ability to handle multiple projects under pressure required.

Required Licensure/Certification Skills:

- ✓ Masters in Public Health, Masters in Social Work, or Masters on Organization Development preferred; BA with 2-3 years in relevant experience possible.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Mary Hitchcock Memorial Hospital

Name of Program: Regional Public Health Network Services

BUDGET PERIOD:		PERCENT PAID	
NAME	JOB TITLE		
Gregory Norman	Director, Community Health Improvement	\$128,544	0.00%
Aita Romain	Substance Misuse Prevention Coordinator	\$65,707	0.00%
D. Wesley Miller	Public Health Emergency Preparedness Coordinator	\$56,576	0.00%
Rebecca Deslits	Resource Coordinator	\$50,960	1.9230%
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			

BUDGET PERIOD:		PERCENT PAID	
NAME	JOB TITLE		
Gregory Norman	Director, Community Health Improvement	\$128,544	0.00%
Aita Romain	Substance Misuse Prevention Coordinator	\$65,707	64.80%
D. Wesley Miller	Public Health Emergency Preparedness Coordinator	\$56,576	87.40%
Rebecca Deslits	Resource Coordinator	\$50,960	2.88%
Vacant	RRSoC Facilitator	\$70,000	100.00%
		\$0	0.00%
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			

BUDGET PERIOD:		PERCENT PAID	
NAME	JOB TITLE		
Gregory Norman	Director, Community Health Improvement	\$128,544	0.00%
Aita Romain	Substance Misuse Prevention Coordinator	\$65,707	64.80%
D. Wesley Miller	Public Health Emergency Preparedness Coordinator	\$56,576	87.40%
Vacant	RRSoC Facilitator	\$70,000	100.00%
		\$0	0.00%
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			

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Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964



NH DIVISION OF
Public Health Services

improving health, preventing disease, reducing costs for all

G&C APPROVED

Date: 02/11/15

Item # 11

January 8, 2015

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Systems, Policy and Performance, and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to amend agreements with 12 vendors by increasing the total price limitation by \$288,000 from \$5,078,864 to \$5,366,864 to provide regional public health emergency preparedness and substance misuse prevention services, to be effective the date of Governor and Council approval through June 30, 2015. Funds are 100% Federal.

Nine of these agreements were originally approved by Governor and Council on June 19, 2013, (Item #s 95, 96, 97, 98, 99, 100, 102, 103 104B), and three of these agreements were originally approved by Governor and Council on July 10, 2013, (Item # 101), July 24, 2013 (Item #27B), and September 4, 2013 (Item #54).

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	SFY 2015 Budget Increase Amount	Revised Modified Budget
Carroll County Coalition for Public Health	Ctr. Ossipee, NH	\$303,032	✓ \$25,000	\$328,032
Cheshire County	Keene, NH	\$320,236	✓ \$22,000	\$342,236
City of Nashua, Div of PH & Community Svcs	Nashua, NH	\$614,960	✓ \$25,000	\$639,960
Goodwin Community Health	Somersworth, NH	\$334,092	✓ \$18,000	\$352,092
✓ Granite United Way	Concord, NH	\$321,138	✓ \$25,000	\$346,138
✓ Lakes Region Partnership for Public Health	Laconia, NH	\$309,486	✓ \$25,000	\$334,486
Manchester Health Dept.	Manchester, NH	\$915,560	✓ \$25,000	\$940,560
Mary Hitchcock Mem Hsp dba Dartmouth Hitchcock	Lebanon, NH	\$296,602	✓ \$25,000	\$321,602
Mid-State Health Center	Plymouth, NH	\$303,760	✓ \$23,000	\$326,760
North County Health Consortium	Littleton, NH	\$452,760	✓ \$25,000	\$477,760
✓ Sullivan County	Newport, NH	\$302,010	✓ \$25,000	\$327,010
Town of Derry	Derry, NH	\$302,326	✓ \$25,000	\$327,326
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
TOTAL		\$5,078,864	\$288,000	\$5,366,864

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
January 8, 2015
Page 2 of 4

Funds to support this request are available in the following accounts for SFY 2015, with authority to adjust amounts within the price limitation without further approval from Governor and Executive Council.

05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY
RESPONSE

05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH
LABORATORIES

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY &
PERFORMANCE, POLICY AND PERFORMANCE

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL
SERVICES, CLINICAL SERVICES

See attachment for financial details

EXPLANATION

This requested action seeks approval of 12 agreements that represent \$288,000 to be spent statewide to continue regional public health emergency preparedness and substance misuse prevention services. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services. Because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

The Division of Public Health Services is providing funding for the development of Community Health Improvement Plans that are aligned with the priorities established in the State Health Improvement Plan published in 2013. Each contractor will work with members of their respective Regional Public Health Advisory Council, which were established under the original contracts, to develop regional goals and objectives to improve the health of their communities. This work will result in a coordinated and focused effort among regional partners to implement complementary activities to address key health problems.

The Bureau of Drug and Alcohol Services, Division of Community Based Care Services is providing funding to convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup to educate members of the Regional Public Health Advisory Council on the impacts of substance use disorders. This work is intended to continue in the next biennium with the development of Resiliency and Recovery Oriented System of Care across the continuum of prevention, treatment, and recovery in each of the designated public health regions.

All vendors were offered \$10,000 for Community Health Improvement Planning activities and \$15,000 for Substance Disorder and Resiliency and Recovery Oriented Systems activities, for a total of \$25,000 to each vendor. However, the Town of Exeter chose not to accept the funds and instead the Department contracted with the United Way of Greater Seacoast, which was approved at the January 14, 2015 Governor and Council meeting, and Mid-State Health Center requested \$2,000 less than the \$25,000 available. In addition, in this same item, the Department is reducing funding that was dedicated to planning to receive evacuees in the event of a radiological emergency related to the Seabrook Station in Goodwin Community Health's contract by \$7,000, and Cheshire County's contract by \$3,000. The Department has modified its response plan in these two areas, eliminating the need for the specific planning that was originally funded.

Should Governor and Executive Council not authorize this Request, both public health and substance misuse services will be less coordinated and comprehensive in the thirteen public health regions. Developing a strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

The original contracts were awarded to the Regional Public Health Network agencies through a competitive bid process. The bid scoring summary is attached.

The following performance measures will be used to measure the effectiveness of these agreements.

Community Health Improvement Planning

- Completion and approved work plan within one month of the approved contract.
- Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.

Substance Use Disorders and Resiliency and Recovery Oriented Systems of Care

- Completion and approved work plan within one month of the approved contract.
- Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
- Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
- Number of, content and attendance of the following:
 - Educational meetings related to the impact of substance use disorders;
 - Resource sharing meetings related to substance use disorders;
 - Educational meeting on Resiliency and Recovery Oriented System of Care;
 - Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
 - The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".

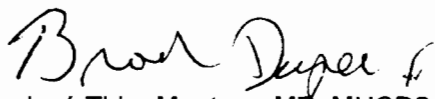
- Convene Public Health Advisory Committee and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
- Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

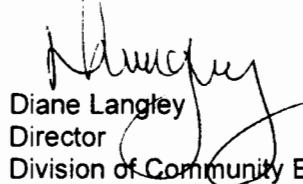
Area served: Statewide.

Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


José Thier Montero, MD, MHCDS
Director
Division of Public Health Services


Diane Langley
Director
Division of Community Based Care Services

Approved by:


Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
85.45% Federal Funds and 14.55% General Funds

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2015	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	123,476	-	123,476

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2015	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	380,200	-	380,200

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2015	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	100,732	-	100,732

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2015	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	149,878	-	149,878

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2015	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	157,726	-	157,726

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2015	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	665,510	-	665,510

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2015	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	301,000	-	301,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2015	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	103,966	-	103,966

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2015	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	104,542	-	104,542
			SUB TOTAL	2,695,030	-	2,695,030

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	104,000	-	104,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		20,000	-	20,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2015	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		119,290	-	119,290

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		67,600	-	67,600

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		67,600	-	67,600
		SUB TOTAL		486,090	-	486,090

**05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE
100% Other Funds (Transfer from Emergency Management)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	13,000	-	13,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	13,000	(3,000)	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
		Sub-Total		26,000	(3,000)	23,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	7,000	-	7,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	7,000	(7,000)	-
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	14,000	(7,000)	7,000
			SUB TOTAL	40,000	(10,000)	30,000

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	20,272	-	20,272

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	20,500	-	20,500

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2015	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	13,842	-	13,842

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2015	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	19,250	-	19,250
			SUB TOTAL	157,864	-	157,864

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Town of Exeter, Vendor # 177386-B001

PO #

1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760
		SUB TOTAL		1,699,880	-	1,699,880

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF
PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000
			SUB TOTAL	-	60,000	60,000

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY AND PERFORMANCE
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	8,000	8,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	8,000	8,000

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000
			SUB TOTAL	-	58,000	58,000

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000
			SUB TOTAL	-	180,000	180,000
			TOTAL	5,078,864	288,000	5,366,864

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Capital Area Region

REA/RFP CRITERIA	Max Pts	Community Action Program Belknap-Merrimack Counties, Inc.	Granite United Way						
Age Capacity	40	30.00	34.00						
Program Structure	40	31.00	32.00						
Budget & Justification	18	15.00	15.00						
Format	2	2.00	2.00						
Total	100	78.00	83.00						

BUDGET REQUEST									
Year 01	\$160,819.00	\$160,569.00	-	-	-	-	-	-	-
Year 02	\$160,819.00	\$160,569.00	-	-	-	-	-	-	-
Year 03	\$0.00	\$0.00	-	-	-	-	-	-	-
TOTAL BUDGET REQUEST	\$321,638.00	\$321,138.00	-	-	-	-	-	-	-
BUDGET AWARDED									
Year 01	\$0.00	\$160,569.00	-	-	-	-	-	-	-
Year 02	\$0.00	\$160,569.00	-	-	-	-	-	-	-
Year 03	\$0.00	\$0.00	-	-	-	-	-	-	-
TOTAL BUDGET AWARDED	\$0.00	\$321,138.00	-	-	-	-	-	-	-

RFP Reviewers					Name	Job Title	Dept/Agency	Qualifications
1	Sandra DeSesto	Director	Institute for Addiction Recovery at Rhode Island College					
2	Patty Baum	Program Officer	Healthy NH					This bid was reviewed by three Department of Health and Human Services reviewers and two external reviewers who have over 30 years experience in program administration, emergency planning and substance misuse prevention.
3	Michelle Ricco Jonas	Family Planning Program Manager	Division of Public Health Services, Maternal and Child Health Services					
4	Neil Twitchell	Administrator	Division of Public Health Services					
5	Valerie Morgan	Administrator	Department of Health and Human Services, Bureau of Drug and Alcohol Services					

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Stratford Area

RFA/RFP CRITERIA	Max Pts	Goodwin Community Health Center	Health & Safety Council of Stratford County						
Agy Capacity	40	34.00	27.00						
Program Structure	40	35.00	26.00						
Budget & Justification	18	16.00	13.00						
Format	2	2.00	1.00						
Total	100	87.00	67.00						

BUDGET REQUEST									
Year 01		\$177,046.00	\$173,680.00	-	-	-	-	-	-
Year 02		\$177,046.00	\$173,680.00	-	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-	-
TOTAL BUDGET REQUEST		\$354,092.00	\$347,360.00	-	-	-	-	-	-
BUDGET AWARDED									
Year 01		\$167,046.00	\$0.00	-	-	-	-	-	-
Year 02		\$167,046.00	\$0.00	-	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-	-
TOTAL BUDGET AWARDED		\$334,092.00	\$0.00	-	-	-	-	-	-

RFP Reviewers				
Name	Job Title	Dept/Agency	Qualifications	
1 Neil Twitchell	Administrator	DPHS/Division of Public Health Services	This bid was reviewed by two Department of Health and Human Services reviewers and three external reviewers who have over 30 years of experience in program administration, emergency planning and substance misuse prevention.	
2 Jessica Blais	Chief of Prevention Services	DHHS/Bureau of Drug and Alcohol Services		
3 Betsy Houde	Executive Director	The Youth Council		
4 Valerie Morgan	Administrator	DHHS/Bureau of Drug and Alcohol Services		
5 Jo Porter	Deputy Director	NH Institute for Health Policy & Practice, UNH		



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services**

This 1st Amendment to the Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock, contract (hereinafter referred to as "Amendment One") dated this 18th day of December, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 1 Medical Center Drive, Lebanon, NH 03756.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on September 4, 2013, Item #54, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to change the scope of services and the price limitation, and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

1. **Change** price limitation in P-37, Block 1.8, of the General Provisions, to read:

\$321,602.

2. **Add** Exhibit A-1, Additional Scope of Services

3. **Amend** Exhibit B, Purchase of Services, Contract Price, to add:

1.1. The contract price shall increase by \$25,000 for SFY 2015 for a total increase of \$25,000.

1.2. Funding is available as follows:

- \$15,000 - 100% Federal Funds from the Substance Abuse and Mental Health Services, CFDA #93.959, Federal Award Identification Number (FAIN), TI010035-14;
- \$10,000 - 100% Federal Funds from the Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN), B01OT009037.

4. **Amend** Exhibit B, Purchase of Services, Contract Price, to:

Delete: Paragraph 6 and,



Replace with:

6. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

5. **Amend** Budget to add: Exhibit B-1 (2015)

6. **Amend** Exhibit C, Special Provisions to:

Delete: Exhibit C, Special Provisions,

Replace with: Exhibit C, Special Provisions Amendment #1

7. **Add:** Exhibit C-1, Revisions to General Provisions

8. **Amend** Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance to:

Delete: Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and;

Replace with: Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-based Organizations and Whistleblower Protection Amendment #1

This amendment shall be effective upon the date of Governor and Executive Council approval.

New Hampshire Department of Health and Human Services



IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

1/15/15
Date

Brook Dupee
Brook Dupee
Bureau Chief

Mary Hitchcock Memorial Hospital dba Dartmouth
Hitchcock

12/18/14
Date

[Signature]
Name: Rubin Kiefer-Mundy
Title: CFO
12/18/14

Acknowledgement:

State of New Hampshire, County of Grafton on 12/18/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace
FAITH E. JOHNSTON, Notary
Name and Title of Notary or Justice of the Peace



My Commission Expires: 10/26/2016

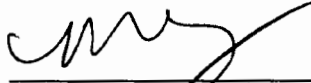
New Hampshire Department of Health and Human Services



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 1/26/15


Name: Meghan A. York
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

Contractor Initials: MJ
Date: 12/18/14



Exhibit A-1

ADDITIONAL SCOPE OF SERVICES

1. Required Services

The Contractor shall:

A. Community Health Improvement Planning

Consistent with the responsibilities of the Public Health Advisory Council (PHAC) established under the original agreement:

- 1.1 Collaborate with the PHAC to determine whether a regional Community Health Improvement Plan has been published within the prior 3 years that has the following elements:
 - 1.1.1 Is based on data that assessed key public health issues;
 - 1.1.2 Is the result of a collaborative effort among key regional public health partners
 - 1.1.3 Set priorities for action by regional partners
- 1.2 Determine which of following best describes the current status of a regional Community Health Improvement Plan:
 - 1.2.1 No plan exists that meets the criteria in section 1.1 above.
 - 1.2.2 A plan exists that meets the criteria in section 1.1 above.
- 1.3 Based on that determination, the Public Health Advisory Council shall conduct:
 - 1.3.1 In regions that meet the criteria in item 1.2.1 the contractor shall convene and facilitate a regional process to develop and publish a Community Health Improvement Plan that meets the criteria described in item 1.1, and includes priorities related to at least five of the Priority Areas identified in the State Health Improvement Plan, including Emergency Preparedness and Misuse of Alcohol and Drugs. This includes the setting of region-specific objectives based on the statewide objectives.
 - 1.3.2 In regions that meet the criteria in item 1.2.2. the contractor shall determine the degree of alignment between the priorities included in the Community Health Improvement Plan and the New Hampshire State Health Improvement Plan published by the Division of Public Health Services That plan is available at: <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf>
 - 1.3.2.1 When the Community Health Improvement Plan includes priorities related to fewer than five of the Priority Areas identified in the State Health Improvement Plan, the contractor shall collaborate with the Public Health Advisory Council to develop additional regional priorities that address specific objectives and recommended actions that are identified in the State Health Improvement Plan in order to expand the existing plan in order to address at least five of Priority Areas, including Emergency Preparedness and Misuse of Alcohol and Drugs. This includes the setting of region-specific objectives based on the statewide objectives.
 - 1.3.2.2 When the Community Health Improvement Plan includes priorities related to more than five of the Priority Areas identified in the State Health Improvement Plan, including Emergency Preparedness and Misuse of Alcohol and Drugs, the contractor shall collaborate with the Public Health Advisory Council to:
 - 1.3.2.3 Consider whether additional priorities should be added to the Community Health Improvement Plan and, when a determination is

[Signature]



Exhibit A-1

made to do so, develop the new regional priorities to address specific objectives and recommended actions that are identified in the State Health Improvement Plan. This includes the setting of region-specific objectives based on the statewide objectives.

- 1.3.2.4 When no additional priorities are needed, take action to implement an intervention from the existing Plan.
- 1.4 Activities to develop, update, or revise a Community Health Improvement Plan shall be done in accordance with guidance to be issued by the Division of Public Health Services.

B. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care

These funds are to support planning for the development of organizational structures needed within each of the Regional Public Health Networks to study and develop capacity for a seamless substance misuse continuum of care approach that includes: environmental strategies, prevention, early intervention, treatment and recovery support services. Activities will include training, education, and orientation for Public Health Advisory Councils in substance misuse and the progression of substance use disorders and its effect on individuals, families, and communities, including financial impact. This work will include outlining a comprehensive approach to address the misuse of alcohol and drugs within a Resiliency and Recovery Oriented System of Care context.

Building on information from the Regional Continuum of Care Roundtables, and using local expertise as much as possible, the Contractor will develop and implement a work plan to:

- 1.1 Recruit and convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup who will help plan, implement and facilitate these deliverables within Resiliency and Recovery Oriented Systems to educate the Public Health Advisory Council about an integrated/collaborative continuum of care Substance Use Disorder strategies and services.
- 1.2 Provide education, training and information to Public Health Advisory Council on the impact of the misuse of alcohol and drugs to help members:
 - 1.2.1 Understand the nature of substance use disorders;
 - 1.2.2 Learn about the impact of substance use disorders on individuals, families and communities;
 - 1.2.3 Increase their knowledge of the financial impact of substance use disorders – at the state level, community level, and community sector level;
 - 1.2.4 Understand the relationship between, and integration of, healthcare and behavioral health, and its relationship to misuse of substances and substance use disorders;
 - 1.2.5 Learn about the components of Resiliency and Recovery Oriented Systems of Care what they do, and the interrelationship with:
 - 1.2.5.1 Environmental strategies
 - 1.2.5.2 Prevention services
 - 1.2.5.3 Intervention services
 - 1.2.5.4 Treatment services
 - 1.2.5.5 Recovery support services
- 1.3 Discover, understand and envision a comprehensive approach to preventing, treating and recovering from substance use disorders.
 - 1.3.1 Connect with and recruit representatives from Community Health Centers, hospital networks and local primary care so that they can provide information to the Public Health Advisory Council on the integration of healthcare and

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Exhibit A-1

behavioral health, e.g. Screening and Brief Intervention and Referral to Treatment and other evidenced informed practices;

- 1.3.2 Work with Substance Misuse Prevention Coordinator and local prevention coalitions to present information on prevention to the Public Health Advisory Council and the role prevention plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
- 1.3.3 Connect with and recruit representatives from intervention/treatment providers to provide information on treatment to the Public Health Advisory Council, and the role intervention/treatment plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
- 1.3.4 Connect with and recruit representatives from the recovery community to provide information on recovery and recovery supports to the Public Health Advisory Councils, and the role recovery supports play in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
- 1.3.5 Familiarize the Public Health Advisory Council with the "Misuse of Alcohol and Drugs" section of the State Health Improvement Plan to prepare them for the development of the Community Health Improvement Plan described in the section above.
- 1.3.6 The Center for Excellence, a technical assistance contractor to the Bureau of Drug and Alcohol Services, will provide materials and host a webinar on elements of a comprehensive system in environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders.

2. Deliverables Schedule

2.1. Compliance Requirements

1. As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, the Contractor must submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within 10 days of the contract effective date.

2.2. Reporting Requirements

1. Submit quarterly progress reports by completing additional sections that are added to the existing Survey Monkey report used to report on Public Health Advisory Council activities.

2.3. Performance Measures

A. Community Health Improvement Planning

1. Completion and approved work plan within one month of the approved contract.
2. Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.

B. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care

1. Completion and approved work plan within one month of the approved contract.

mg

12/18/14



Exhibit A-1

2. Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
3. Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
4. Number of, content and attendance of the following:
 - 4.1 Educational meetings related to the impact of substance use disorders;
 - 4.2 Resource sharing meetings related to substance use disorders;
 - 4.3 Educational meeting on Resiliency and Recovery Oriented System of Care;
 - 4.4 Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
 - 4.5 The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".
 - 4.6 Convene Public Health Advisory Council and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
 - 4.6.1 Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

[Signature]
Date 12/18/14



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9559 1-800-852-3345 Ext. 9559
Fax: 603-271-8431 TDD Access: 1-800-735-2964



July 26, 2013

G&C Approved

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Date

9/4/13

Item #

54

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services, to enter into an agreement with Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock (Vendor #177160-B003), 1 Medical Center Drive, Lebanon, NH 03756, in an amount not to exceed \$296,602.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective **retroactive** to July 1, 2013 through June 30, 2015.

92.57% Fed 7.46% General

Funds are available in SFY 2014 and SFY 2015 with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
			Sub-Total	\$152,000.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES,
PREVENTION SERVICES

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	49156502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	49156502	\$65,380.00
			Sub-Total	\$130,760.00

Her Excellency, Governor Margaret Wood Hassan
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July 26, 2013
Page 2

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$6,921.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$6,921.00
			Sub-Total	\$13,842.00
			Total	\$296,602.00

EXPLANATION

Retroactive approval is requested because of delays encountered regarding clarification of, and assurances that the Vendor meets contractual provisions specific to insurance coverage, which resulted in the original schedule for executing the agreement to be modified.

Funds in this agreement will be used to allow Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock to align a range of public health and substance misuse prevention and related health promotion activities. Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness; Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also coordinate a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

Her Excellency, Governor Margaret Wood Hassan
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Page 3

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices, and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals "live, work, learn and play."

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire's epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 60% in the 2011-2012 influenza seasons and from 32% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Her Excellency, Governor Margaret Wood Hassan
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Page 4

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; and coordinate overall public health response activities in this region. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock was selected for this project through a competitive bid process. A Request for Proposals was posted on the Division of Health and Human Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock being the sole bid to provide these services in this region. This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning, and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

This is the initial agreement with this Contractor for emergency preparedness, substance misuse prevention and related health promotion, and school vaccination services.

The following performance measures will be used to measure the effectiveness of the agreement.

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).

- Establish and increase over time, regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

- Percentage of increase of evidence-based programs, practices, and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outline in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic.
- Percent of students receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

Area served: Canaan, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, and Plainfield.

Source of Funds is 92.54% Federal Funds and 7.46% General Funds from the U.S. Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

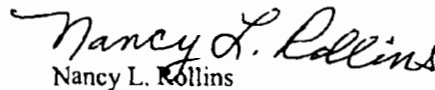
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
July 26, 2013
Page 6

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

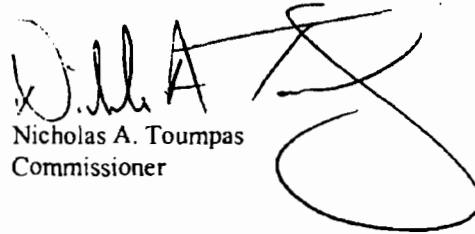


José Thier Montero, MD, MHCDS
Director



Nancy L. Collins
Associate Commissioner

Approved by:



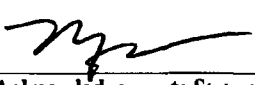
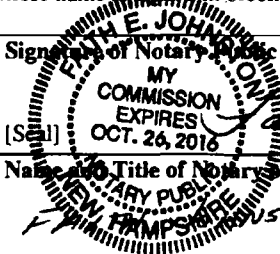
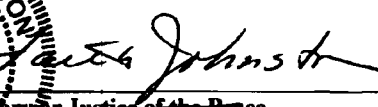
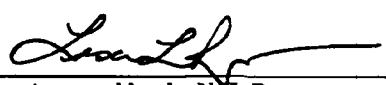
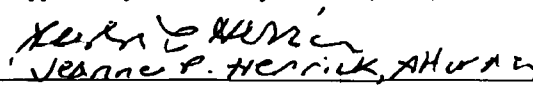
Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Subject: Regional Public Health Network Services**AGREEMENT**

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock		1.4 Contractor Address 1 Medical Center Drive Lebanon, NH 03756	
1.5 Contractor Phone Number (603) 650-4068	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 \$296,602.00
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 Robin Kilfeather-Mackey - Chief Financial Officer	
1.13 Acknowledgement: State of <u>New Hampshire</u> , County of <u>Grafton</u> On <u>7/10/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]  			
1.13.2 Name and Title of Notary or Justice of the Peace  <u>E. JOHNSTON, Notary</u>			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  <u>Jeanne P. Herrick, Attorney General</u> On: <u>9 Aug. 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit A

**Scope of Services
Regional Public Health Network Services**

CONTRACT PERIOD: July 1, 2013 through June 30, 2015

CONTRACTOR NAME: Mary Hitchcock Memorial Hospital dba Dartmouth
Hitchcock
1 Medical Center Drive
ADDRESS: Lebanon, NH 03756
Chief Financial Officer: Robin Kilfeather-Mackey
TELEPHONE: 603-650-5634

The Contractor shall:

The contractor, as a recipient of federal and state funds will implement recommendations from the NH Division of Public Health Service's (DPHS) report Creating a Regional Public Health System: Results of an Assessment to Inform the Planning Process to strengthen capacity among public health system partners to deliver essential public health services in a coordinated and effective manner by establishing a Regional Public Health Advisory Committee.

The contractor will implement the 2012 Regional Strategic Plan for Prevention pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed June 2012, located on:
<http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.

The contractor will develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.

The contractor in selected regions will also implement initiatives that respond to other public health needs as identified in this Exhibit A.

All contractors will ensure the administrative and fiscal capacity to accept and expend funds provided by the DPHS and the Bureau of Drug and Alcohol Services (BDAS) for substance misuse prevention and related health promotion and other public health services as such funding may become available.

To achieve these outcomes, the contractor will conduct the following activities:

1. Regional Public Health Advisory Committee

Develop and/or maintain a Regional Public Health Advisory Committee comprised of representatives from the community sectors identified in Table 1 of the RFP. At a minimum, this entity shall provide an advisory role to the contractor and, as appropriate, subcontractors to assure the delivery of the services funded through this agreement.

The Regional Public Health Advisory Committee should strive to ensure its membership is inclusive of all local agencies that provide public health services beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related

services and continue implementation of the Strategic Prevention Framework (SPF) and substance misuse prevention and related health promotion as appropriate to the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-based to meet improved health outcomes; and advance the coordination of services among partners.

A. Membership

At a minimum, the following entities within the region being served shall be granted full membership rights on the Regional Public Health Advisory Committee.

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each DPHS-designated community health center
5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. At least one representative from each of the following community sectors shall also be granted full membership rights: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

Responsibilities

Perform an advisory function to include:

1. Collaborate with the contractor to establish annual priorities to strengthen the capabilities within the region to prepare for and respond to public health emergencies and implement substance misuse prevention and related health promotion activities.
 - 1.1. Upon contracting, recruit and convene members to determine a name for the region that is based on geography (ex. Seacoast, North Country) by September 30.
2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.
 - 2.1. Disseminate the 2012 NH State and Regional Health Profiles, the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance Survey (BRFSS) reports, and the forthcoming State Public Health Improvement Plan to public health system partners in the region in order to inform partners of the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.
 - 2.2. Participate in local community health assessments, prioritizing the Community Benefits Assessment conducted by hospitals as required under RSA 7:32.
 - 2.3. Participate in regional, county and local health needs assessments convened by other agencies.
 - 2.4. Participate in community health improvement planning processes being conducted by other agencies.
3. Liaison with municipal and county government leaders to provide awareness of and, as possible, participation in the Regional Public Health Advisory Committee and its role to coordinate activities regionally.
4. Designate representatives to other local or regional initiatives that address emergency preparedness and response, substance misuse prevention and related health promotion, and other public health services.
5. Develop and maintain policies and procedures related to the Regional Public Health Advisory Committee that include:
 - 5.1. Organizational structure
 - 5.2. Membership
 - 5.3. Leadership roles and structure
 - 5.4. Committee roles and responsibilities
 - 5.5. Decision-making process
 - 5.6. Subcommittees or workgroups
 - 5.7. Documentation and record-keeping

- 5.8. Process for reviewing and revising the policies and procedures
6. Complete the PARTNER survey during the fourth quarter of SFY 2014.
7. The chair of the Regional Public Health Advisory Committee or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.

2. Substance Misuse Prevention and Related Health Promotion

- a. Ensure oversight to carry out the regional three-year strategic plan (available at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>) and coordination of the SPF and other processes as described in this RFP and mapped out within the BDAS Regional Network System Logic Model (Attachment 8):
 1. Maintain and/or hire a full-time-equivalent coordinator to manage the project with one person serving as the primary point of contact and management of the scope of work.
 - a. The Prevention Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
 2. Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).
 3. Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
 4. Ensure the continuance of a committee to serve as the content experts for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Committee.
 - a. The expert committee shall consist of the six sectors representative of the region with a shared focus on prevention misuse of substances and associated consequences. The committee will inform and guide the regional efforts to ensure priorities and programs are data-driven, evidence-based, and culturally appropriate to the region to achieve outcomes.
 - b. Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the three-year strategic plan and other contract deliverables and serves as the liaison to the Regional Public Health Advisory Committee.
 - c. Recruit and maintain various members from the six core sectors to conduct the steps of the SPF in reaching key milestones and producing key products as outline in Attachment 2.
 - d. Submit any and all revised regional network strategic plans as required to BDAS that are data-driven and endorsed by regional members and the expert committee/workgroup.
 - e. Promote and communicate regional outcomes, goals, objectives, activities and successes through media and other community information channels to the regions' coalitions, local drug free community grantees, prevention provider agencies, and other prevention entities as appropriate.
 - f. Cooperate with and coordinate all evaluation efforts as required by BDAS conducted by the Center for Excellence, (e.g. PARTNER Survey, annual Regional Network Evaluation, and other surveys as directed by BDAS).
 - g. Maintain effective training and on-going communication within the coalition, expert committee, broader membership, six core sectors, and all subcommittees.
 - h. Attend all State required trainings, workshops, and bi-monthly meetings.
 - i. Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Synar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities).
 - j. Assist with other State activities as needed.
 - k. Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).
 - l. Conduct 10 Appreciative Inquires annually and utilize Community-Based Participatory Research approach in outreach efforts as stated in RFP.

- m. Meet the requirements of the National Outcomes as outlined in Attachment 7.
- n. Meet the required outcomes measures as outlined in BDAS Regional Network System Logic Model (Attachment 8).
- o. Provide hosting and/or collaborative efforts for one full time Volunteers in Service to America (VISTA) volunteer provided by Community Anti-Drug Coalitions of America (CADCA) at minimum for one-year to work within and across regions to support military personnel and their families in support of the goals and objectives of the VetCorps-VISTA Project:
 - Increase the number of veterans and military families (VMF) receiving services and assistance by establishing partnerships and developing collaborations with communities to help create a network and safety net of support similar to that of military bases;
 - Increase the capacity of community institutions and civic and volunteer organizations to assist local VMFs in several areas 1) Enhancing opportunities for healthy futures for VMF focusing on access to health care and health care services, with an emphasis on substance abuse prevention, treatment and outreach; 2) Facilitating the provision of and access to social, mental and physical health services to VMF; 3) Enhancing economic opportunities for VMF (focusing on housing and employment); and 4) Increasing the number of veterans engaged in service opportunities.

3. Regional Public Health Preparedness

A. Regional Public Health Emergency Planning

The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the Capabilities Standards. All activities shall build on current efforts and accomplishments within each region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.

1. In collaboration with the Regional Public Health Advisory Committee described in that section of this document provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices (Attachment 11). The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to:

http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf.

- 1.1 Participate in an annual Regional Annex Technical Assistance Review (RATAR) developed by the NH DPHS. The RATAR outlines planning elements to be assessed for evidence of the Public Health Regions' (PHRs) overall readiness to mount an effective response to a public health emergency or threat. Revise and update the RPHEA, related appendices and attachments based on the findings from the RATAR.
- 1.2 Participate in an annual Local Technical Assistance Review (LTAR) as required by the CDC Division of Strategic National Stockpile (DSNS). The LTAR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the LTAR.
- 1.3 Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.

- 1.4 Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.5 Disseminate the RPHEA and related materials to planning and response partners including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.
2. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners with(in) the region. Health(care) Coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹
3. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
4. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
5. Coordinate a hazard vulnerability assessment (HVA) (aka jurisdictional risk assessment) focused on public health, health care and behavioral health systems. The HVA will consist of 3 half-day meetings of regional partners that assess the impact to these three systems in the region from various types of hazards; identify existing preparedness capabilities that mitigate the impact; and identify priority interventions to address gaps. The HVA will be led by DHHS staff and an agency contracted by the DPHS.

B. Regional Public Health Emergency Response Readiness

1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
 - 1.1. Collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services (Attachment 3).
2. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
 - 2.1. Coordinate the procurement, rotation and storage of supplies necessary for the activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
 - 2.2. Develop and execute MOUs with agencies to store, inventory, and rotate these supplies.
 - 2.3. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 2.4. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
 - 2.5. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.

¹ Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.

- 2.6. Based on a determination made by regional partners, administer a regional HAN in accordance with DPHS policies, procedures, and requirements.
- 2.7. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
- 2.8. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs.
3. In coordination with the DHHS, maintain a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
 - 3.1 Identify current members or enlist new members to serve in a leadership capacity to further develop the capability, capacity and programs of the regional MRC.
 - 3.2 Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, related appendices, and to support the school-based immunization clinics described in this Exhibit. Conduct outreach in other venues to recruit non-clinical volunteers.
 - 3.3. Enter and maintain data about MRC members in a module within the NHResponds system administered by the NH DHHS to ensure the capability to notify, activate, and track members during routine public health or emergency events. Utilize this system to activate members and track deployments. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 3.4. Enter information about training programs and individuals trained into a learning management system administered by NH DHHS to track training programs completed by MRC members.
 - 3.5 Conduct training programs that allow members to meet core competency requirements established by the NH MRC Advisory Committee and the NH DHHS. Provide at least one opportunity per year for members to take each of the on-site courses required to meet the core competency requirements. These courses may be offered in the region or an adjoining region when feasible.

C. Public Health Emergency Drills and Exercises

1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
 - 1.1 Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.
 - 1.2 Coordinate participation of regional partners in a HSEEP compliant functional exercise regarding the section in the regional annex to provide low-flow oxygen support to patients in an ACS. The exercise will be offered through a vendor contracted by the DPHS.
 - 1.3 Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM).
 - 1.4 Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
 - 1.5 To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

4. School-Based Seasonal Influenza Vaccination Services

1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
 - 1.1 Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
 - 1.2 School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
 - 1.3 As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
 - 1.4 Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
 - 1.5 Report all known adverse reactions according to protocols established by the NHIP.
 - 1.6 Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
 - 1.7 Conduct debriefings after each clinic to identify opportunities for improvements.

5. Performance Measures

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the DPHS that participate in the regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

Outcome and evaluation measure instruments will be administered in cooperation with the NH Center for Excellence and Monthly submission of process evaluation data via the web-based performance monitoring system (P-WITS) and other surveys and reports as required by BDAS (e.g. PARTNER survey, Regional Network Evaluation, Regional Network Annual Report).

- Percentage of increase of evidence-based programs, practices and policies adopted by sector as recorded in P-WITS.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies as recorded in P-WITS.
- Number and increase in the diversity of Center for Substance Abuse Prevention (CSAP) categories implemented across Institute of Medicine (IOM) classifications as outlined in the Block Grant Requirements (Attachment 7) as recorded in P-WITS.
- Number of persons served or reached by IOM classification as recorded in P-WITS.
- Number of key products produced and milestones reached as outlined in Attachment 2 and reported annually in the Regional Network Annual Report and as recorded in P-WITS.

- Short-term and intermediate outcomes measured and achieved as outlined in the Regional System Logic Model (Attachment 8).
- a) Long-term outcomes measured and achieved as applicable to the region's 3-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population based on the CDC LTAR.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the DPHS' RATAR.
- Number of MRC volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by MRC units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

6. Training and Technical Assistance Requirements

The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.

Regional Public Health Preparedness

1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.
2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
3. Complete the training standards recommended for Preparedness Coordinators (See Attachment 12).
4. Attend the annual Statewide Preparedness Conferences in June 2014 and 2015.

Medical Reserve Corps

1. Participate in the development of a statewide technical assistance plan for MRC units.
2. Participate in monthly MRC unit coordinator meetings.
3. Attend the annual Statewide MRC Leadership Conference.

Substance Misuse Prevention and Related Health Promotion

1. On going quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and learning collaborative(s).

Immunization Services

1. Participate in bi-monthly conference calls with NHIP staff.
2. Attend a half-day Training of Trainers in-service program offered by the NHIP.

7. Administration and Management

A. All Services

1. Workplan

Monitor progress on the final workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each of the following:

- a. Regional Public Health Advisory Committee
- b. Substance Misuse Prevention and Related Health Promotion
- c. Regional Public Health Emergency Preparedness
- d. School-based Vaccination Services
- e. Training and Technical Assistance
- f. Administration and Management

2. Reporting, Contract Monitoring and Performance Evaluation Activities

All Services

1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
 - 1.1 A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 1.2 Subcontractors must attend all site visits as requested by DHHS.
 - 1.3 A financial audit in accordance with state and federal requirements.
2. Maintain the capability to accept and expend funds to support funded services.
 - 2.1 Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 2.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - 2.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
3. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
4. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in Exhibit C, paragraph 14.
5. Provide other programmatic updates as requested by the DHHS.
6. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
 - 6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.
 - 6.2 Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

3. Subcontractors

- 3.1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the DHHS must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.
- 3.2. In addition, the original contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

4. Transfer of assets

- 4.1 Upon notification by the DHHS and within 30 days of the start of the contract, coordinate with the DHHS the transfer of any assets purchased by another entity under a previous contract.

Public Health Preparedness and School- Based Immunization Clinics

1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the DPHS' Community Health Development Section that describes activities under each section of this Exhibit that the contractor is funded to provide. The Section will be responsible to distribute the report to the appropriate contract managers in other DPHS programs.
2. Complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

Substance Misuse Prevention and Related Health Promotion

1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
 - 1.1. Contractor will submit the following to the State:
 - 1.1.1. Submit updated or revised strategic plans for approval prior to implementation.
 - 1.1.2. Submit annual report to BDAS due June 25, 2014 and 2015 (template will be provided by BDAS).
 - 1.1.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. PARTNER Survey, annual environmental measure, and other surveys as directed by BDAS).
 - 1.1.4. Provide additional information as a required by BDAS.

Fiscal Agent

1. As requested by regional partners, serve as a fiscal agent for federal, state or other funds to provide public health services within the PHR. Services provided using these funds may be implemented by the contractor or other partnering entities.

I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract we will contact the appropriate DHHS office immediately for additional guidance.

Executive Director Signature: _____ 



New Hampshire Department of Health and Human Services

**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the
Regional Public Health Network Services**

This 2nd Amendment to the Regional Public Health Network Services contract (hereinafter referred to as "Amendment Two") dated this 2nd day of April, 2015, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mid-State Health Center, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 101 Boulder Point Drive, Suite 1, Plymouth, NH 03264.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #100 and amended on February 11, 2015, Item #9, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services to support continued delivery of these services, and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read: June 30, 2017.
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read: \$876,520.
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read: Brook Dupee.
4. Delete Exhibit A Scope of Services and Exhibit A-1 Additional Scope of Services in their entirety and replace with Exhibit A Amendment #1 Scope of Services to be effective July 1, 2015 through June 30, 2017.
5. Add Exhibit A-2 Additional Scope of Services to be effective the date of Governor and Council approval through September 30, 2015.
6. Modify Exhibit B to add to paragraph 1:
 - 1.3. The contract shall increase by \$8,289 for SFY 2015, \$274,091 for SFY 2016, and \$267,380 for SFY 2017, for a total increase of \$549,760.
 - 1.4. Funding is available as follows:
 - \$22,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.268, Federal Award Identification Number (FAIN) H23IP000757. Account # 05-95-90-902510-5178-102-500731, \$11,000 in SFY 2016, and \$11,000 in SFY 2017.



New Hampshire Department of Health and Human Services

- \$330,760 = 100% federal funds from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA #93.959, Federal Award Identification Number (FAIN) TI010035-14. Account # 05-95-49-491510-2988-102-500731, \$165,380 in SFY 2016, and \$165,380 in SFY 2017.
 - \$30,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037. Account # 05-95-90-901010-5362-102-500731, \$15,000 in SFY 2016, and \$15,000 in SFY 2017.
 - \$152,000 = 85.45% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.074, Federal Award Identification Number (FAIN) U90TP000535, and 14.55% general funds. Account # 05-95-90-902510-7545-102-500731, \$76,000 in SFY 2016, and \$76,000 in SFY 2017.
 - \$15,000 = 100% federal funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN) B01OT009037, Account # 05-95-90-902010-5190-102-500731, \$8,289 in SFY 2015, and \$6,711 in SFY 2016.
7. Modify existing Exhibit B-1 and Exhibit B -1 Amendment #1 budgets by adding Exhibit B-1 Amendment #2 budgets for SFY 2015, 2016 and 2017. Within 10 business days of the effective date of this contract amendment, the vendor shall submit to the Department of Health and Human Services and receive departmental approval, detailed line item budgets, on budget forms approved by the State.

New Hampshire Department of Health and Human Services



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/29/15
Date

Brook Dupee
Brook Dupee
Bureau Chief

Mid-State Health Center

4-6-15
Date

Sharon Beaty
Name: Sharon Beaty
Title: CEO

Acknowledgement:

State of New Hampshire County of Grafton on 4-6-15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Jean Monroe
Signature of Notary Public or Justice of the Peace

Jean Monroe
Name and Title of Notary or Justice of the Peace

My Commission Expires: April 9, 2019

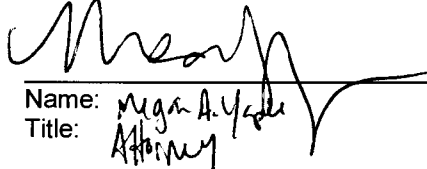
New Hampshire Department of Health and Human Services



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 5/11/15


Name: Megan A. Yoder
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit A Amendment #1

SCOPE OF SERVICES

1. Required Services

Contract Period: July 1, 2015 through June 30, 2017

The Contractor shall:

- 1.1. Implement the 2015 Regional Strategic Plan for Prevention pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed September 2015, located at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
- 1.2. Develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.
- 1.3. Ensure the administrative and fiscal capacity to accept and expend funds provided by the Department of Health and Human Services' (DHHS), Division of Public Health Services (DPHS) and Bureau of Drug and Alcohol Services (BDAS) for other services as such funding may become available.
- 1.4. School-Based Seasonal Influenza Vaccination Services
 - 1.4.1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
 - 1.4.2. Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
 - 1.4.3. School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
 - 1.4.4. As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
 - 1.4.5. Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
 - 1.4.6. Report all known adverse reactions according to protocols established by the NHIP.
 - 1.4.7. Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
 - 1.4.8. Conduct debriefings after each clinic to identify opportunities for improvements.



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1.5. Regional Public Health Advisory Committee

- 1.5.1. Continue a regional Public Health Advisory Committee (PHAC) comprised of representatives from the community sectors identified in the table below. At a minimum, this PHAC shall provide an advisory role to the contractor and, where applicable, all subcontractors to assure the delivery of the services funded through this agreement.
- 1.5.2. The PHAC membership should be inclusive of all local agencies that provide public health services in the region beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related services and oversight of substance misuse through the continuum of care (prevention, intervention, treatment and recovery) as appropriate to the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-informed to meet improved health outcomes; and advance the coordination of services among partners.
- 1.5.3. As federal funders, both the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration have developed lists of key community sectors. While described in different ways, the two lists encompass the same community sectors as evident in this table.

Substance Misuse Prevention and Related Health Promotion	Public Health Preparedness
Community Leadership*	
Local Government Safety and Enforcement	Emergency Management
Health and Medical	Health Care Mental / Behavioral Health
Community and Family Support	Cultural and Faith-based Organizations Housing and Sheltering Senior Services Social Services
Business	Business Media
Education	Education and Child Care

*This CDC sector is defined as leaders with policy and decision-making roles, including elected and appointed public officials, leaders of non-governmental organizations and other community-based organizations. Thus, this sector includes leaders from all of the other sectors in this table.

1.6. Membership

- 1.6.1. At a minimum, the following entities within the region being served shall be invited to participate in the PHAC in order to achieve a broad-based advisory committee comprised of senior leaders from across sectors and communities. It is expected that



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the larger PHAC will be supported by committees/workgroups, etc. comprised of professionals with more specific topical and/or function-based expertise.

1.6.2. PHAC General Membership

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each DPHS-designated community health center
5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Representative from each of the following community sectors shall also be invited to participate: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

1.5.5.1. PHAC Executive/Steering Committee Membership

1.5.5.2. For PHACs that include an executive or steering committee, the Contractor shall strive to ensure representation from the following entities.

1. One municipal and county government
2. One community hospital
3. One School Administrative Unit (SAU)
4. One DPHS-designated community health center
5. One NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. Other business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.

1.5.5.3. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

1.6. Perform an advisory function to include:

1.6.1. Collaborate with partners to establish annual priorities to strengthen the capabilities within the region to deliver public health services, including public health emergencies and substance misuse through the continuum of care.

1.6.2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.

1.6.2.1. Monitor and disseminate data products and reports to public health system partners in the region in order to inform partners about the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.

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- 1.6.2.2. Educate partners on the NH WISDOM data repository, in order to build capacity to utilize this system to generate and analyze regional data.
- 1.6.2.3. Participate in local community health assessments convened by other agencies.
- 1.6.3. Designate representatives of the PHAC to other local or regional initiatives that are providing public health services, including public health emergencies and substance misuse through the continuum of care.
- 1.6.4. By September 30, publish the Community Health Improvement Plan (CHIP) started in SFY 15.
 - 1.6.4.1. Disseminate the CHIP to regional partners and seek opportunities to educate the community about CHIP priorities, strategies, and activities.
- 1.6.5. Implement priorities included in the 2015 CHIP.
 - 1.6.5.1. Provide leadership to implement the priorities and strategies included in the CHIP.
 - 1.6.5.2. Implement specific activities for at least one CHIP priority in addition to public health emergency preparedness and substance misuse prevention.
 - 1.6.5.3. Monitor progress of CHIP implementation and provide an annual report describing programs and activities implemented that address CHIP priorities to regional partners and DHHS.
- 1.6.6. Maintain a set of operating guidelines/principles or by-laws related to the Regional Public Health Advisory Committee that include:
 - a) Organizational structure
 - b) Membership
 - c) Leadership roles and structure
 - d) Committee roles and responsibilities
 - e) Decision-making process
 - f) Subcommittees or workgroups
 - g) Documentation and record-keeping
 - h) Process for reviewing and revising the policies and procedures
- 1.6.7. Assist in the implementation of the biennial PARTNER survey of the PHAC membership.
- 1.6.8. Implement the PARTNER survey in SFY 2016.
 - 1.6.8.1. Host at least one meeting to share results from the PARTNER survey with regional partners.
- 1.6.9. Maintain a webpage related to the PHAC.

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- 1.6.10. Attend semi-annual meetings of PHAC leaders convened by the DHHS. Attendees should include a representative of the Contractor and at least one PHAC member.
- 1.6.11. The chair of the PHAC or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.
- 1.7. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care
 - 1.7.1. Development of organizational structures needed within each of the Regional Public Health Networks to study and develop capacity for a seamless substance misuse continuum of care approach that includes: environmental strategies, prevention, early intervention, treatment and recovery support services. Activities will include training, education, and orientation for Public Health Advisory Councils in substance misuse and the progression of substance use disorders and its effect on individuals, families, and communities, including financial impact. This work will include outlining a comprehensive approach to address the misuse of alcohol and drugs within a Resiliency and Recovery Oriented System of Care context.
 - 1.7.2. Building on information from the Regional Continuum of Care Roundtables, and using local expertise as much as possible, the Contractor will develop and implement a work plan to:
 - 1.7.2.1. Recruit and convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup who will help plan, implement and facilitate these deliverables within Resiliency and Recovery Oriented Systems to educate the Public Health Advisory Council about an integrated/collaborative continuum of care Substance Use Disorder strategies and services.
 - 1.7.2.2. Provide education, training and information to Public Health Advisory Council on the impact of the misuse of alcohol and drugs to help members:
 - 1.7.2.2.1. Understand the nature of substance use disorders;
 - 1.7.2.2.2. Learn about the impact of substance use disorders on individuals, families and communities;
 - 1.7.2.2.3. Increase their knowledge of the financial impact of substance use disorders – at the state level, community level, and community sector level;
 - 1.7.2.2.4. Understand the relationship between, and integration of, healthcare and behavioral health, and its relationship to misuse of substances and substance use disorders;
 - 1.7.2.2.5. Learn about the components of Resiliency and Recovery Oriented Systems of Care what they do, and the interrelationship with:



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Environmental strategies, Prevention services, Intervention services,
Treatment services, Recovery support services

- 1.7.2.3. Discover, understand and envision a comprehensive approach to preventing, treating and recovering from substance use disorders.
 - 1.7.2.4. Connect with and recruit representatives from Community Health Centers, hospital networks and local primary care so that they can provide information to the Public Health Advisory Council on the integration of healthcare and behavioral health, e.g. Screening and Brief Intervention and Referral to Treatment and other evidenced informed practices.
 - 1.7.2.5. Work with Substance Misuse Prevention Coordinator and local prevention coalitions to present information on prevention to the Public Health Advisory Council and the role prevention plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.6. Connect with and recruit representatives from intervention/treatment providers to provide information on treatment to the Public Health Advisory Council, and the role intervention/treatment plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.7. Connect with and recruit representatives from the recovery community to provide information on recovery and recovery supports to the Public Health Advisory Councils, and the role recovery supports play in the continuum of services and Resiliency and Recovery Oriented Systems of Care.
 - 1.7.2.8. Familiarize the Public Health Advisory Council with the "Misuse of Alcohol and Drugs" section of the State Health Improvement Plan to prepare them for the development of the Community Health Improvement Plan described in the section above.
 - 1.7.2.9. The Center for Excellence, a technical assistance contractor to the Bureau of Drug and Alcohol Services, will provide materials and host a webinar on elements of a comprehensive system in environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders.
- 1.8. Substance Misuse Prevention (SMP) and Related Health Promotion
- 1.8.1. Maintain and/or hire a full-time-equivalent coordinator(s) to manage the project with one person serving as the primary point of contact and management of the scope of work.
 - 1.8.1.1. The Prevention Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
 - 1.8.1.2. Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).

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- 1.8.1.3. Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
- 1.8.2. Ensure the continuance of a committee to serve as the content experts for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Council.
 - 1.8.2.1. The expert committee shall consist of the six sectors, Drug Free Coalitions, Student Assistance Counselors and other grass roots coalitions' representation of the region with a shared focus on substance misuse prevention, the associated consequences and health promotion.
 - 1.8.2.2. The committee will inform and guide regional efforts to ensure priorities and programs are not duplicative but rather build local capacity that is data-driven, evidence-informed, and culturally appropriate to achieve positive outcomes.
 - 1.8.2.3. Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the strategic plan.
 - 1.8.2.4. Portion of the committee or a member serves as the liaison to the Regional Public Health Advisory Committee.
- 1.8.3. Attend, assist and participate with the Continuum of Care facilitator and the Continuum of Care work group in the regions' capacity development in continuum of care services.
- 1.8.4. Develop and implement substance misuse prevention three-year regional strategic plan.
 - 1.8.4.1. Current one-year work plan is good through to Sept 29, 2015 and is available at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.
 - 1.8.4.2. Three-year strategic plan due by September 30, 2015 that is aligned with the Collective Action and Collective Impact Plan <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.pdf>, and the State Health Improvement Plan (SHIP) <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf> and the region's Community Health Improvement Plan (CHIP).
 - 1.8.4.3. Regional strategic plan needs to be endorsed by expert committee and approved by the PHAC prior to submission to BDAS for approval. PHAC letter of approval is due at the time of submission.
 - 1.8.4.4. Three-year plan needs to be approved by BDAS prior to implementation.
- 1.8.5. All programs and practices need to be evidenced-informed approaches for substance misuse prevention as outlined in the following document: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.

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- 1.8.6. Maintain effective training and on-going communication within the Regional Public Health Network, expert committee, PHAC, broader membership, and all subcommittees. Promote the regions substance misuse prevention strategic plans' goals, objectives, activities and outcomes promoted through media and other community information channels and other prevention entities as appropriate.
- 1.8.7. Utilization of the Strategic Prevention Framework (SPF) five-step planning process to guide regions/communities in the data driven planning process planning, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities <http://www.samhsa.gov/spf>.
- 1.8.8. Substance misuse prevention plans and regional efforts need to adhere to the Federal Substance Abuse Prevention and Treatment Block Grant requirements:
 - 1.8.8.1. Prevention approaches must target primary prevention strategies. These strategies are directed at individuals not identified to be in need of treatment.
 - 1.8.8.2. Comprehensive primary prevention program shall include activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance abuse. The program must include, but is not limited to the Center for Substance Abuse Prevention categories: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Process, and Environmental.
 - 1.8.8.3. A comprehensive approach using the above categories targeting populations with different levels of risk classified by the Institute of Medicine Model: Universal, Selective, and Indicated.
 - 1.8.8.4. All the above information in more detail is outlined under the heading Primary Prevention: <http://www.samhsa.gov/grants/block-grants/sabg>.
 - 1.8.8.5. Assist the state in meeting the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcome Measures (NOMS) through data collection, evaluation and process measures via the PWITS online data system. These regulatory requirements are described and posted on the BDAS website: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>
- 1.8.9. Cooperate with and coordinate all evaluation efforts as required by BDAS and DPHS as conducted by the Center for Excellence (e.g. PARTNER Survey, SMP stakeholder survey and all other surveys as directed by BDAS).
- 1.8.10. Attend all State required trainings, workshops, and bi-monthly meetings and ongoing quality improvement as required demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).



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- 1.8.11. Must respond to BDAS and DPHS emails and inquiry's within 3 to 5 business days or time stated.
- 1.8.12. Must cooperate with all BDAS site visits as required; at minimum one annually.
- 1.8.13. Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Synar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities).
<http://www.samhsa.gov/synar>.
- 1.8.14. Coordinate with your RPHN contract administrator in the development and the ongoing maintenance of a Substance Misuse Prevention and Health Promotion website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
- 1.8.15. Assist with other State activities as required by BDAS or DPHS.
- 1.9. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
 - 1.9.1. The Public Health Advisory Council (PHAC) will provide support for the development of regional capacity for a comprehensive, accessible continuum of care for substance use disorder that supports the state plan recommendations, best practice and Department of Health and Human Services priorities. A comprehensive service array will include developing needed capacity for environmental strategies, prevention, early intervention, treatment and recovery support services. The PHAC will promote the utilization of a Resiliency and Recovery-Oriented System of Care – RROSC (whole person) construct in an effort to minimize the prevalence and consequence of substance misuse in each region. RROSC is a coordinated effort that supports person-centered approach that builds on the strengths and resiliencies of individuals, families, and communities (<http://www.dhhs.nh.gov/dcbcs/bdas/index.htm>). The work will include:
 - 1.9.1.1. Participation in ongoing education on comprehensive approaches to addressing substance misuse through the development of a regional continuum of care.
 - 1.9.2. Hiring and providing support for one (1) dedicated full-time Continuum of Care (CC) Facilitator to:
 - 1.9.2.1. Be trained in the evidence-based Strategic Planning Model (five steps: Assessment, capacity, develop a plan, Implement the plan, evaluation), Resiliency and Recovery-Oriented System of Care tenants, and NH Comprehensive Systems of Care
 - 1.9.2.2. Ongoing attendance and participation in Regional PHAC meetings and planning.

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- 1.9.2.3. Use the Strategic Planning Model to assess services availability within the continuum of care: prevention, intervention, treatment and recovery support services, including the regions' current assets and capacity for regional level services.
- 1.9.2.4. Assessment of substance use disorder service within the NH Health Improvement Plan benefits.
- 1.9.2.5. Work with partners to establish a plan, based on the assessment, to address the gaps and build the capacity to increase substance use disorder services across the continuum.
- 1.9.2.6. Develop mechanism to coordinate efforts between key Prevention, Intervention, Treatment and Recovery stakeholders.
- 1.9.2.7. Reconvene or recruit subject matter experts consisting of local (when possible) healthcare providers and other professionals within the continuum of services to form the CC workgroup to assist, coordinate efforts.
- 1.9.2.8. Develop a plan for communication and for respective roles and responsibilities of the continuum of care workgroup.
- 1.9.2.9. Work with BDAS and its technical assistance partners to address education, training and technical assistance needs.
- 1.9.2.10. Recruiting representatives from community health centers, community mental centers, hospitals, primary care, and other health and social service providers to help further efforts in the integration of healthcare and behavioral health by:
 1. Promoting substance use screenings at sites at appropriate locations;
 2. Providing information on substance misuse trainings available for healthcare and other behavioral health providers;
 3. Communicating resources available to address substance misuse issues.
- 1.9.2.11. Assisting in the continuation or development of a Continuum of Care work group that includes local expertise in:
 1. Prevention: Work with the Substance Misuse Coordinator and prevention providers to identify assets, address areas of need and increase access to prevention services; Coordinates this work with the regional three-year strategic prevention plan (available at: <https://www.dhhs.nh.gov.bdas/prevention.htm>).
 2. Intervention/Treatment: Work with Intervention and treatment providers to identify assets, address areas of need and increase capacity and to improved access to services; To develop and maintain established quality standards.



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3. Recovery: Work with recovery service providers, including peer led organizations, to identify assets, address areas of need and increase access to services. Work with recovery service providers to enhance or increase services, and/or develop new services.
4. Primary Healthcare/Behavioral Health: Work with primary healthcare providers and behavioral health providers to develop means of integrating substance misuse services, mental health and primary care services within the region, including health promotion. Work with healthcare and behavioral health providers to enhance or increase substance misuse screening other services, and/or develop new services.
5. Based on the work above, develop a format that tracks and makes available information on Prevention, Intervention, Treatment and Recovery resources.

1.9.2.12. Participation with all trainings, technical assistance and evaluations as directed by BDAS

1.10. Staffing Requirements

1.10.1. CONTINUUM OF CARE FACILITATOR – dedicated full time position

1.10.1.1. This position works with the RPHN and communities to ensure that all necessary partners for the development of a comprehensive continuum of care as described above, and that aligns with the regional Community Health Improvement Plan. These partners should include substance use Prevention, Intervention, Treatment, and Recovery providers, healthcare and behavioral health providers, and other interested or affected parties. The Continuum of Care facilitator will work with BDAS and its technical assistance resources to ensure that all partners have access to information, training and/or technical assistance necessary for them to understand and fully participate in continuum of care development discussions and planning.

1.10.1.2. Qualifications:

1. MPH with focus on systems development or,
2. MSW with focus or experience in macro social work or,
3. Master's degree in Community Development/Organizing or,
4. BA in the any of the above with 2-3 years' experience in public health systems development, macro social work, or community development/organizing.

1.11. Regional Public Health Preparedness

1.11.1. Regional Public Health Emergency Planning

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- 1.11.1.1. The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011). All activities shall build on current efforts and accomplishments within the region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.
- 1.11.1.2. In collaboration with the PHAC described in Section 3.1, provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices. The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to: <https://www.fema.gov/media-library/assets/documents/25975>.
- 1.11.1.3. As requested by the DPHS, participate in review of the RPHEA and, related appendices and attachments. Revise and update the RPHEA, related appendices and attachments based on the findings from the review.
- 1.11.1.4. Participate in an annual Medical Countermeasure Operational Readiness Review (MCM ORR) as required by the CDC Division of Strategic National Stockpile (DSNS). The MCM ORR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the MCM ORR.
- 1.11.1.5. Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.
- 1.11.1.6. Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.11.1.7. Disseminate the RPHEA and related materials to planning and response partners, including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.

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1.11.1.8. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners. Healthcare coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹

1.11.1.9. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.

1.11.1.10. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.

1.11.1.11. Implement at least one priority intervention identified during the regional Hazard Vulnerability Assessment.

1.12. Regional Public Health Emergency Response Readiness

1.12.1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.

1.12.2. Through the Public Health Advisory Committee, continue to collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services.

1.12.3. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.

1.12.4. Coordinate the procurement, rotation and storage of supplies necessary for the initial activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.

1.12.5. As needed, develop and execute MOUs with agencies to store, inventory, and rotate these supplies.

¹ Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.



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- 1.12.6. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor.
 - 1.12.7. An inventory of regional supplies shall be conducted at least annually and after every deployment of these supplies. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 1.12.8. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
 - 1.12.9. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.
 - 1.12.10. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
 - 1.12.11. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs. In coordination with the DHHS, participate in a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
 - 1.12.12. Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, and related appendices.
- 1.13. Public Health Emergency Drills and Exercises
- 1.13.1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
 - 1.13.2. Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.

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- 1.13.3. Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM). AS funding allows, this includes all drills and exercises conducted by NH DHHS to meet CDC requirements for a full-scale exercise regarding medical countermeasures distribution and/or dispensing.
- 1.13.4. Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
- 1.13.5. To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

2. Performance Measures

2.1. School-Based Vaccinations

- 2.1.1. Number of schools hosting a seasonal influenza clinic
- 2.1.2. Percent of total student enrollment receiving seasonal influenza vaccination
- 2.1.3. Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

2.2. Regional Public Health Advisory Committee

- 2.2.1. Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- 2.2.2. Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- 2.2.3. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 2.2.4. Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the biennial PARTNER Survey.

2.3. Substance Use Disorders, Resiliency and Recovery – Orientated Systems of Care

- 2.3.5. Number of subject matter experts from across the Continuum of Care Services recruited and serving on the workgroup.
- 2.3.6. Number of educational resources developed to educate the PHAC.

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Exhibit A Amendment #1

- 2.3.7. Number of educational events identified by the delivery modality (face to face meeting, webinars, etc.) to educate the PHAC.
- 2.3.8. Number of PHAC members educated.
- 2.3.9. Submission of PHAC endorsed statement/vision on what constitutes a substance use disorder comprehensive approach for your region's system of care.
- 2.4. Substance Misuse Prevention (SMP) and Related Health Promotion
 - 2.4.5. Completion of 3 year substance misuse prevention plan and endorsed by Regional Public Health Advisory Committee and approved by BDAS due September 30, 2015.
 - 2.4.6. Completed an approved annual workplan reflective of new strategic plan due October 31, 2015.
 - 2.4.7. Completed monthly PWITS data entries due by the 20th business day of the following month (e.g. September data due by October 30).
 - 2.4.8. Data entry needs to align with the 3 year strategic plan for substance misuse prevention and health promotion and adhere to the PWITS Policy Guidance document
 - 2.4.9. Host at minimum 4 SMP expert team meetings annually
 - 2.4.10. Meet all Federal regulatory reporting requirements of the Substance Abuse Prevention and Treatment Block Grant.
 - 2.4.11. Participates and coordinates evaluation surveys: SMP stakeholder survey and other surveys as required.
 - 2.4.12. Participates and coordinates attendees and prepare for BDAS or DPHS site visits. At request of the state you may be asked to convene: SMP coordinator, Contract administrator, financial agent, expert team chair and others as requested.
 - 2.4.13. Attendance at SMP bi monthly meetings jointly convened by BDAS and NH Charitable Foundation.
 - 2.4.14. Maintain a SMP website with links to drugfreenh.org and Bureau of Drug and Alcohol Services.
 - 2.4.15. Provides additional information to BDAS when requested.
- 2.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
 - 2.5.5. One full time dedicated Continuum of Care (CC) facilitator hired and completed all required trainings.

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- 2.4.1.1. CC facilitator establishes and convenes the Continuum of Care (CC) workgroup from across the continuum of care, that includes participants from prevention, intervention, treatment and recovery. Includes Healthcare and primary care providers and behavioral health.
 - 2.4.1.2. Submission of meeting minutes including detailed conversations and action items, CC workgroup attendance,
 - 2.4.1.3. Submission of an assessment of regional continuum CC assets, gaps and barriers to service within nine (9) months of the approved contract to include:
 - 2.4.1.3.1. Identification of gaps in CC components and services that need to be developed or enhanced.
 - 2.4.1.3.2. Identification of barriers to cooperation between CC components.
 - 2.4.1.3.3. Identification of barriers to community/client access to component services.
 - 2.4.1.4. Submission of a plan within one (1) year of the approved contract that identifies actions to address issues in the assessment of regional continuum assets, gaps and barriers to services. workplan outlining the activities to be implemented to resolve any barriers and increase capacity of services within the region
- 2.6. Regional Public Health Preparedness
- 2.6.5. Score assigned to the region's capacity to dispense medications to the population based on the CDC MCM ORR.
 - 2.6.6. Number of outreach events with entities that employ health care personnel.
 - 2.6.7. Submission of the RPHEA annually

3. Training and Technical Assistance Requirements

- 3.1. The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.
- 3.2. School-Based Vaccination
 - 3.2.1. Participate in bi-monthly conference calls with New Hampshire Immunization Program (NHIP) staff.
 - 3.2.2. Attend a half-day Training of Trainers in-service program offered by the NHIP.
- 3.3. Regional Public Health Preparedness
 - 3.3.1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.

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- 3.3.2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
- 3.3.3. Complete the training standards recommended for Preparedness Coordinators
- 3.3.4. Attend the annual Statewide Preparedness Conferences in June 2016 and 2017.
- 3.4. Medical Reserve Corps
 - 3.4.1. Participate in the development of a statewide technical assistance plan for MRC units.
- 3.5. Substance Misuse Prevention and Related Health Promotion
 - 3.5.1. Participate in bi month SMP meetings
 - 3.5.2. Maintain Prevention Certification credentialing
 - 3.5.3. Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and trainings.
- 3.6. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Continuum of Care.
 - 3.6.1. Ongoing quality improvement is required by attendance and participation in on or offsite technical assistance and trainings provided by the Center for Excellence and/or BDAS staff.

4. Cultural Considerations

- 4.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within ten (10) days of the effective date of this contract.

5. Administration and Management – All Services

- 5.1. Workplan
 - 5.1.1. Monitor progress on the final workplans approved by the DHHS. There must be a separate workplan for each of the following based on the services being funded:
 - 5.1.1.1. Regional Public Health Advisory Committee
 - 5.1.1.2. Substance Misuse Prevention and Related Health Promotion



Exhibit A Amendment #1

- 5.1.1.3. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional Resiliency and Recovery Oriented Systems of Care
- 5.1.1.4. Regional Public Health Emergency Preparedness
- 5.2. Reporting, Contract Monitoring and Performance Evaluation Activities
 - 5.2.1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
 - 5.2.1.1. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 5.2.1.2. Subcontractors must attend all site visits as requested by DHHS.
 - 5.2.1.3. A financial audit in accordance with state and federal requirements.
 - 5.2.1. Maintain the capability to accept and expend funds to support funded services.
 - 5.2.1.1. Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 5.2.1.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - 5.2.1.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
 - 5.2.2. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
 - 5.2.3. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in this contract.
 - 5.2.4. Provide other programmatic updates as requested by the DHHS.
 - 5.2.5. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
 - 5.2.6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health

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Exhibit A Amendment #1

promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.

- 5.2.6.2. Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

5.3. Public Health Advisory Committee and Public Health Preparedness

- 5.3.1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS.
- 5.3.2. As requested by the DPHS, complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

5.4. Substance Misuse Prevention and Related Health Promotion

- 5.4.1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
- 5.4.2. Contractor will submit the following to the State:
 - 5.4.2.1. Submit updated or revised strategic plans for approval prior to implementation.
 - 5.4.2.2. Submit annual report to BDAS due June 25, 2016 and 2017 (template and guidance will be provided by CEFx).
 - 5.4.2.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. Stakeholder Survey, annual environmental measure, and other surveys as directed by BDAS).
- 5.4.3. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
- 5.4.4. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 5.4.4.1. Subcontractors must attend all site visits as requested by DHHS.
- 5.4.5. A financial audit in accordance with state and federal requirements.
- 5.4.6. Provide additional information as a required by BDAS.

5.5. Comprehensive Approach to Addressing Substance Misuse through the Continued Development of a Regional

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Exhibit A Amendment #1

5.5.1. Contractor will submit the following to the State:

- 5.5.1.1. Quarterly reports (dates for submission and template will be provided by BDAS).
- 5.5.1.2. Report on prevention, intervention, treatment and recovery services gap assessment within nine (9) months of the date of contract.
- 5.5.1.3. Plan to address gaps in services identified within twelve (12) months of the date of contract.



Exhibit A-2

ADDITIONAL SCOPE OF SERVICES

1. Required Services

Contract Period: Governor and Council approval through September 30, 2015

The Contractor shall:

1.1. Preventing Older Adult Falls

- 1.1.1. Provide services to improve the overall health and wellbeing of New Hampshire residents by Preventing Older Adult Falls.
- 1.1.2. Identify regional data pertaining to older adult falls. This includes, but is not limited to, hospitalizations, emergency department visits, emergency medical service runs and deaths. Data should be aggregated into a one page data brief made available on-line.
- 1.1.3. Work with the New Hampshire Falls Risk Reduction Task Force (Task Force) to learn about current evidence-based practice in the prevention of older adult falls. This can include working with current regional members of the Task Force in a brief internal training.
- 1.1.4. Work with currently identified evidence-based falls risk reduction programs, "Matter of Balance" (MOB) programs and class locations, Appendix F or "Tai Ji Quan: Moving for Better Balance" (TJQMBB) instructors and class locations in the region, Appendix G, to support implementation of trainings of either program through assessing current capacity and need. This could lead to a variety of activities, including but not limited to:
 1. Hosting/funding a site where trainings can occur,
 2. Funding a certified instructor to deliver the program,
 3. Providing/funding social marketing outreach for already existing trainings,
 4. Providing/funding specific training necessary for program implementation.
- 1.1.5. Implement at least one, full training of either MOB or TJQMBB.
- 1.1.6. Work with the program instructor and Task Force to facilitate evaluation data gathering and analysis.

2. Compliance Requirements

- 2.1. Participate in an annual or semi-annual site visit with DHHS staff.
- 2.2. Site visits will include:
 - 2.2.1. A review of the progress made toward meeting the deliverables and requirements described in Section 3 of this RFP based on an evaluation plan that includes performance measures.

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Exhibit A-2

2.2.2. Subcontractors must attend all site visits as requested by DHHS.

2.2.3. Provision of a financial audit in accordance with state and federal requirements.

3. Performance Measures

3.1. Preventing Older Adult Falls

3.1.1. A minimum of at least 60% of participants will have improved their functional ability between initiation and completion of the TJQMBB training as recorded on both functional tests (Timed Up and Go; and Five Times Sit and Stand).

3.1.2. MOB: At least a 60% overall increase from baseline to post class in the Matter Of Balance (MOB) Falls Management Scale among participants.

4. Staffing

4.1. The Contractor shall be required to provide staffing to fulfill the roles and responsibilities to support activities of this project. The Contractor shall address the details to the following requirements to ensure adequate staffing is provided.

4.2. Provide sufficient staff to perform all tasks specified in this RFP. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion.

4.3. The Contractor shall ensure that all staff has appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

5. Reporting Requirements

5.1. Reporting Requirements

5.1.1. The Contractor shall submit quarterly progress reports based on performance using reporting tools developed by the DHHS/DPHS.

5.1.2. The Contractor shall provide copies of fully executed subcontract agreements to DHHS, prior to start of such contracts.

5.1.3. The Contractor shall submit annual programmatic reports updating the DHHS on all activities.

6. Extensions

6.1. This agreement has the option for a potential extension of up to two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

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 Mid-State Health Center is a New Hampshire nonprofit corporation formed January 9, 1998. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of April, A.D. 2015

A handwritten signature in cursive script, reading "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Ann Blair, of Mid-State Health Center, do hereby certify that:

1. I am the duly elected Secretary of Mid-State Health Center;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Mid-State Health Center, duly held on April 23, 2013:

RESOLVED: That this Corporation may enter into contracts with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the Chief Executive Officer of Mid-State Health Center is hereby authorized on behalf of this Corporation to enter into said contract with the State and to execute any and all documents, agreements, and other instruments in addition to any amendments, revisions or modifications thereto, as she may deem necessary, desirable or appropriate.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effective as of April 6, 2015.
4. Sharon Beaty is the duly appointed Chief Executive Officer of the Corporation. Robin Fisk is the duly elected Board President of the Corporation.

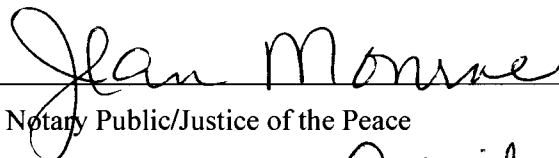
IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of Mid-State Health Center on this, the 7 day of April, 2015



Ann Blair, Secretary

STATE OF New Hampshire
COUNTY OF Grafton

The foregoing instrument was acknowledged before me this 7 day of April, 2015 by Ann Blair.


Notary Public/Justice of the Peace

My Commission Expires: April 19, 2019

Client#: 5846

MIDSTATE

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2014

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 William Gallagher Associates 470 Atlantic Avenue Boston, MA 02210	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:														
INSURED Mid-State Health Center 101 Boulder Point Drive Suite 1 Plymouth, NH 03264	<table border="1"> <thead> <tr> <th data-bbox="817 556 1379 577">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1379 556 1486 577">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="817 577 1379 598">INSURER A: National Fire & Marine Insuranc</td> <td data-bbox="1379 577 1486 598">20079</td> </tr> <tr> <td data-bbox="817 598 1379 619">INSURER B: New Hampshire Employers Insuran</td> <td data-bbox="1379 598 1486 619"></td> </tr> <tr> <td data-bbox="817 619 1379 640">INSURER C:</td> <td data-bbox="1379 619 1486 640"></td> </tr> <tr> <td data-bbox="817 640 1379 661">INSURER D:</td> <td data-bbox="1379 640 1486 661"></td> </tr> <tr> <td data-bbox="817 661 1379 682">INSURER E:</td> <td data-bbox="1379 661 1486 682"></td> </tr> <tr> <td data-bbox="817 682 1379 695">INSURER F:</td> <td data-bbox="1379 682 1486 695"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Fire & Marine Insuranc	20079	INSURER B: New Hampshire Employers Insuran		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

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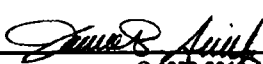
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GENL AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ SCHEDULED AUTOS ☐ ALL OWNED AUTOS ☐ NON-OWNED AUTOS ☐ HIRED AUTOS		HN004919	10/01/2014	10/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	ECC60040000792014A	10/01/2014	10/01/2015	☒ WC STATU-TORY LIMITS ☐ OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Healthcare Professional & Physicians Liab.		HN004919	10/01/2014	10/01/2015	\$1,000,000 Each Claim \$3,000,000 Aggregate Claims Made Coverage

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

NH Department of Health and Human Services Division of Public Services 29 Hazen Drive Concord, NH 03301	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 



Family, Internal and Pediatric Medicine • Behavioral Health Services • Dental Care
midstatehealth.org

Where your care comes together.

Mission Statement

Mid-State Health Center provides sound primary care to the community, accessible to all regardless of the ability to pay.

Vision for the Future

- ✧ Patients are satisfied, knowledgeable and involved in their healthcare.
- ✧ Mid-State Health Center has developed collaborative relationships with the medical community.
- ✧ Facilities are comfortable, functional and accessible.
- ✧ Working environment is characterized by professional behavior, mutual respect and focused on finding solutions to problems.
- ✧ Mid-State operates in a manner that results in financial stability, enhances efficiency, respects the importance of the working environment and supports a premier teaching experience.

Core Values

- ✧ Employees and providers are held to high ethical and professional standards.
- ✧ Committed to creating a healthier community.
- ✧ Respects the privacy of the provider-patient relationship.
- ✧ Continuing education is supported at all levels of the organization.
- ✧ Provides high-quality primary care.
- ✧ Recognizes the importance of employees' need to lead healthy and balanced lives.
- ✧ Respects and considers the opinions of all stakeholders.
- ✧ Board members are actively involved, interested and committed to the success of Mid-State Health Center.

Plymouth Office: 101 Boulder Point Drive • PH (603) 536-4000 • FAX (603) 536-4001

Bristol Office: 100 Robie Road • PH (603) 744-6200 • FAX (603) 744-9024

Mailing Address: 101 Boulder Point Drive • Suite 1 • Plymouth, NH 03264

**MID-STATE HEALTH CENTER
AND SUBSIDIARY**

Consolidated Financial Statements

As of and for the Years Ended
June 30, 2014 and 2013

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2014

and

Independent Auditors' Report



MID-STATE HEALTH CENTER AND SUBSIDAIRY

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TYLER, SIMMS & ST. SAUVEUR, P.C.
Certified Public Accountants & Business Consultants

Independent Auditors' Report

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Mid-State Health Center and Subsidiary, which comprise the consolidated statements of financial position as of June 30, 2014 and 2013, and the related consolidated statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mid-State Health Center and Subsidiary as of June 30, 2014 and 2013, and the results of their operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplemental Schedule of Expenditures of Federal Awards on pages 21-30 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 financial statements. The consolidating information is also presented on pages 31-36 for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of the Organization's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 13, 2014, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Tyler, Lemus and St. Seureur, CPAs, P.C.

Lebanon, New Hampshire
November 13, 2014

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Financial Position
As of June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 1,027,767	\$ 771,305
Patient accounts receivable, net	564,515	389,029
Estimated third-party settlements	50,000	35,000
Grants and state contracts receivable	972,793	391,025
Prepaid expenses and other receivable	375,600	209,052
Total current assets	<u>2,990,675</u>	<u>1,795,411</u>
Property and equipment, net	<u>6,591,105</u>	<u>4,470,183</u>
Other assets		
Deferred financing costs	60,465	1,931
Other assets	1,835	2,751
Total other assets	<u>62,300</u>	<u>4,682</u>
Total assets	<u>\$ 9,644,080</u>	<u>\$ 6,270,276</u>
Liabilities		
Current liabilities		
Line of credit - SMH (Note 12)	\$ 75,000	\$ 75,000
Accounts payable	393,737	312,129
Construction payable	221,468	34,955
Accrued expenses and other current liabilities	89,424	86,885
Accrued payroll and related expenses	132,025	179,785
Accrued earned time	261,041	256,704
Current portion of long-term debt	120,827	113,926
Current portion of capital lease obligations	7,581	6,628
Deferred grants and state contract revenue	768,760	322,871
Total current liabilities	<u>2,069,863</u>	<u>1,388,883</u>
Long-term debt, less current portion	<u>5,046,856</u>	<u>3,568,108</u>
Capital lease obligations, less current portion	<u>2,133</u>	<u>9,761</u>
Total liabilities	<u>7,118,852</u>	<u>4,966,752</u>
Commitments and contingencies (See Notes)		
Net assets		
Unrestricted	1,714,723	519,915
Temporarily restricted	810,505	783,609
Total net assets	<u>2,525,228</u>	<u>1,303,524</u>
Total liabilities and net assets	<u>\$ 9,644,080</u>	<u>\$ 6,270,276</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Activities and Changes in Net Assets
For the Years Ended June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Changes in unrestricted net assets		
Unrestricted revenue, gains and other support		
Patient service revenue (net of contractual allowances and discounts)	\$ 5,300,033	\$ 5,414,241
Provision for bad debts	348,130	367,681
Net patient service revenue	4,951,903	5,046,560
Community Benefit Grant	228,000	228,000
Other grant and state contract revenue	1,136,271	387,597
Contributions	499,298	16,164
Other operating revenue	1,349,093	930,556
Total unrestricted revenue, gains and other support	<u>8,164,565</u>	<u>6,608,877</u>
Expenses		
Salaries and wages	4,129,562	3,952,349
Employee benefits	832,921	845,074
Insurance	103,535	98,084
Professional fees	447,205	311,437
Supplies and expenses	1,145,679	1,003,119
Depreciation and amortization	171,778	183,861
Interest expense	160,823	219,366
Total expenses	<u>6,991,503</u>	<u>6,613,290</u>
Increase (decrease) in net assets from operating activities	<u>1,173,062</u>	<u>(4,413)</u>
Non-operating gains (losses)		
Gain (loss) on disposal of fixed assets	(1,358)	959
Net assets released from restrictions used for property and equipment	23,104	23,104
Total non-operating gains (losses)	<u>21,746</u>	<u>24,063</u>
Increase in unrestricted net assets	<u>1,194,808</u>	<u>19,650</u>
Changes in temporarily restricted net assets		
Contributions	50,000	-
Net assets released from restrictions	(23,104)	(23,104)
Increase (decrease) in temporarily restricted net assets	<u>26,896</u>	<u>(23,104)</u>
Change in net assets	1,221,704	(3,454)
Net assets, beginning of year	<u>1,303,524</u>	<u>1,306,978</u>
Net assets, end of year	<u>\$ 2,525,228</u>	<u>\$ 1,303,524</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Cash Flows

For the Years Ended June 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities		
Change in net assets	\$ 1,221,704	\$ (3,454)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	171,778	183,861
Amortization reflected as interest	10,985	21,663
Provision for bad debts	348,130	367,681
(Gain) loss on disposal of fixed assets	1,358	(959)
In-kind contributions	(482,417)	-
Contributions restricted for long-term investments	(50,000)	-
(Increase) decrease in the following assets:		
Patient accounts receivable	(523,616)	(369,924)
Estimated third-party settlements	(15,000)	-
Community benefit grant receivable	-	106,244
Grants and state contracts receivable	(581,768)	(148,632)
Prepaid expenses and other receivable	(166,548)	(49,184)
Increase (decrease) in the following liabilities:		
Accounts payable	81,608	50,819
Construction payable	186,513	34,955
Accrued payroll and related expenses	(47,760)	24,776
Accrued earned time	4,337	28,474
Accrued other expenses	2,539	(23,199)
Deferred grants and state contract revenue	445,889	114,696
Net cash provided by operating activities	<u>607,732</u>	<u>337,817</u>
Cash flows from investing activities		
Deferred financing costs	(48,443)	-
Purchases of property and equipment	(2,294,335)	(220,859)
Proceeds from sale of assets	1,193	-
Net cash used in investing activities	<u>(2,341,585)</u>	<u>(220,859)</u>
Cash flows from financing activities		
Contributions restricted for long-term investment	50,000	-
Payments on capital leases	(6,675)	(28,567)
Payments on long-term debt	(413,689)	(93,156)
Proceeds on long-term debt	2,360,679	150,100
Net cash provided by financing activities	<u>1,990,315</u>	<u>28,377</u>
Net increase in cash and cash equivalents	256,462	145,335
Cash and cash equivalents, beginning of year	<u>771,305</u>	<u>625,970</u>
Cash and cash equivalents, end of year	<u>\$ 1,027,767</u>	<u>\$ 771,305</u>

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Cash Flow (continued)
For the Years Ended June 30, 2014 and 2013

Supplemental Disclosures of Cash Flow Information

	<u>2014</u>	<u>2013</u>
Cash payments for:		
Interest	\$ 198,020	\$ 197,436
State taxes	\$ 2,228	\$ 2,610

Supplemental Disclosures of Non-Cash Transactions

During 2014, the Organization refinanced various obligations through the issuance of long-term notes payable totaling \$2,904,000 (see Note 10).

During 2014, the Organization recognized an in-kind contribution in the amount of \$482,417, representing forgiveness of the Organization's outstanding balance on a certain note payable at the time of the contribution (see Note 10).

During 2013, the Organization purchased certain equipment through the issuance of capital leases totaling \$7,132.

During 2013, the Organization purchased land through the issuance of a long-term note payable in the amount of \$152,000.

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

1. Summary of Significant Accounting Policies:

Organization

Mid-State Health Center ("MSHC"), is a physician practice which provides health care to a large number of Medicare, Medicaid and charity care patients on an outpatient basis. MSHC maintains facilities in Plymouth and Bristol, New Hampshire. During fiscal year 2014, MSHC was approved as a Federally Qualified Health Center (FQHC), which helps non-profit health care organizations that serve predominately uninsured or medically underserved populations through increased Medicare and Medicaid reimbursement rates.

The consolidated financial statements include the accounts of CRDC Plymouth Community Development Corporation (CRDC Plymouth), collectively, "the Organization".

Effective September 23, 2010, the Organization was transferred a sole member interest in CRDC Plymouth, which owns the 19,500 square foot operating facility that was developed to house the Organization, providing medical services to the underserved community in the Plymouth, New Hampshire region.

During the year ended June 30, 2012, after having participating in a pilot program with the New Hampshire Citizens Health Initiative (NHCHI) the Organization was officially recognized as a medical home.

Basis of Statement Presentation

The consolidated financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The consolidated financial statements have been prepared consistent with the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Organizations* (Audit Guide). All significant intercompany transactions between MSHC and CRDC Plymouth have been eliminated in consolidation.

Classes of Net Assets

The Organization reports information regarding its consolidated financial position and activities to three classes of net assets; unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

- (1) Unrestricted Net Assets are not subject to donor-imposed stipulations.
- (2) Temporarily Restricted Net Assets are subject to donor-imposed stipulations that may or will be met by actions of the Organization and/or the passage of time. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets until the Organization satisfies the donor imposed restriction. Absent explicit donor stipulations about how long-lived assets must be maintained, the Organization reports expirations of donor restrictions over the remaining useful life of the donated or acquired long-lived asset.
- (3) Permanently Restricted Net Assets are subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the institution to use all or part of the income earned on related investments for general or specific purposes. There were no permanently restricted net assets as of June 30, 2014 and 2013.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

1. Summary of Significant Accounting Policies (continued):

Contractual Arrangements with Third-Party Payers

The Medicare and Medicaid programs pay the Organization for services at predetermined rates by treatment. The Organization is reimbursed for Medicare cost reimbursable items at a tentative rate with final settlement determined after the submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. Changes in Medicare and Medicaid programs or reduction of funding levels for programs could have an adverse effect on future amounts recognized as net patient service revenue.

The laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Organization also enters into preferred provider agreements with certain commercial insurance carriers. Payment arrangements to the Organization under these agreements include discounted charges and fee schedule payments.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy with minimal charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Estimates

The Organization uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Actual results could differ from those estimates.

Income Taxes

The Organization is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code.

The Organization accounts for its uncertain tax positions in accordance with the accounting methods under ASC Subtopic 740-10. The UTP rules prescribe a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken in an organization's tax return. The Organization believes that it has appropriate support for the tax positions taken and, as such, does not have any uncertain tax positions that might result in a material impact on the Organization's statements of financial position, activities and changes in net assets and cash flows. The Organization's management believes it is no longer subject to examinations for the years prior to 2010.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Notes to Consolidated Financial Statements
As of and for the Years Ended June 30, 2014 and 2013

1. Summary of Significant Accounting Policies (continued):

Cash and Cash Equivalents

Cash and cash equivalents include demand deposits, petty cash funds and investments with a maturity of three months or less, and exclude amounts whose use is limited by Board designation or other arrangements under trust agreements or with third-party payors.

Receivables

Patient receivables are carried at their estimated collectible amounts. Patient credit is generally extended on a short-term basis; thus, patient receivables do not bear interest.

Patient receivables are periodically evaluated for collectability based on credit history and current financial condition. The Organization uses the allowance method to account for uncollectible accounts receivable.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for Organization operations are recorded at fair value at the date of receipt. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the life of the capital lease. Such amortization is included in depreciation and amortization in the financial statements.

Estimated useful lives are as follows:

	<u>YEARS</u>
Buildings	5 - 40
Leasehold improvements	5
Equipment	3 - 7
Furniture and fixtures	5 - 15
Capital leases	3 - 15

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends and prospects, as well as the effects of obsolescence, demand, competition and other economic factors.

Concentration of Credit Risk

Financial instruments that potentially expose the Organization to concentrations of credit and market risks consist primarily of cash. The Organization has not experienced any losses on its cash.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

1. Summary of Significant Accounting Policies (continued):

Fair Value of Financial Instruments:

The carrying amount of cash, patient accounts receivable, accounts and notes payable and accrued expenses approximates fair value.

Advertising

Advertising costs are charged to operations when incurred. Total advertising expense for the years ended June 30, 2014 and 2013 was \$20,370 and \$15,440, respectively.

Functional Allocation of Expenses

Expenses that can be identified with specific program or supporting services are charged directly to the related program or supporting service. Expenses that are associated with more than one program, or supporting service are allocated based on an evaluation by management.

Reclassification

Certain reclassifications have been made to the 2013 consolidated financial statements to conform to the 2014 presentation. Such reclassifications had no effect on the previously reported change in net assets.

Recent Accounting Pronouncements

In April 2013, the FASB issued Accounting Standards Update (ASU) No. 2013-06, *Not-for-Profit Entities (Topic 958) - Services Received from Personnel of an Affiliate*. The objective of the amendments in this ASU is to specify the guidance that the NFP apply for recognizing and measuring services received from personnel of an affiliate. More specifically, the amendments in this ASU apply to a NFP that receives services from personnel of an affiliate that directly benefit the recipient NFP and for which the affiliate does not charge the recipient NFP. The amendments in this ASU require a recipient NFP to recognize all services received from personnel of an affiliate that directly benefit the recipient NFP. Those services should be measured at the cost recognized by the affiliate for the personnel providing those services. However, if measuring a service received from personnel of an affiliate at cost will significantly overstate or understate the value of the service received, the recipient NFP may elect to recognize that service received at either: (a) the cost recognized by the affiliate for the personnel providing that service, or (b) the fair value of that service. The amendments in this ASU are effective prospectively for fiscal years beginning after June 15, 2014, and interim and annual periods thereafter. A recipient NFP may apply the amendments using a modified retrospective approach under which all prior periods presented upon the date should be adjusted, but no adjustment should be made to the beginning balance of net assets of the earliest period presented. Early adoption is permitted.

2. Charity Care:

The Organization maintains records to identify and monitor the level of charity care they provide. These records include the amount of charges forgone for services and supplies furnished under their charity care policies. The total cost estimate is based on an overall cost to charge ratio applied against gross charity care charges. The net cost of charity care provided was approximately \$401,000 and \$371,000 for the years ended June 30, 2014 and 2013, respectively. Gross patient service revenue provided on a charity care basis was approximately 5.7% and 5.6% for the years ended June 30, 2014 and 2013, respectively.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

2. Charity Care (continued):

The Organization estimates its cost of charity care by applying the percentage of operating expenses to unrestricted revenues and gains to the gross charges foregone. In 2014 and 2013, 832 and 751 patients received charity care out of a total of 10,148 and 10,093 patients, respectively. The Organization provides health care services to residents of Plymouth, New Hampshire and the surrounding area, without regard to the individual's ability to pay for their services.

Determination of eligibility for charity care is granted on a sliding fee basis. Patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 138% of the Federal Poverty Guidelines, shall be responsible for a \$20 fee for each encounter. Those with family income at least equal to 139%, but not exceeding 160% of the guidelines, will be responsible for a \$30 fee for each encounter. Those with family income at least equal to 161%, but not exceeding 180% of the guidelines, will be responsible for a 440 fee for each encounter. Those with family income at least equal to 181%, but not exceeding 200% of the guidelines, will be responsible for a \$50 fee for each encounter.

Third-Party Payor Losses – In addition, the Organization incurred losses in the treatment of Medicare and Medicaid patients. Both of these government programs reimburse for medical services at less than billed charges to provide those services. In 2014 and 2013, the Organization incurred losses of \$1,035,162 and \$989,213, respectively, related to treating Medicare and Medicaid patients.

3. Net Patient Service Revenue and Patient Accounts Receivable:

Net Patient Service Revenue – Net patient service revenue is reported net of contractual allowances, allowance for bad debts and other discounts as follows for the years ended June 30:

	<u>2014</u>	<u>2013</u>
Gross patient service revenue	\$ 7,335,081	\$ 7,461,836
Third-party payor settlements	83,825	45,373
Less: Contractual allowances and discounts	<u>2,118,873</u>	<u>2,092,968</u>
Net patient service revenue before provision for bad debts	5,300,033	5,414,241
Less: Provision for bad debt	<u>348,130</u>	<u>367,681</u>
Net patient service revenue	<u>\$ 4,951,903</u>	<u>\$ 5,046,560</u>

Net Patient Service Revenue by Payor Source

The Organization's net patient service revenue before provision for bad debts was comprised of the following for the years ended June 30:

	<u>2014</u>	<u>2013</u>
Governmental payors	\$ 2,544,332	\$ 2,486,638
Other third-party payors	2,478,023	2,597,334
Self-pay	<u>277,678</u>	<u>330,269</u>
Total all payors	<u>\$ 5,300,033</u>	<u>\$ 5,414,241</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

3. Net Patient Service Revenue and Patient Accounts Receivable (continued):

Patient Accounts Receivable – Patient accounts receivable is reported net of estimated contractual allowances and allowance for doubtful accounts, as follows, as of June 30:

	<u>2014</u>	<u>2013</u>
Patient accounts receivable	\$ 1,042,117	\$ 781,700
Less: Estimated contractual allowances	269,602	209,564
Less: Estimated allowance for doubtful accounts	208,000	183,107
Patient accounts receivable, net	<u>\$ 564,515</u>	<u>\$ 389,029</u>

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with service provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, including both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for only part of the bill, the Organization records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

4. Estimated Third-Party Settlements:

Provision has been made for estimated adjustments that may result from final settlement of reimbursable amounts as may be required upon completion and audit of related cost finding reports under terms of contracts with the Center for Medicare and Medicaid Services and the New Hampshire Division of Welfare (Medicaid). Differences between estimated adjustments and amounts determined to be recoverable or payable are accounted for as income or expense in the year that such amounts become known.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

5. Grants and State Contracts:

The Organization receives various reimbursement grants from the federal government, State of New Hampshire and other public and private agencies. The following is a summary of the grant activity for the years ended June 30:

	Total Award	Earned Grant and State Contract Revenue		Outstanding Receivable		Deferred Grants and State Contract Revenue	
		2014	2013	2014	2013	2014	2013
HPHC Quality Grant - 2013	\$ 71,755	\$ 35,877	\$ 17,939	\$ 17,939	\$ 53,816	\$ 17,939	\$ 53,816
HRSA Grant - 2012	55,877	-	31,273	-	-	-	-
HRSA Grant - 2013	135,645	-	73,128	-	9,195	-	-
HRSA Grant - 2014	147,202	115,257	28,528	-	28,528	-	-
HRSA Grant - 2015	173,857	42,007	-	-	-	-	-
HRSA Grant - 2014 - 2016	812,500	433,333	-	512,500	-	379,167	-
Bi-State PCA Grant	267,927	124,367	-	-	-	-	-
NH Primary Care Contract - 2013	117,175	-	117,175	-	9,765	-	-
NH Primary Care Contract - 2014	152,176	152,176	-	54,530	117,175	-	117,675
NH Primary Care Contract - 2015	175,511	-	-	175,511	-	175,511	-
Emergency Preparedness Grant - 2013	91,000	-	88,659	-	21,166	-	-
Emergency Preparedness Grant - 2014	175,269	175,269	-	23,109	151,380	-	151,380
Emergency Preparedness Grant - 2015	151,880	-	-	151,880	-	151,880	-
Other Grant and Contract Awards	-	57,985	30,895	37,324	-	44,263	-
	<u>\$ 2,527,774</u>	<u>\$ 1,136,271</u>	<u>\$ 387,597</u>	<u>\$ 972,793</u>	<u>\$ 391,025</u>	<u>\$ 768,760</u>	<u>\$ 322,871</u>

6. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	2014	2013
Land	\$ 525,773	\$ 525,773
Buildings	6,338,876	4,089,569
Leasehold improvements	97,798	97,798
Furniture, fixtures and equipment	820,047	729,819
Projects in progress	-	228,658
	<u>7,782,494</u>	<u>5,671,617</u>
Less: Accumulated depreciation	<u>1,191,389</u>	<u>1,201,434</u>
	<u>\$ 6,591,105</u>	<u>\$ 4,470,183</u>

Depreciation and amortization expense, including amortization expense on capital lease obligations, for the years ended June 30, 2014 and 2013 amounted to \$164,054 and \$182,945, respectively.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

7. Deferred Financing Costs:

Costs related to obtaining financing are deferred and reported net of accumulated amortization. Amortized is recognized on a straight-line basis over the period the related obligations are outstanding.

In August 2006, the Organization recognized financing costs related to the financing of CRDC Plymouth's land purchase and building construction ("2006 Financing") totaling \$151,642. The 2006 Financing matured during 2014. Accumulated amortization as of June 30, 2013 was \$149,711. Amortization expense associated with the 2006 Financing included in interest expense was \$1,931 and \$21,653 for the years ended June 30, 2014 and 2013, respectively.

In August 2013, the Organization recognized financing costs related to the mortgaging of its Plymouth facility totaling \$49,015. The obligation has a term of 240 months and matures in August 2033. Accumulated amortization and amortization expense included in interest expense as of and for the year ended June 30, 2014 was \$2,247.

In August 2013, the Organization recognized financing costs related to the issuance of a note payable totaling \$6,000. The obligation has a term of 60 months and matures in August 2016. Accumulated amortization and amortization expense included in interest expense as of and for the year ended June 30, 2014 was \$1,833.

8. Other Assets:

Included in other assets are capitalized legal fees related to the rental agreement and potential purchase of the building the Organization currently occupies in the amount of \$9,163. Amortization expense related to the capitalized fees for the years ended June 30, 2014 and 2013 was \$916. Accumulated amortization was \$7,328 and \$6,412 as of June 30, 2014 and 2013, respectively.

9. Line of Credit:

The Organization had an available line of credit with a maximum borrowing amount of \$100,000 as of June 30, 2014. The line carries an interest rate equal to 5.25% (prime plus 2%). The line is secured by all business assets. The line was not drawn upon as of June 30, 2014 and 2013.

10. Long-Term Debt:

In August 2006, CRDC Plymouth entered into certain long-term debt arrangements to purchase land in Plymouth, New Hampshire and finance the construction of a 19,500 square foot operating facility that houses a substantial portion of the Organization's operations, providing medical services to the underserved community in the Plymouth, New Hampshire region. Details of the project financing follow.

During 2013, MSHC entered into two debt arrangements with Woodsville Guarantee Savings Bank to purchase land in Bristol, New Hampshire and finance the construction of a new facility for operations. During 2014, the Organization refinanced the Woodsville Guarantee Savings notes payable with a construction loan. The new loan had an advancement amount of up to \$2,700,000, with 23 interest only payments commencing in October 2013 at a rate of 5% and a balloon payment due September 2015 for all unpaid principal and accrued unpaid interest. Details of the project financing follow.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

10. Long-Term Debt (continued):

Long-term debt consisted of the following at June 30:

	<u>2014</u>	<u>2013</u>
CCML Investment Fund II, LLC note payable, maturing August 2013, referred to as the "CRDC Plymouth Loan 1", principal and interest payable in 85 monthly installments of \$5,253 through August 1, 2013, CRDC Plymouth is required to refinance the then outstanding unpaid principal as of August 4, 2013, interest is charged at a rate of 5.514% (see Note 10a).	\$ -	\$ 958,589
CCML Investment Fund II, LLC note payable, maturing August 2013, referred to as the "CRDC Plymouth Loan 2", principal and interest payable in 85 monthly installments of \$9,440 through August 1, 2013, CRDC Plymouth is required to refinance the then outstanding unpaid principal as of August 4, 2013, interest is charged at a rate of 5.514% (see Note 10a).	-	1,722,548
CCML Investment Fund II, LLC note payable, maturing August 2013, referred to as the "CRDC Plymouth Loan 3", principal and interest payable in 227 monthly installments of \$2,646 through July 1, 2026, CRDC Plymouth is required to refinance the then outstanding unpaid principal as of August 1, 2016, interest is charged at a rate of 5.514% (see Note 10b).	-	482,770
NH Electric Cooperative, Inc. interest free note payable, maturing September 2013, principal payable in 72 monthly installments of \$2,083 through August 1, 2013, and one lump sum payment of \$203,750 on September 1, 2013 (see Note 10c).	-	210,000
Capital Regional Development Council note payable, maturing September 2013, principal and interest payable in 36 monthly installments of \$2,842 through September 23, 2013. Interest is charged at a rate of 5%.	-	8,467
Woodsville Guarantee Savings Bank note payable, principal and interest payable in 288 monthly installments of \$941. Interest is charged at a rate of 4.25%. The note was repaid in full during 2014.	-	149,560
Woodsville Guarantee Savings interim note payable, principal and interest payable in three monthly installments of \$50,033 interest is charged at a rate of 5.5%. The note was repaid in full during 2014.	-	150,100

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

10. Long-Term Debt (continued):

	<u>2014</u>	<u>2013</u>
Woodsville Guarantee Savings Bank note payable, maturing September 2015, 23 interest only payments at a rate of 5%, 1 balloon payment of principal and accrued unpaid interest (see Note 10d).	2,110,002	-
Woodsville Guarantee Savings Bank note payable, maturing August 2033, principal and interest payable in 240 monthly installments of \$18,194 through August 2033. Interest is charged at a rate of 5.25% (see Note 10a).	2,634,916	-
Woodsville Guarantee Savings Bank note payable, maturing August 2018, principal and interest payable in 60 monthly installments of \$3,757 through August 2018. Interest is charged at a rate of 4% (see Note 10b).	172,765	-
Capital Regional Development Council note payable, maturing August 2016, 36 interest only payments at a rate of 6%, Pending compliance with provisions of the loan agreement. The outstanding principle of the note will be forgiven in August 2016.	<u>250,000</u>	<u>-</u>
Total debt	5,167,683	3,682,034
Less: current portion	<u>120,827</u>	<u>113,926</u>
Long-term debt, less current portion	\$ <u>5,046,856</u>	\$ <u>3,568,108</u>

10a In August 2013, the Organization refinanced the CCML Investment Fund II, LLC CRDC Plymouth loans 1 and 2 with Woodsville Guarantee Savings Bank by entering into a \$2,700,000 first mortgage note payable, "WGSB Loan 1", principal and interest payable in 240 monthly installments of \$18,194, maturing August 2033, interest charged at a rate of 5.25%.

10b In August 2013, the CCML Investment Fund II, LLC contributed its interest in the outstanding balance on the CRDC Plymouth Loan 3 to MSHC resulting in contribution income of \$482,417.

10c In August 2013, the Organization refinanced the NH Electric Cooperative, Inc. note payable with Woodsville Guarantee Savings Bank. The new \$204,000 note, "WGSB Loan 2", matures August 2018, principal and interest payable in 60 monthly installments of \$3,757 and interest charged at a rate of 4.0%. The WGSB Loan 2 is secured by a second mortgage against the Organization's Plymouth Facility.

10d In September 2013, the Organization refinanced the Woodsville Guarantee Savings Bank interim note payable with a construction loan. The new loan had an advancement amount of up to \$2,700,000, and called for interest only payments at a rate of 5% beginning October 2013, for 23 consecutive months, and 1 balloon payment of principal and accrued unpaid interest due September 2015. Advances on the construction loan totaled \$2,110,002.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

10. Long-Term Debt (continued):

Future maturities of long-term debt are as follows as of June 30, 2014:

2015	\$ 120,827
2016	2,236,820
2017	383,110
2018	139,720
2019	108,525
Thereafter	<u>2,178,681</u>
	<u>\$ 5,167,683</u>

11. Capital Lease Obligations:

The Organization has entered into capital lease obligations on certain equipment. The terms of the leases are between three and four years expiring at various times through 2016. Accordingly, the Organization has recorded the transactions as capital lease obligations. For the years ended June 30, 2014 and 2013, amortization expense totaling \$6,658 and \$7,768, respectively, was included in depreciation and amortization expense. The cost basis of all equipment under capital leases was \$23,968 as of June 30, 2014 and 2013.

The following is a schedule, by year, of future minimum lease payments under the capital leases as of June 30, 2014:

2015	\$ 7,581
2016	<u>2,754</u>
Total minimum lease payments	10,335
LESS: Amount representing interest	<u>621</u>
Present value of minimum lease payments	9,714
LESS: Current portion	<u>7,581</u>
Long-term capital lease obligations	<u>\$ 2,133</u>

12. Commitments and Contingencies:

Litigation – The Organization is involved in litigation arising in the ordinary course of business. Prior to July 1, 2009, the Organization and two former employees of the Organization had been jointly named, alongside a related party, in a malpractice and wrongful death lawsuit. As of June 30, 2014, the outcome and potential liability in relation to the suit were unknown. Management believes the Organization is not at material risk of loss related to the suit and as such has not provided for an estimate of loss.

Operating Leases:

Speare Memorial Hospital – The Organization leases office space from Speare Memorial Hospital (SMH). Rent expense related to the lease for the years ended June 30, 2014 and 2013 was \$31,815 and \$31,296, respectively

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

12. Commitments and Contingencies (continued):

Prior to November 15, 2003, Mid-State Health Center (MSHC), formerly known as Speare Medical Associates, was a subsidiary of SMH. Effective November 15, 2003, the Board of Directors of SMH approved a resolution to relinquish control of MSHC to allow MSHC the opportunity to apply for FQHC status to enhance their ability to provide health services to the population of the community. SMH has provided financial assistance to MSHC over the years, including working capital grants and a loan. For the years ended June 30, 2014 and 2013, SMH provided community benefit grants of \$228,000, by varying monthly cash receipts in addition to foregoing collection of certain outstanding payables, primarily related to the monthly rental payments and operating expenses.

Speare Memorial Hospital – The Organization has an outstanding balance on a line of credit provided by SMH of \$75,000. The funds were initially advanced to establish a lease deposit account with CRDC Plymouth on behalf of the Organization. The line calls for interest at the greater of 2% or the interest earned on the deposit account. The line was repaid subsequent to June 30, 2014 (see Note 18).

13. Concentration of Credit Risk:

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows at June 30:

	<u>2014</u>	<u>2013</u>
Medicare	29.2%	31.0%
Medicaid	14.0%	9.8%
Blue Cross	15.7%	11.8%
Patients	17.2%	20.5%
Other third-party payors	<u>23.9%</u>	<u>26.9%</u>
	<u>100.0%</u>	<u>100.0%</u>

The mix of gross patient service revenue from patients and third-party payors was as follows at June 30:

	<u>2014</u>	<u>2013</u>
Medicare	35.5%	34.4%
Medicaid	9.9%	9.8%
Blue Cross	21.5%	22.2%
Patients	9.9%	10.4%
Other third-party payors	<u>23.2%</u>	<u>23.2%</u>
	<u>100.0%</u>	<u>100.0%</u>

14. Retirement Program:

During 2007, the Organization adopted a tax sheltered annuity plan under 403(b) of the Code for eligible employees. Eligible employees are specified as those who normally work more than 20 hours per week and are not classified as independent contractors. The Organization provides for matching of employee contributions, 50% of the first 6% contributed. Contributions to the plan for the years ended June 30, 2014 and 2013 were \$80,322 and \$72,303, respectively.

MID-STATE HEALTH CENTER AND SUBSIDIARY
Notes to Consolidated Financial Statements
As of and for the Years Ended June 30, 2014 and 2013

15. Other Operating Revenue:

The following summarizes components of other operating revenue for the years ended June 30:

	<u>2014</u>	<u>2013</u>
Other operating revenue:		
Montessori Center	\$ 130,721	\$ 134,628
Pharmacy income - 340B	940,488	563,389
Accountable Care Organization	112,375	115,740
Other operating revenue	<u>165,509</u>	<u>116,799</u>
	<u>\$ 1,349,093</u>	<u>\$ 930,556</u>

During April 2012, the Organization began participating in the first Medicare Shared Savings Program, sponsored by the Center for Medicare Services (CMS). The North Country Accountable Care Organization (ACO) was designated by CMS to be a beneficiary in the program, of which the Organization is involved in a collaborative relationship. The ACO aims to create financial incentives for physicians, hospitals and other healthcare providers to better coordinate care and improve the health of Medicare beneficiaries while lowering their costs. The funds available for the program are distributed to the ACO based upon an agreed-upon amount; the ACO then distributes to the participants based upon need. For the period of April 2012 to June 2014, the Organization received funds from the ACO based on a pre-determined amount of \$6 per patient per month basis. The Organization has not been notified of available funding for the program for period beginning after June 30, 2014.

16. Health Insurance:

The Organization offers health insurance benefits to all employees under available Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plans. Deductibles under the HMO and PPO plans in aggregate are \$2,500 and \$3,000, respectively. The Organization is obligated to pay a certain portion of the deductible required under either plan once the employee's portion has been fully exhausted. For the HMO and PPO plans, the maximum portion of the deductible the Organization is potentially obligated for is \$500 and \$1,000, respectively. The total deductible expense incurred during the years ended June 30, 2014 and 2013 was \$5,206 and \$7,846, respectively.

The Organization provides for an accrual based on the aggregate amount of the liability for reported claims and an estimated liability for claims incurred but not yet reported. At June 30, 2014 and 2013, "accrued expenses and other current liabilities" include an accrued liability related to these plans of \$8,600.

17. Related Party:

During 2011, the Organization was gifted a sole membership interest in CRDC Plymouth (see Note 1). As a result of the gift, management of the Organization was required to determine the fair value of the underlying assets gifted to and liabilities assumed by the Organization and determine if the transaction contained a differential from the existing book values as of the date of the gift.

Management utilized valuation techniques for medical office space to determine an estimated fair value per square foot resulting in a differential attributed to the building in the amount of \$847,145. The differential will be amortized over the life of the building asset it was attributed to. Amortization related to the differential for both years ended June 30, 2014 and 2013 was \$23,104, included in depreciation and amortization in the consolidated statement of activities.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Consolidated Financial Statements

As of and for the Years Ended June 30, 2014 and 2013

18. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2014 through November 13, 2014, the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued. The Organization has not identified events requiring disclosure that have occurred between the period of June 30, 2014 and the report date, November 13, 2014. The Organization has not reviewed events occurring after the report date for their potential impact on the information contained in these consolidated financial statements.

In July 2014, the Organization repaid its outstanding line of credit of \$75,000 to SMH.

In August 2014, the Organization received an adjustment in the amount of \$66,617 to its original HRSA grant award of \$812,500. The adjustment is applicable for the original budget period of November 2013 through January 2015.

In August 2014, the Organization received an expanded service adjustment to its original HRSA grant award of \$812,500. The adjustment is applicable for the budget period of November 2013 through January 2015.

In October 2014, the Organization received an adjustment in the amount of \$72,728 to its original HRSA grant award of \$812,500. The adjustment is applicable for the budget period of November 2014 through October 2015.

MID-STATE HEALTH CENTER
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2014

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-through Entity or Award Identifying Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES:			
Consolidated Health Centers	93.224	H80CS26640-01-03	\$ 433,333
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93.912	D04RH23600-01-00	157,264
			<u>590,597</u>
Pass-Through from N.H. Department of Health and Human Services:			
Grant to States to Support Oral Health Workforce Activities	93.236	22-3061156	124,368
Public Health Emergency Preparedness	93.069		64,942
Block Grants for Prevention and Treatment of Substance Abuse	93.959		65,380
Immunization Cooperative Agreements	93.268		10,500
Maternal and Child Health Services Block Grant to the States	93.994		<u>23,376</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS			<u>\$ 879,163</u>

The accompanying notes to financial statements are an integral part of this schedule.

MID-STATE HEALTH CENTER
Notes to Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2014

1. Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal grant activity of MSHC under programs of the federal government for the year ended June 30, 2014.

The information in the schedule is presented in accordance with the requirements of the Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Since the schedule presents only a selected portion of the operations of MSHC, it is not intended to and does not present the statement of financial position, statement of activities and changes in net assets or cash flows of MSHC.

2. Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Schedule includes Catalog of Federal Domestic Assistance (CFDA) and pass-through award numbers when available.



TYLER, SIMMS & ST. SAUVEUR, P.C.
Certified Public Accountants & Business Consultants

Report 1

**Independent Auditors' Report on Internal Control over Financial Reporting
and on Compliance and Other Matters Based on an Audit of Financial
Statements Performed in Accordance with *Government Auditing Standards***

To the Board of Trustees of
Mid-State Health Center:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Mid-State Health Center ("MSHC") (a nonprofit organization), which comprise the statement of financial position as of June 30, 2014, and the related statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 13, 2014.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered MSHC's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of MSHC's internal control. Accordingly, we do not express an opinion on the effectiveness of MSHC's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

**Independent Auditors' Report on Internal Control over Financial Reporting and on
Compliance and Other Matters Based on an Audit of Financial Statements
Performed in Accordance with *Government Auditing Standards* (continued)**

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify certain deficiencies in internal control, described in the accompanying schedule of findings and questioned costs that we consider to be significant deficiencies, 2014-001 and 2014-002.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether MSHC's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards* and which are described in the accompanying schedule of findings and questioned costs as items 2014-001 and 2014-002.

We noted certain other matters that we reported to management of MSHC in a separate letter dated November 13, 2014.

Mid-State Health Center's Response to Findings

MSHC's response to the findings identified in our audit is described in the accompanying schedule of findings and questioned costs. MSHC's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Tyler, Lemons and St. Severeur, CPAs, P.C.

Lebanon, New Hampshire
November 13, 2014



TYLER, SIMMS & ST. SAUVEUR, P.C.
Certified Public Accountants & Business Consultants

Report 2

Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by OMB Circular A-133

To the Board of Trustees of
Mid-State Health Center:

Report on Compliance for Each Major Federal Program

We have audited Mid-State Health Center's ("MSHC") compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of MSHC's major federal programs for the year ended June 30, 2014. MSHC's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of MSHC's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about MSHC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of MSHC's compliance.

**Independent Auditors' Report on Compliance for Each Major Program and on
Internal Control Over Compliance Required by OMB Circular A-133
(continued)**

Opinion on Each Major Federal Program

In our opinion, MSHC complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2014.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance, which is required to be reported in accordance with OMB Circular A-133 and which is described in the accompanying schedule of findings and questioned costs as item 2014-002. Our opinion on each major federal program is not modified with respect to this matter.

MSHC's response to the noncompliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. MSHC's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control Over Compliance

Management of MSHC is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered MSHC's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of MSHC's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

**Independent Auditors' Report on Compliance for Each Major Program and on
Internal Control Over Compliance Required by *OMB Circular A-133*
(continued)**

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we identified a certain deficiency in internal control over compliance, as described in the accompanying schedule of findings and questioned costs as item 2014-002, that we consider to be a significant deficiency.

MSHC's response to the internal control over compliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. MSHC's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Tyler, Simons and St. Severeur, CPAs, P.C.

Lebanon, New Hampshire
November 13, 2014

MID-STATE HEALTH CENTER
Schedule of Findings and Questioned Costs
As of and For the Year Ended June 30, 2014

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued

Unmodified

Internal control over financial reporting:

Material weakness identified

___ Yes X No

Significant deficiencies identified that are not considered
to be material weaknesses

X Yes ___ None reported

Non-compliance material to financial statements noted

___ Yes X No

Federal Awards

Internal control over major programs:

Material weakness identified

___ Yes X No

Significant deficiencies identified that are not considered
to be material weaknesses

X Yes ___ None reported

Type of auditors' report issued on compliance for major programs

Unmodified

Any audit findings disclosed that are required to be reported in
accordance with Section 510(a) of Circular A-133

___ Yes X No

Identification of major programs:

Federal CFDA Number

Name of Federal/Local Program

93.224

Consolidated Health Centers

93.912

Rural Health Care Services Outreach, Rural Health
Network Development and Small Health Care
Provider Quality Improvement Program

Dollar threshold used to distinguish between Type A and Type B programs

\$300,000

Auditee qualified as low-risk auditee?

___ Yes X No

MID-STATE HEALTH CENTER
Schedule of Findings and Questioned Costs (continued)
As of and For the Year Ended June 30, 2014

SECTION II - SUMMARY OF AUDITORS' RESULTS

2014-001

Criteria: There should be a patient accounts receivable credit balance policy, to ensure proper handling of patient overpayments and compliance with New Hampshire's abandoned property rules.

Condition: There is no patient accounts receivable credit balance policy and the credit balances are significant.

Context: Patient accounts receivable credit balances were observed in the aging, totaled and compared to the overall financial statements. Management was asked if a credit balance policy existed.

Effect: MSHC has significant amounts owed to patients or third parties and may not be complying with New Hampshire's abandoned property rules.

Cause: Due to the size of the accounting department, it has been difficult over the past year to bring the credit balance down to a reasonable balance.

Recommendation: MSHC should adopt a credit balance policy and implement procedures to monitor and control accounts receivable credit balances.

Views of responsible officials and planned corrective actions: MSHC will monitor new credit balances and will review old credit balances in accounts receivable in order to determine those credit balances requiring refund to a patient or third party payor.

2014-002

Criteria: There should be segregation of duties.

Condition: Many critical duties are combined and given to available employees.

Context: Inquiry of management of the internal controls in place.

Effect: Lack of segregation of duties causes checks and balances to be lost and does not allow for the best control environment possible.

Cause: There are limited number of people working in the accounting office.

Recommendation: Duties should be segregated, however, we understand that the Entity's resources are limited. The Entity should maintain a general understanding that, wherever possible, additional controls should be implemented to mitigate the risk of error in the financial statements.

Views of responsible officials and planned corrective actions: MSHC hired a second bookkeeper subsequent to year-end in order to segregate more duties. A policy will also be created for the approval process of any journal entries made by the CFO to be approved by the finance committee.

MID-STATE HEALTH CENTER

Schedule of Findings and Questioned Costs (continued)

As of and For the Year Ended June 30, 2014

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

2014-002

See finding 2014-002 under Section II - Summary of Auditors' Results

SECTION IV - PRIOR YEAR AUDIT FINDINGS

2013-001

Criteria: The patient accounts receivable aging and subsidiary ledgers must agree to the general ledger.

Condition: The auditee now reconciles all patient accounts receivable aging and subsidiary ledgers to the general ledger.

2013-002 Repeated as 2014-001

2013-003 Repeated as 2014-002

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Financial Position – Assets – Schedule 1
As of June 30, 2014

	<u>MSHC</u>	<u>CRDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Assets				
Current assets				
Cash and cash equivalents	\$ 513,927	\$ 513,840	\$ -	\$ 1,027,767
Patient accounts receivable, net	564,515	-	-	564,515
Estimated third-party settlements	50,000	-	-	50,000
Grants and state contracts receivable	972,793	-	-	972,793
Prepaid expenses and other receivable	397,517	-	(21,917)	375,600
Total current assets	<u>2,498,752</u>	<u>513,840</u>	<u>(21,917)</u>	<u>2,990,675</u>
Related party note receivable	568,885	150,723	(719,608)	-
Property and equipment, net	2,799,557	3,031,043	760,505	6,591,105
Other assets				
Deferred financing costs	9,530	50,935	-	60,465
Other assets	122,212	-	(120,377)	1,835
Investment in subsidiary	760,505	-	(760,505)	-
Total other assets	<u>892,247</u>	<u>50,935</u>	<u>(880,882)</u>	<u>62,300</u>
Total assets	<u>\$ 6,759,441</u>	<u>\$ 3,746,541</u>	<u>\$ (861,902)</u>	<u>\$ 9,644,080</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Liabilities and Net Assets – Schedule 1

As of June 30, 2014

	MSHC	CRDC	ELIMINATION	TOTAL
Liabilities				
Current liabilities				
Line of credit - SMH (Note 12)	\$ 75,000	\$ -	\$ -	\$ 75,000
Accounts payable	393,737	15,327	(15,327)	393,737
Construction payable	221,468	-	-	221,468
Accrued expenses and other current liabilities	52,046	43,968	(6,590)	89,424
Accrued payroll and related expenses	132,025	-	-	132,025
Accrued earned time	261,041	-	-	261,041
Current portion of long-term debt	-	120,827	-	120,827
Current portion of capital lease obligations	7591	-	-	7,581
Deferred grants and state contract revenue	768,760	-	-	768,760
Total current liabilities	1,911,658	180,122	(21,917)	2,069,863
Lease deposits	-	120,377	(120,377)	-
Related party note payable	150,723	568,885	(719,608)	-
Long-term debt, less current portion	2,110,002	2,936,854	-	5,046,856
Capital lease obligations, less current portion	2,133	-	-	2,133
Total liabilities	4,174,516	3,806,238	(861,902)	7,118,852
Net assets				
Unrestricted	1,774,420	(59,697)	-	1,714,723
Temporarily restricted	810,505	-	-	810,505
Total net assets	2,584,925	(59,697)	-	2,525,228
Total liabilities and net assets	\$ 6,759,441	\$ 3,746,541	\$ (861,902)	\$ 9,644,080

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Activities and Changes in Net Assets – Schedule 2
For the Year Ended June 30, 2014

	MSHC	CRDC	ELIMINATION	TOTAL
Changes in unrestricted net assets				
Unrestricted revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	\$ 5,300,033	\$ -	\$ -	\$ 5,300,033
Provision for bad debts	348,130	-	-	348,130
Net patient service revenue	4,951,903	-	-	4,951,903
Community Benefit Grant	228,000	-	-	228,000
Other grant and state contract revenue	1,136,271	-	-	1,136,271
Contributions	499,298	-	-	499,298
Other operating revenue	1,348,757	378,450	(378,114)	1,349,093
Total unrestricted revenue, gains and other support	8,164,229	378,450	(378,114)	8,164,565
Expenses				
Salaries and wages	4,129,562	-	-	4,129,562
Employee benefits	832,921	-	-	832,921
Insurance	103,535	-	-	103,535
Professional fees	440,590	6,615	-	447,205
Supplies and expenses	1,451,550	72,243	(378,114)	1,145,679
Depreciation and amortization	68,073	80,601	23,104	171,778
Interest expense	7,423	153,400	-	160,823
Total expenses	7,033,654	312,859	(355,010)	6,991,503
Increase (decrease) in net assets from operating activities	1,130,575	65,591	(23,104)	1,173,062
Non-operating gains (losses)				
Loss on disposal of fixed assets	(1,358)	-	-	(1,358)
Gain on involuntary conversion	-	-	-	-
Loss on investment in subsidiary	(23,104)	-	23,104	-
Net assets released from restrictions used for property and equipment	23,104	-	-	23,104
Total non-operating gains (losses)	(1,358)	-	23,104	21,746
Increase in unrestricted net assets	1,129,217	65,591	-	1,194,808
Changes in temporarily restricted net assets				
Contributions	50,000	-	-	50,000
Net assets released from restrictions	(23,104)	-	-	(23,104)
Increase in temporarily restricted net assets	26,896	-	-	26,896
Change in net assets	1,156,113	65,591	-	1,221,704
Net assets (deficit), beginning of year	1,428,812	(125,288)	-	1,303,524
Net assets (deficit), end of year	\$ 2,584,925	\$ (59,697)	\$ -	\$ 2,525,228

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Financial Position – Assets – Schedule 3
As of June 30, 2013

	MSHC	CRDC	ELIMINATION	TOTAL
Assets				
Current assets				
Cash and cash equivalents	\$ 393,225	\$ 378,080	\$ -	\$ 771,305
Patient accounts receivable, net	389,029	-	-	389,029
Estimated third-party settlements	35,000	-	-	35,000
Community benefit grant receivable	-	-	-	-
Grants and state contracts receivable	391,025	-	-	391,025
Prepaid expenses and other receivable	226,821	21,094	(38,863)	209,052
Total current assets	<u>1,435,100</u>	<u>399,174</u>	<u>(38,863)</u>	<u>1,795,411</u>
Related party note receivable	<u>74,601</u>	<u>-</u>	<u>(74,601)</u>	<u>-</u>
Property and equipment, net	<u>574,930</u>	<u>3,111,644</u>	<u>783,609</u>	<u>4,470,183</u>
Other assets				
Deferred financing costs	-	1,931	-	1,931
Deposits and other assets	122,901	-	(120,150)	2,751
Investment in subsidiary	783,609	-	(783,609)	-
Total other assets	<u>906,510</u>	<u>1,931</u>	<u>(903,759)</u>	<u>4,682</u>
Total assets	<u>\$ 2,991,141</u>	<u>\$ 3,512,749</u>	<u>\$ (233,614)</u>	<u>\$ 6,270,276</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Financial Position – Liabilities and Net Assets – Schedule 3
As of June 30, 2013

	<u>MSHC</u>	<u>CRDC</u>	<u>ELIMINATION</u>	<u>TOTAL</u>
Liabilities and net assets				
Current liabilities				
Line of credit - SMH (Note 12)	\$ 75,000	\$ -	\$ -	\$ 75,000
Accounts payable	312,129	11,179	(11,179)	312,129
Construction payable	34,955	-	-	34,955
Accrued expenses and other current liabilities	64,835	49,734	(27,684)	86,885
Accrued payroll and related expenses	179,785	-	-	179,785
Accrued earned time	256,704	-	-	256,704
Current portion of long-term debt	825	113,101	-	113,926
Current portion of capital lease obligations	6,628	-	-	6,628
Deferred grants and state contract revenue	322,871	-	-	322,871
Total current liabilities	<u>1,253,732</u>	<u>174,014</u>	<u>(38,863)</u>	<u>1,388,883</u>
Lease deposits	-	120,150	(120,150)	-
Related party note payable	-	74,601	(74,601)	-
Long-term debt, less current portion	298,836	3,269,272	-	3,568,108
Capital lease obligations, less current portion	9,761	-	-	9,761
Total liabilities	<u>1,562,329</u>	<u>3,638,037</u>	<u>(233,614)</u>	<u>4,966,752</u>
Net assets				
Unrestricted	645,203	(125,288)	-	519,915
Temporarily restricted	783,609	-	-	783,609
Total net assets	<u>1,428,812</u>	<u>(125,288)</u>	<u>-</u>	<u>1,303,524</u>
Total liabilities and net assets	<u>\$ 2,991,141</u>	<u>\$ 3,512,749</u>	<u>\$ (233,614)</u>	<u>\$ 6,270,276</u>

MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidating Statement of Activities and Changes in Net Assets – Schedule 4
For the Year Ended June 30, 2013

	MSHC	CRDC	ELIMINATION	TOTAL
Changes in unrestricted net assets				
Unrestricted revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	\$ 5,414,241	\$ -	\$ -	\$ 5,414,241
Provision for bad debts	367,681	-	-	367,681
Net patient service revenue	5,046,560	-	-	5,046,560
Community Benefit Grant	228,000	-	-	228,000
Other grant and state contract revenue	387,597	-	-	387,597
Contributions	16,164	-	-	16,164
Other operating revenue	930,219	366,822	(366,485)	930,556
Total unrestricted revenue, gains and other support	6,608,540	366,822	(366,485)	6,608,877
Expenses				
Salaries and wages	3,952,349	-	-	3,952,349
Employee benefits	845,074	-	-	845,074
Insurance	98,084	-	-	98,084
Professional fees	304,847	6,590	-	311,437
Supplies and expenses	1,308,558	61,046	(366,485)	1,003,119
Depreciation and amortization	80,156	80,601	23,104	183,861
Interest expense	4,135	215,231	-	219,366
Total expenses	6,593,203	363,468	(343,381)	6,613,290
Increase (decrease) in net assets from operating activities	15,337	3,354	(23,104)	(4,413)
Non-operating gains (losses)				
Gain on disposal of fixed assets	959	-	-	959
Loss on investment in subsidiary	(23,104)	-	23,104	-
Net assets released from restrictions used for property and equipment	23,104	-	-	23,104
Total non-operating gains (losses)	959	-	23,104	24,063
Increase in unrestricted net assets	16,296	3,354	-	19,650
Changes in temporarily restricted net assets				
Net assets released from restrictions	(23,104)	-	-	(23,104)
Decrease in temporarily restricted net assets	(23,104)	-	-	(23,104)
Change in net assets	(6,808)	3,354	-	(3,454)
Net assets (deficit), beginning of year	1,435,620	(128,642)	-	1,306,978
Net assets (deficit), end of year	\$ 1,428,812	\$ (125,288)	\$ -	\$ 1,303,524



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**Mid-State Health Center
Board of Directors
2014-2015**

Carol Bears	Voting Member	Term Exp: 6/30/15
Ann Blair	Secretary	Term Exp: 6/30/15
Mary Cooney	Voting Member	Term Exp: 6/30/16
James Dalley	Voting Member	Term Exp: 6/30/16
Linda Dauer	Voting Member	Term Exp: 6/30/16
Robin Fisk	President	Term Exp: 6/30/17
Robert MacLeod	Vice President	Term Exp: 6/30/16
Timothy Naro	Treasurer	Term Exp: 6/30/17
Scott Stephens	Voting Member	Term Exp: 6/30/17
Jeff White	Voting Member	Term Exp: 6/30/15

Non-Voting Members:

Diane Arsenault, MD, FAAFP, Physician
Tonya Warren, PsyD, Behavioral Health Director
Frederick S. Kelsey, MD, FACP, Medical Director
Sharon Beaty, MBA, CMPE, Chief Executive Officer

Plymouth Office: 101 Boulder Point Drive • PH (603) 536-4000 • FAX (603) 536-4001

Bristol Office: 100 Robie Rd • PH (603) 744-6200 • FAX (603) 744-9024

Mailing Address: 101 Boulder Point Drive • Suite 1 • Plymouth, NH 03264



Position Description:
Public Health Network Coordinator

JOB TITLE: Public Health Network Coordinator

ORGANIZATIONAL MISSION: The mission of Mid-State Health Center is to provide sound primary care to the community, accessible to all regardless of their ability to pay.

GENERAL SUMMARY OF DUTIES: The Public Health Network Coordinator supports and promotes continued development of regional public health emergency planning and response capacity for the 17 communities within the Central New Hampshire public health region.

SUPERVISION RECEIVED: Reports to the Director of Quality

ESSENTIAL FUNCTIONS:

1. Is the Point Of Contact for the Central New Hampshire PHN Emergency Preparedness Plan and provides staff support to the Regional Coordinating Committee (RCC) for public health emergency planning.
2. In addition to the RCC members, coordinates and cooperates with state and local stakeholders (e.g. health officers, public health officials, first responders, community officials, health care agencies, primary and secondary schools, etc.) to assure that planning efforts are integrated and systematic.
3. Responsible for updating the all hazards Public Health Emergency Preparedness and Response Plan and related annexes and appendices.
4. Disseminates plans, offers orientation to plans and works cooperatively to assure integration of regional plans with municipal and agency-based emergency plans.
5. Facilitates access to public health emergency-related training for regional stakeholders including health officers and other municipal officials.
6. Works collaboratively to plan workshops and exercises for improving regional public health emergency response plans.
7. Assists in planning and providing outreach for regional public health initiatives, as requested (such as immunization clinics and health fair health promotion activities).
8. Provides outreach and facilitates training and activities for emergency volunteers with an emphasis on Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT)
9. Serves a liaison function for the region with the NH Department of Health and Human Services and Homeland Security and Management as requested.

The job holder must demonstrate current competencies applicable to the job position.

EDUCATION: Applicable education and training background includes fire/EMT, police, and a Bachelor's Degree in Public Health or closely related field.

EXPERIENCE: Prior experience in the field of emergency planning preferred.

Created: 06/2009
Revised: 01/2015
Reviewed: 01/2015



Position Description: **Public Health Network Coordinator**

KNOWLEDGE and ABILITIES:

1. Excellent written and verbal communication skills.
2. Computer literate with proficiency in Microsoft Office applications including Microsoft Publisher. Knowledge of database and spreadsheet software systems.
3. Basic financial skills, as well as analytical skills for trend and situational analysis desired.
4. Ability to interact effectively with people of varied educational, socioeconomic and ethnic backgrounds, skill levels and value systems; work with frequent interruptions; be a team player.

PHYSICAL/MENTAL DEMANDS: Work may require hand dexterity for office machine operation, stooping and bending, mobility to complete errands or deliveries, or sitting for extended periods of time. Occasionally lifts and carries items weighing up to 50 pounds. Requires corrected vision and hearing to normal range. Requires manual and finger dexterity; for things such as typing, using calculator, and eye-hand coordination.

Requires the ability to plan and perform complex work that involves new or constantly changing problems where there is little accepted method or procedure. Considerable ingenuity and exceptional judgment required to deal with factors not easily evaluated, interpret results and make decisions carrying a great deal of responsibility.

ENVIRONMENTAL/WORKING CONDITIONS: This is a full-time position. The work schedule may vary with need and may include evening and weekend hours.

This description is intended to provide only basic guidelines for meeting job requirements. Responsibilities, knowledge, skills, abilities and working conditions may change as needs evolve.

SHARON BEATY

101 BOULDER POINT DRIVE, PLYMOUTH, NH 03264
603-536-4000, sbeaty@midstatehealth.org

Career Objective

To apply administrative and financial expertise in the health-care industry, encouraging positive relationships between a growing physician community and its associated medical system, and promoting capabilities of service providers to treat patients effectively while improving financial viability and profitability

Credentials

FACMPE, Fellow of the American College of Medical Practice Executives

Master of Business Administration, Baylor University Bachelor of Science in Chemistry, Texas Tech University

Summary of Qualifications

Expertise in strategic planning, financial management and analysis and contract negotiations with providers and managed-care entities. Administrative skills, specifically in management of medical facilities. Experience in operations, finance, and billing including regulatory compliance and legislative issues. Understanding of ancillary services and procedures. Knowledge of Medicare/Medicaid and third-party-payor billing/ filing requirements. Computer literacy, both software and hardware. Communication and personnel management expertise.

Professional Experience

October 2002 to Present

Chief Executive Officer, Mid-State Health Center, Plymouth, New Hampshire. Direct operations for three clinic sites including strategic planning, marketing, budgeting, contracting and physician management. Develop programs for physician recruitment and retention as well as physician compensation plans. Provide venues for financial reporting and analysis and improvement of revenue streams while assuring access to care for local populations. Attained FQHC Look-Alike status and planned for new facility.

October 1999 to October 2002

Vice President for Business Development, Central Kansas Medical Center, Great Bend, Kansas (as of April 2001) Direct all hospital-owned and contracted practices, strategic planning, marketing, managed-care contracting, billing, and accounts receivable. Responsibilities include direction of outlying operations for multiple specialists, labs, radiology, pathology, and physician recruitment. Develop strategies for physician retention and provision of administrative support and expertise for local physician groups, including contract negotiation. . To expand availability of primary care, recently opened an additional family practice, including acquisition of facility and installation of paperless medical record system.

Director of Clinics and Physician Recruitment, Central Kansas Medical Center, Great Bend, Kansas Administered hospital-owned rural health practices, including strategic planning, marketing, managed-care contracting, billing and accounts receivable. Developed outlying operations for multiple specialists. Act as physician recruiter, developing strategies for physician retention and providing administrative support and expertise for local physician groups, including contract negotiation. Improved internal medicine practice, reducing losses by 55% in first year, with projection of 10% profit (above physician salaries) for coming budget

year. Developed hospital-owned family practice in adjacent community, remodeling building to house practice and separate specialty clinic.

January 1998 to October 1999

Administrator, Abilene Lung Physicians, Abilene, Texas Full responsibility for management of practice including long-term planning, managed care contracting, accounts receivable, accounts payable, maintenance of computer software (including formatting and design of system) and hardware, payroll, personnel, and retirement planning. Served as consultant to other physician groups concerning billing and insurance claims, as well as cost reporting for rural health clinics.

July 1994 to December 1997

Administrator, Rolling Plains Rural Health Clinic and Rolling Plains Physicians Office, Sweetwater, Texas Merged six individual physician practices, including two nurse practitioners, full-reference laboratory, radiology department, and forty employees. Developed and installed systems for billing, collections, and personnel management, including provisions for rural health clinic status, cost reporting and billing. Increased revenues by more than 80% in two and one-half years while maintaining profitability of above 50%. Oversaw all aspects of design and construction of new facility, from initial planning to transition management, including development of financing package and all contracting.

May 1981 to July 1994

Private consultant for professional offices Consulted for professional practices including medical practices: Researched needs for software and hardware. Purchased and installed computer systems. Evaluated office management performance and recommended and implemented solutions for office problems or limitations. Served on the elected board of the Nolan County Hospital District, 1991-1993.

September 1979 to May 1981

Research Assistant, Center for Private Enterprise and Entrepreneurship, Hankamer School of Business, Baylor University, Waco, Texas. Interviewed and surveyed national sample of entrepreneurs and their lifetime experiences while pursuing graduate studies.

January 1974 to September 1979

Laboratory Director, Rolling Plains Memorial Hospital, Sweetwater, Texas Served on Joint Commission Accreditation Committee, and assisted hospital administrator with public relations. Recognized future needs for administrative expertise that would be required for medical service industry to adapt to a new era. Resigned to acquire MBA.

Memberships and Interests

Fellow in American College of Medical Practice Executives, Medical Group Management Association, National Assoc. of Rural Health Clinics, Rotary International, former member of Taylor County Board of American Heart Association, former board member of West Texas Girl Scout Council, enjoy skiing and scuba diving as well as musical interests and community theatre.

References upon Request

101 Boulder Point Drive, Suite 1
Plymouth, NH 03264
(603) 536-4000

William Sweeney

- Objective** Seeking a challenging and rewarding job in finance and accounting within a medical office context.
- Education** 5/1997 Plymouth State College Plymouth, NH
Bachelor's of Science in Accounting
- Graduated Cum Laude with a 3.33 GPA on a 4.0 scale.
 - Minor in Mathematics
- Professional experience** 1/1997-Present Mid-State Health Center Plymouth, NH
Chief Financial Officer
- Prepare financial statements, reconcile bank account and compile provider productivity which is used to calculate their salary. Experience with billing office and hospital charges for PCP office, management of employees, use of MS Office, and some technical support ability; bill all hospital and home visit claims for 10 providers, supervise business office staff, assist reception staff to ensure proper charge entry for office visits, and answer coding questions from providers, receptionists, and other business office personnel. Download and transmit all insurance claims and patient statements to a clearinghouse. Created a hospital procedures form for out of office procedures.
- References** Available upon request.
- Awards received**
- Dean's list, spring semester 1994
 - President's list, fall semester 1994
 - Dean's list, spring semester 1995
 - Certificate of Merit, May 1995
 - Certificate of Merit, May 1996
 - Certificate of Attendance: Troubleshooting, Maintaining & Upgrading PCs

PEGGY ROSEN

4/1996-7/1997	Mercycare Corporation/St. Peter's Hospital	Albany, NY

Case Manager, Occupational Health

- Responsibilities included multi-disciplinary management of Worker's Compensation and Disability cases, conducting corporate health and safety needs assessments analyzing assessment data, identifying trends, and developing and implementing a Health and Safety Continuous Quality Improvement Program.

6/1991-4/1996 MercyCare Corporation/St. Peter's Hospital Albany, NY
Manager, Employee Health Service

- Responsibilities included providing direction for all aspects of the Employee Health Service, addressing health and safety issues for 4500 employees and volunteers in a corporate health care setting. This position included supervision of four staff members.

10/1990- 5/1991 Albany Medical Center Albany, NY
Staff Nurse, Dialysis Services

- Responsibilities included initiation, monitoring, and termination of treatment for acute and chronic hemodialysis and peritoneal dialysis patients.

1/1990 Anne Arundel Community College Arnold, MD
Adjunct Faculty for HEA114 "Fitness And Health"

- Included curriculum development instruction, and evaluation of student performance.

1985-1990 Anne Arundel Medical Center Annapolis, MD
Health Education Instructor

- Developed, implemented, and evaluated community education programs such as exercise-walking, smoking cessation, stress management, and nutrition.

1980-1990 Anne Arundel Medical Center Annapolis, MD
Staff Nurse, Inpatient Psychiatric Service (1980-1986 full time; 1986-1990 per diem)

- Responsibilities included direct patient care as a Primary Nurse, coordinating the activities of the Primary Team for their assigned patients, and facilitating therapy groups.

1979-1980 Anne Arundel Medical Center Annapolis, MD
Staff Nurse, Medical/Surgical Service

- Responsibilities included direct patient care, patient teaching, and coordinating LPN and Nursing Assistant activities for assigned patients.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Mid-State Health Center

Name of Program: Regional Public Health Network Services

BUDGET PERIOD: <u>2011</u>				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
TBD	PHN Coordinator	\$50,000	1.67%	\$834.00
Sharon Beaty	CEO	\$168,000	0.00%	\$0.00
Bill Sweeney	CFO	\$121,100	0.00%	\$0.00
Peggy Rosen	Director of Quality	\$50,500	0.00%	\$0.00
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$834.00

BUDGET PERIOD: <u>2011</u>				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
TBD	PHN Coordinator	\$50,000	100.00%	\$50,000.00
Sharon Beaty	CEO	\$178,000	0.50%	\$890.00
Bill Sweeney	CFO	\$124,800	1.15%	\$1,435.20
Peggy Rosen	Director of Quality	\$52,000	2.88%	\$1,497.60
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$53,822.80

BUDGET PERIOD: <u>2011</u>				
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
TBD	PHN Coordinator	\$51,500	100.00%	\$51,500.00
Sharon Beaty	CEO	\$186,000	0.50%	\$930.00
Bill Sweeney	CFO	\$128,500	1.15%	\$1,477.75
Peggy Rosen	Director of Quality	\$53,500	2.16%	\$1,155.60
		\$0	0.00%	\$0.00
		\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				\$55,063.35

Ba
EB



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

JAN28'15 PM 4:34 DAS

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964



G&C APPROVED
Date: 02/11/15
Item # 11

January 8, 2015

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Systems, Policy and Performance, and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to amend agreements with 12 vendors by increasing the total price limitation by \$288,000 from \$5,078,864 to \$5,366,864 to provide regional public health emergency preparedness and substance misuse prevention services, to be effective the date of Governor and Council approval through June 30, 2015. Funds are 100% Federal.

Nine of these agreements were originally approved by Governor and Council on June 19, 2013, (Item #s 95, 96, 97, 98, 99, 100, 102, 103 104B), and three of these agreements were originally approved by Governor and Council on July 10, 2013, (Item # 101), July 24, 2013 (Item #27B), and September 4, 2013 (Item #54).

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	SFY 2015 Budget Increase Amount	Revised Modified Budget
Carroll County Coalition for Public Health	Ctr. Ossipee, NH	\$303,032	✓ \$25,000	\$328,032
Cheshire County	Keene, NH	\$320,236	✓ \$22,000	\$342,236
City of Nashua, Div of PH & Community Svcs	Nashua, NH	\$614,960	✓ \$25,000	\$639,960
Goodwin Community Health	Somersworth, NH	\$334,092	✓ \$18,000	\$352,092
✓ Granite United Way	Concord, NH	\$321,138	✓ \$25,000	\$346,138
✓ Lakes Region Partnership for Public Health LLC	Laconia, NH	\$309,486	✓ \$25,000	\$334,486
Manchester Health Dept.	Manchester, NH	\$915,560	✓ \$25,000	\$940,560
Mary Hitchcock Mem Hsp dba Dartmouth Hitchcock	Lebanon, NH	\$296,602	✓ \$25,000	\$321,602
Mid-State Health Center	Plymouth, NH	\$303,760	✓ \$23,000	\$326,760
North County Health Consortium	Littleton, NH	\$452,760	✓ \$25,000	\$477,760
✓ Sullivan County LLC	Newport, NH	\$302,010	✓ \$25,000	\$327,010
Town of Derry	Derry, NH	\$302,326	✓ \$25,000	\$327,326
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
TOTAL		\$5,078,864	\$288,000	\$5,366,864

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
January 8, 2015
Page 2 of 4

Funds to support this request are available in the following accounts for SFY 2015, with authority to adjust amounts within the price limitation without further approval from Governor and Executive Council.

05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY
RESPONSE

05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH
LABORATORIES

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY &
PERFORMANCE, POLICY AND PERFORMANCE

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL
SERVICES, CLINICAL SERVICES

See attachment for financial details

EXPLANATION

This requested action seeks approval of 12 agreements that represent \$288,000 to be spent statewide to continue regional public health emergency preparedness and substance misuse prevention services. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services. Because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

The Division of Public Health Services is providing funding for the development of Community Health Improvement Plans that are aligned with the priorities established in the State Health Improvement Plan published in 2013. Each contractor will work with members of their respective Regional Public Health Advisory Council, which were established under the original contracts, to develop regional goals and objectives to improve the health of their communities. This work will result in a coordinated and focused effort among regional partners to implement complementary activities to address key health problems.

The Bureau of Drug and Alcohol Services, Division of Community Based Care Services is providing funding to convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup to educate members of the Regional Public Health Advisory Council on the impacts of substance use disorders. This work is intended to continue in the next biennium with the development of Resiliency and Recovery Oriented System of Care across the continuum of prevention, treatment, and recovery in each of the designated public health regions.

All vendors were offered \$10,000 for Community Health Improvement Planning activities and \$15,000 for Substance Disorder and Resiliency and Recovery Oriented Systems activities, for a total of \$25,000 to each vendor. However, the Town of Exeter chose not to accept the funds and instead the Department contracted with the United Way of Greater Seacoast, which was approved at the January 14, 2015 Governor and Council meeting, and Mid-State Health Center requested \$2,000 less than the \$25,000 available. In addition, in this same item, the Department is reducing funding that was dedicated to planning to receive evacuees in the event of a radiological emergency related to the Seabrook Station in Goodwin Community Health's contract by \$7,000, and Cheshire County's contract by \$3,000. The Department has modified its response plan in these two areas, eliminating the need for the specific planning that was originally funded.

Should Governor and Executive Council not authorize this Request, both public health and substance misuse services will be less coordinated and comprehensive in the thirteen public health regions. Developing a strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

The original contracts were awarded to the Regional Public Health Network agencies through a competitive bid process. The bid scoring summary is attached.

The following performance measures will be used to measure the effectiveness of these agreements.

Community Health Improvement Planning

- Completion and approved work plan within one month of the approved contract.
- Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.

Substance Use Disorders and Resiliency and Recovery Oriented Systems of Care

- Completion and approved work plan within one month of the approved contract.
- Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
- Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
- Number of, content and attendance of the following:
 - Educational meetings related to the impact of substance use disorders;
 - Resource sharing meetings related to substance use disorders;
 - Educational meeting on Resiliency and Recovery Oriented System of Care;
 - Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
 - The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".

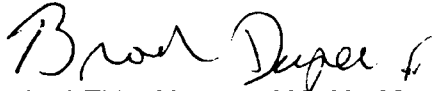
- Convene Public Health Advisory Committee and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
- Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

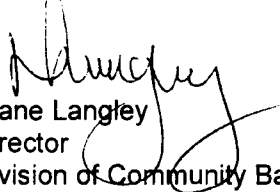
Area served: Statewide.

Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

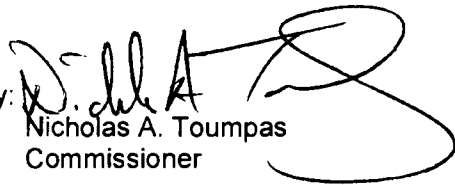
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


José Thier Montero, MD, MHCDS
Director
Division of Public Health Services


Diane Langley
Director
Division of Community Based Care Services

Approved by:


Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
85.45% Federal Funds and 14.55% General Funds

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2015	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	123,476	-	123,476

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2015	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	380,200	-	380,200

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2015	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	100,732	-	100,732

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2015	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	149,878	-	149,878

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2015	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	157,726	-	157,726

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2015	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	665,510	-	665,510

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2015	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	301,000	-	301,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2015	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
		Sub-Total		103,966	-	103,966

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2015	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
		Sub-Total		104,542	-	104,542
		SUB TOTAL		2,695,030	-	2,695,030

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		104,000	-	104,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
		Sub-Total		67,600	-	67,600

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	20,000	-	20,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2015	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	119,290	-	119,290

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600
			SUB TOTAL	486,090	-	486,090

**05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE
100% Other Funds (Transfer from Emergency Management)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	13,000	-	13,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	13,000	(3,000)	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	26,000	(3,000)	23,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	7,000	-	7,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	7,000	(7,000)	-
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	14,000	(7,000)	7,000
			SUB TOTAL	40,000	(10,000)	30,000

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	20,272	-	20,272

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	20,500	-	20,500

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2015	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	13,842	-	13,842

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2015	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	19,250	-	19,250
			SUB TOTAL	157,864	-	157,864

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760
		SUB TOTAL		1,699,880	-	1,699,880

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF
PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000
		SUB TOTAL		-	60,000	60,000

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY AND PERFORMANCE

100% Federal Funds

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	8,000	8,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	8,000	8,000

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000
			SUB TOTAL	-	58,000	58,000

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000
			SUB TOTAL	-	180,000	180,000
			TOTAL	5,078,864	288,000	5,366,864

Program Name
Contract Purpose
RFP Score Summary

Division of Public Health Services and Division of Community Based Care Services Regional Public Health Network Services Eleven proposals received for 11 Public Health Network Regions											
	1	2	3	4	5	6	7	8	9	10	11
Max Pts											
Agcy Capacity	40	35.50				36.00	29.00	37.00	37.00	37.00	32.00
Program Structure	40	37.50	33.00	30.00	36.00	35.00	26.00	34.00	38.00	37.00	34.00
Budget & Justification	18	16.50	17.00	15.00	16.00	16.00	14.00	17.00	17.00	16.00	17.00
Format	2	1.50	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
TOTAL POINTS	100	91.00	89.00	80.00	92.00	89.00	71.00	90.00	94.00	92.00	85.00

BUDGET REQUEST	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 307,902.00
TOTAL BUDGET REQUEST													
BUDGET AWARDED	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 307,902.00
TOTAL BUDGET AWARDED													

RFP Reviewers

Name	Job Title	Dept/Agency	Qualifications
Neil Twitchell	Administrator I	Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services	This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention.
Ann Crawford	Coordinator		

*Manchester Health Department and City of Nashua, Division of Public Health & Community Services awards include amounts for preparedness that are awarded through sole source. These funds and competitive Public Health Network awards have always been combined into a single contract.

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Capital Area Region

	Max Pts	Community Action Program Belknap-Merrimack Counties, Inc.	Granite United Way					
RFA/RFP CRITERIA								
Agy Capacity	40	30.00	34.00					
Program Structure	40	31.00	32.00					
Budget & Justification	18	15.00	15.00					
Format	2	2.00	2.00					
Total	100	78.00	83.00					

BUDGET REQUEST								
Year 01	\$160,819.00	\$160,569.00	-	-	-	-	-	-
Year 02	\$160,819.00	\$160,569.00	-	-	-	-	-	-
Year 03	\$0.00	\$0.00	-	-	-	-	-	-
TOTAL BUDGET REQUEST	\$321,638.00	\$321,138.00						
BUDGET AWARDED								
Year 01	\$0.00	\$160,569.00	-	-	-	-	-	-
Year 02	\$0.00	\$160,569.00	-	-	-	-	-	-
Year 03	\$0.00	\$0.00	-	-	-	-	-	-
TOTAL BUDGET AWARDED	\$0.00	\$321,138.00						

RFP Reviewers								
Name	Job Title	Dept/Agency	Qualifications					
1 Sandra DelSesto	Director	Institute for Addiction Recovery at Rhode Island College	This bid was reviewed by three Department of Health and Human Services reviewers and two external reviewers who have over 30 years experience in program administration, emergency planning and substance misuse prevention.					
2 Patty Baum	Program Officer	Healthy NH						
3 Michelle Ricco Jonas	Family Planning Program Manager	Division of Public Health Services, Maternal and Child Health Services						
4 Neil Twitchell	Administrator	Division of Public Health Services						
5 Valerie Morgan	Administrator	Department of Health and Human Services, Bureau of Drug and Alcohol Services						

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Strafford Area

RFA/RFP CRITERIA	Max Pts	Goodwin Community Health Center	Health & Safety Council of Strafford County					
Agy Capacity	40	34.00	27.00					
Program Structure	40	35.00	26.00					
Budget & Justification	18	16.00	13.00					
Format	2	2.00	1.00					
Total	100	87.00	67.00					

BUDGET REQUEST								
Year 01		\$177,046.00	\$173,680.00	-	-	-	-	-
Year 02		\$177,046.00	\$173,680.00	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-
TOTAL BUDGET REQUEST		\$354,092.00	\$347,360.00	-	-	-	-	-
BUDGET AWARDED								
Year 01		\$167,046.00	\$0.00	-	-	-	-	-
Year 02		\$167,046.00	\$0.00	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-
TOTAL BUDGET AWARDED		\$334,092.00	\$0.00	-	-	-	-	-

RFP Reviewers					Name	Job Title	Dept/Agency	Qualifications
1	Neil Twitchell				Administrator	Administrator	DPHS/Division of Public Health Services	This bid was reviewed by two Department of Health and Human Services reviewers and three external reviewers who have over 30 years of experience in program administration, emergency planning and substance misuse prevention.
2	Jessica Blais				Chief of Prevention Services	Chief of Prevention Services	DHHS/Bureau of Drug and Alcohol Services	
3	Betsy Houde				Executive Director	Executive Director	The Youth Council	
4	Valerie Morgan				Administrator	Administrator	DHHS/Bureau of Drug and Alcohol Services	
5	Jo Porter				Deputy Director	Deputy Director	NH Institute for Health Policy & Practice, UNH	



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services**

This 1st Amendment to the Mid-State Health Center, contract (hereinafter referred to as "Amendment One") dated this 8th day of December, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mid-State Health Center, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 101 Boulder Point Drive, Suite 1, Plymouth, NH 03264.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 19, 2013, Item #100, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to change the scope of services and the price limitation, and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

1. **Change** price limitation in P-37, Block 1.8, of the General Provisions, to read:

\$326,760.
2. **Add** Exhibit A-1, Additional Scope of Services
3. **Amend** Exhibit B, Purchase of Services, Contract Price, to add:
 - 1.1. The contract price shall increase by \$23,000 for SFY 2015 for a total increase of \$23,000.
 - 1.2. Funding is available as follows:
 - \$15,000 - 100% Federal Funds from the Substance Abuse and Mental Health Services, CFDA #93.959, Federal Award Identification Number (FAIN), T1010035-14;
 - \$8,000 - 100% Federal Funds from the Centers for Disease Control and Prevention, CFDA #93.758, Federal Award Identification Number (FAIN), B01OT009037.



Replace with:

6. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

5. **Amend** Budget, to add:

Exhibit B-1 (2015)

6. **Amend** Exhibit C, Special Provisions to:

Delete:

Exhibit C, Special Provisions,

Replace with:

Exhibit C, Special Provisions

7. **Add:**

Exhibit C-1, Revisions to General Provisions

8. **Amend** Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance to:

Delete:

Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and;

Replace with:

Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-based Organizations and Whistleblower Protection

This amendment shall be effective upon the date of Governor and Executive Council approval.

New Hampshire Department of Health and Human Services



IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

1/15/15
Date

Brook Dupee
Brook Dupee
Bureau Chief

Mid-State Health Center

12-8-2014
Date

Sharon Beady
Name: Sharon Beady
Title: CEO

Acknowledgement:

State of NH, County of Grafton on 12-8-14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Pamela J. Plummer
Signature of Notary Public or Justice of the Peace

Pamela J. Plummer
Name and Title of Notary or Justice of the Peace



My Commission Expires: 3-16-16

New Hampshire Department of Health and Human Services



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 4/26/15

[Signature]
Name: Megan A. [Signature]
Title: Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____



Exhibit A-1

ADDITIONAL SCOPE OF SERVICES

1. Required Services

The Contractor shall:

A. Community Health Improvement Planning

Consistent with the responsibilities of the Public Health Advisory Council (PHAC) established under the original agreement:

- 1.1 Collaborate with the PHAC to determine whether a regional Community Health Improvement Plan has been published within the prior 3 years that has the following elements:
 - 1.1.1 Is based on data that assessed key public health issues;
 - 1.1.2 Is the result of a collaborative effort among key regional public health partners
 - 1.1.3 Set priorities for action by regional partners
- 1.2 Determine which of following best describes the current status of a regional Community Health Improvement Plan:
 - 1.2.1 No plan exists that meets the criteria in section 1.1 above.
 - 1.2.2 A plan exists that meets the criteria in section 1.1 above.
- 1.3 Based on that determination, the Public Health Advisory Council shall conduct:
 - 1.3.1 In regions that meet the criteria in item 1.2.1 the contractor shall convene and facilitate a regional process to develop and publish a Community Health Improvement Plan that meets the criteria described in item 1.1, and includes priorities related to at least five of the Priority Areas identified in the State Health Improvement Plan, including Emergency Preparedness and Misuse of Alcohol and Drugs. This includes the setting of region-specific objectives based on the statewide objectives.
 - 1.3.2 In regions that meet the criteria in item 1.2.2. the contractor shall determine the degree of alignment between the priorities included in the Community Health Improvement Plan and the New Hampshire State Health Improvement Plan published by the Division of Public Health Services That plan is available at: <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf>
 - 1.3.2.1 When the Community Health Improvement Plan includes priorities related to fewer than five of the Priority Areas identified in the State Health Improvement Plan, the contractor shall collaborate with the Public Health Advisory Council to develop additional regional priorities that address specific objectives and recommended actions that are identified in the State Health Improvement Plan in order to expand the existing plan in order to address at least five of Priority Areas, including Emergency Preparedness and Misuse of Alcohol and Drugs. This includes the setting of region-specific objectives based on the statewide objectives.
 - 1.3.2.2 When the Community Health Improvement Plan includes priorities related to more than five of the Priority Areas identified in the State Health Improvement Plan, including Emergency Preparedness and Misuse of Alcohol and Drugs, the contractor shall collaborate with the Public Health Advisory Council to:
 - 1.3.2.3 Consider whether additional priorities should be added to the Community Health Improvement Plan and, when a determination is



Exhibit A-1

made to do so, develop the new regional priorities to address specific objectives and recommended actions that are identified in the State Health Improvement Plan. This includes the setting of region-specific objectives based on the statewide objectives.

- 1.3.2.4 When no additional priorities are needed, take action to implement an intervention from the existing Plan.
- 1.4 Activities to develop, update, or revise a Community Health Improvement Plan shall be done in accordance with guidance to be issued by the Division of Public Health Services.

B. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care

These funds are to support planning for the development of organizational structures needed within each of the Regional Public Health Networks to study and develop capacity for a seamless substance misuse continuum of care approach that includes: environmental strategies, prevention, early intervention, treatment and recovery support services. Activities will include training, education, and orientation for Public Health Advisory Councils in substance misuse and the progression of substance use disorders and its effect on individuals, families, and communities, including financial impact. This work will include outlining a comprehensive approach to address the misuse of alcohol and drugs within a Resiliency and Recovery Oriented System of Care context.

Building on information from the Regional Continuum of Care Roundtables, and using local expertise as much as possible, the Contractor will develop and implement a work plan to:

- 1.1 Recruit and convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup who will help plan, implement and facilitate these deliverables within Resiliency and Recovery Oriented Systems to educate the Public Health Advisory Council about an integrated/collaborative continuum of care Substance Use Disorder strategies and services.
- 1.2 Provide education, training and information to Public Health Advisory Council on the impact of the misuse of alcohol and drugs to help members:
 - 1.2.1 Understand the nature of substance use disorders;
 - 1.2.2 Learn about the impact of substance use disorders on individuals, families and communities;
 - 1.2.3 Increase their knowledge of the financial impact of substance use disorders – at the state level, community level, and community sector level;
 - 1.2.4 Understand the relationship between, and integration of, healthcare and behavioral health, and its relationship to misuse of substances and substance use disorders;
 - 1.2.5 Learn about the components of Resiliency and Recovery Oriented Systems of Care what they do, and the interrelationship with:
 - 1.2.5.1 Environmental strategies
 - 1.2.5.2 Prevention services
 - 1.2.5.3 Intervention services
 - 1.2.5.4 Treatment services
 - 1.2.5.5 Recovery support services
- 1.3 Discover, understand and envision a comprehensive approach to preventing, treating and recovering from substance use disorders.
 - 1.3.1 Connect with and recruit representatives from Community Health Centers, hospital networks and local primary care so that they can provide information to the Public Health Advisory Council on the integration of healthcare and



Exhibit A-1

- behavioral health, e.g. Screening and Brief Intervention and Referral to Treatment and other evidenced informed practices;
- 1.3.2 Work with Substance Misuse Prevention Coordinator and local prevention coalitions to present information on prevention to the Public Health Advisory Council and the role prevention plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
 - 1.3.3 Connect with and recruit representatives from intervention/treatment providers to provide information on treatment to the Public Health Advisory Council, and the role intervention/treatment plays in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
 - 1.3.4 Connect with and recruit representatives from the recovery community to provide information on recovery and recovery supports to the Public Health Advisory Councils, and the role recovery supports play in the continuum of services and Resiliency and Recovery Oriented Systems of Care;
 - 1.3.5 Familiarize the Public Health Advisory Council with the "Misuse of Alcohol and Drugs" section of the State Health Improvement Plan to prepare them for the development of the Community Health Improvement Plan described in the section above.
 - 1.3.6 The Center for Excellence, a technical assistance contractor to the Bureau of Drug and Alcohol Services, will provide materials and host a webinar on elements of a comprehensive system in environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders.

2. Deliverables Schedule

2.1. Compliance Requirements

1. As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of Limited English Proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, the Contractor must submit a detailed description of the language assistance services they will provide to persons with Limited English Proficiency to ensure meaningful access to their programs and/or services, within 10 days of the contract effective date.

2.2. Reporting Requirements

1. Submit quarterly progress reports by completing additional sections that are added to the existing Survey Monkey report used to report on Public Health Advisory Council activities.

2.3. Performance Measures

A. Community Health Improvement Planning

1. Completion and approved work plan within one month of the approved contract.
2. Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.

B. Substance Use Disorders, Resiliency and Recovery-Oriented Systems of Care

1. Completion and approved work plan within one month of the approved contract.

SB



Exhibit A-1

2. Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
3. Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
4. Number of, content and attendance of the following:
 - 4.1 Educational meetings related to the impact of substance use disorders;
 - 4.2 Resource sharing meetings related to substance use disorders;
 - 4.3 Educational meeting on Resiliency and Recovery Oriented System of Care;
 - 4.4 Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
 - 4.5 The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".
 - 4.6 Convene Public Health Advisory Council and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
 - 4.6.1 Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

GD



Nicholas A. Tompkins
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9559 1-800-852-3345 Ext. 9559
Fax: 603-271-8431 TDD Access: 1-800-735-2964



NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs for all

May 23, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

G&C Approved

Date

6/19/13

Item #

100

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to enter into an agreement with the Mid-State Health Center (Vendor #158055-B001), 101 Boulder Point Drive, STE 1, Plymouth, NH 03264, in an amount not to exceed \$303,760.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS

92.72% Federal, 7.28% General

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
		Sub-Total		\$152,000.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES,
PREVENTION SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
		Sub-Total		\$130,760.00

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
			Sub-Total	\$21,000.00
			Total	\$303,760.00

EXPLANATION

Funds in this agreement will be used to allow the Mid-State Health Center to align a range of public health and substance misuse prevention and related health promotion activities. The Mid-State Health Center will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness; Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

The Mid-State Health Center will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. The Mid-State Health Center will also coordinate a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

The Mid-State Health Center will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals "live, work, learn and play."

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire's epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

The Mid-State Health Center will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 60% in the 2011-2012 influenza season and from 32% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; and coordinate overall public health response activities in this region. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

The Mid-State Health Center was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with the Mid-State Health Center being the sole bid to provide these services in this region. This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Emergency preparedness services were contracted previously with this agency in SFY 2012 in the amount of \$76,000. This agreement represents level funding. School-based influenza clinic services were contracted previously with this agency in SFY 2012 in the amount of \$15,000. School vaccination funding is reduced by \$4,500 as a result of moving to a more targeted program that also allows for this program to be expanded to three additional Public Health Networks statewide. This is the initial agreement with this Contractor for substance misuse prevention and related health promotion services.

The following performance measures will be used to measure the effectiveness of the agreement.

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.

- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).
- Establish and increase over time, regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

- Percentage of increase of evidence-based programs, practices and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outline in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic.
- Percent of students receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

Area served: Alexandria, Ashland, Bridgewater, Bristol, Campton, Ellsworth, Groton, Hebron, Holderness, Lincoln, Livermore, Plymouth, Rumney, Thornton, Warren, Waterville Valley, Wentworth and Woodstock.

Source of Funds is 92.72% Federal Funds from the U.S. Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration and 7.28% General Funds.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 23, 2013
Page 6

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director



Nancy L. Rollins
Associate Commissioner

Approved by:



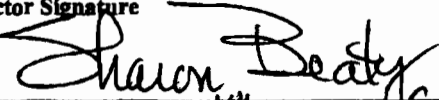
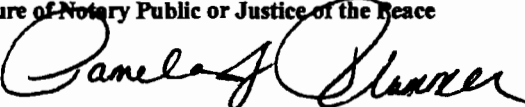
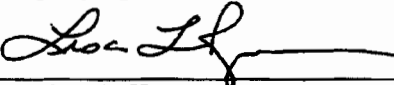
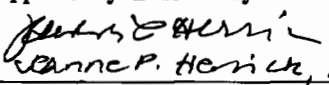
Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Subject: Regional Public Health Network Services**AGREEMENT**

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Mid-State Health Center		1.4 Contractor Address 101 Boulder Point Drive, STE 1 Plymouth, NH 03264	
1.5 Contractor Phone Number (603) 536-4000	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 \$303,760.00
1.9 Contracting Officer for State Agency Lisa L. Bujno, MSN, APRN Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Sharon Beaty, CEO	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Grafton</u> On <u>5/10/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace Pamela J. Plummer			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa L. Bujno, Bureau Chief	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  Karen P. Herick, Attorney On: <u>27 May 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

NH Department of Health and Human Services

Exhibit A

Scope of Services

Regional Public Health Network Services

CONTRACT PERIOD: July 1, 2013 or Date of G&C approval, whichever is later,
through June 30, 2015

CONTRACTOR NAME: Mid-State Health Center
101 Boulder Point Drive, STE 1
ADDRESS: Plymouth, NH 03264
CEO: Sharon Beaty
TELEPHONE: (603) 536-4000

The Contractor shall:

The contractor, as a recipient of federal and state funds will implement recommendations from the NH Division of Public Health Service's (DPHS) report Creating a Regional Public Health System: Results of an Assessment to Inform the Planning Process to strengthen capacity among public health system partners to deliver essential public health services in a coordinated and effective manner by establishing a Regional Public Health Advisory Committee.

The contractor will implement the 2012 Regional Strategic Plan for Prevention pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed June 2012, located on:
<http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>.

The contractor will develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) Public Health Preparedness Capabilities: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.

The contractor in selected regions will also implement initiatives that respond to other public health needs as identified in this Exhibit A.

All contractors will ensure the administrative and fiscal capacity to accept and expend funds provided by the DPHS and the Bureau of Drug and Alcohol Services (BDAS) for substance misuse prevention and related health promotion and other public health services as such funding may become available.

To achieve these outcomes, the contractor will conduct the following activities:

1. Regional Public Health Advisory Committee

Develop and/or maintain a Regional Public Health Advisory Committee comprised of representatives from the community sectors identified in Table 1 of the RFP. At a minimum, this entity shall provide an advisory role to the contractor and, as appropriate, subcontractors to assure the delivery of the services funded through this agreement.

The Regional Public Health Advisory Committee should strive to ensure its membership is inclusive of all local agencies that provide public health services beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related

services and continue implementation of the Strategic Prevention Framework (SPF) and substance misuse prevention and related health promotion as appropriate to the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-based to meet improved health outcomes; and advance the coordination of services among partners.

A. Membership

At a minimum, the following entities within the region being served shall be granted full membership rights on the Regional Public Health Advisory Committee.

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each DPHS-designated community health center
5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
6. The contractor
7. At least one representative from each of the following community sectors shall also be granted full membership rights: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

Responsibilities

Perform an advisory function to include:

1. Collaborate with the contractor to establish annual priorities to strengthen the capabilities within the region to prepare for and respond to public health emergencies and implement substance misuse prevention and related health promotion activities.
 - 1.1. Upon contracting, recruit and convene members to determine a name for the region that is based on geography (ex. Seacoast, North Country) by September 30.
2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.
 - 2.1. Disseminate the 2012 NH State and Regional Health Profiles, the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance Survey (BRFSS) reports, and the forthcoming State Public Health Improvement Plan to public health system partners in the region in order to inform partners of the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.
 - 2.2. Participate in local community health assessments, prioritizing the Community Benefits Assessment conducted by hospitals as required under RSA 7:32.
 - 2.3. Participate in regional, county and local health needs assessments convened by other agencies.
 - 2.4. Participate in community health improvement planning processes being conducted by other agencies.
3. Liaison with municipal and county government leaders to provide awareness of and, as possible, participation in the Regional Public Health Advisory Committee and its role to coordinate activities regionally.
4. Designate representatives to other local or regional initiatives that address emergency preparedness and response, substance misuse prevention and related health promotion, and other public health services.
5. Develop and maintain policies and procedures related to the Regional Public Health Advisory Committee that include:
 - 5.1. Organizational structure
 - 5.2. Membership
 - 5.3. Leadership roles and structure
 - 5.4. Committee roles and responsibilities
 - 5.5. Decision-making process
 - 5.6. Subcommittees or workgroups
 - 5.7. Documentation and record-keeping

- 5.8. Process for reviewing and revising the policies and procedures
6. Complete the PARTNER survey during the fourth quarter of SFY 2014.
7. The chair of the Regional Public Health Advisory Committee or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.

2. Substance Misuse Prevention and Related Health Promotion

- a. Ensure oversight to carry out the regional three-year strategic plan (available at: <http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm>) and coordination of the SPF and other processes as described in this RFP and mapped out within the BDAS Regional Network System Logic Model (Attachment 8):
 1. Maintain and/or hire a full-time-equivalent coordinator to manage the project with one person serving as the primary point of contact and management of the scope of work.
 - a. The Prevention Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
 2. Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).
 3. Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
 4. Ensure the continuance of a committee to serve as the content experts for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Committee.
 - a. The expert committee shall consist of the six sectors representative of the region with a shared focus on prevention misuse of substances and associated consequences. The committee will inform and guide the regional efforts to ensure priorities and programs are data-driven, evidence-based, and culturally appropriate to the region to achieve outcomes.
 - b. Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the three-year strategic plan and other contract deliverables and serves as the liaison to the Regional Public Health Advisory Committee.
 - c. Recruit and maintain various members from the six core sectors to conduct the steps of the SPF in reaching key milestones and producing key products as outline in Attachment 2.
 - d. Submit any and all revised regional network strategic plans as required to BDAS that are data-driven and endorsed by regional members and the expert committee/workgroup.
 - e. Promote and communicate regional outcomes, goals, objectives, activities and successes through media and other community information channels to the regions' coalitions, local drug free community grantees, prevention provider agencies, and other prevention entities as appropriate.
 - f. Cooperate with and coordinate all evaluation efforts as required by BDAS conducted by the Center for Excellence, (e.g. PARTNER Survey, annual Regional Network Evaluation, and other surveys as directed by BDAS).
 - g. Maintain effective training and on-going communication within the coalition, expert committee, broader membership, six core sectors, and all subcommittees.
 - h. Attend all State required trainings, workshops, and bi-monthly meetings.
 - i. Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Synar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities).
 - j. Assist with other State activities as needed.
 - k. Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).
 - l. Conduct 10 Appreciative Inquires annually and utilize Community-Based Participatory Research approach in outreach efforts as stated in RFP.

- m. Meet the requirements of the National Outcomes as outlined in Attachment 7.
- n. Meet the required outcomes measures as outlined in BDAS Regional Network System Logic Model (Attachment 8).
- o. Provide hosting and/or collaborative efforts for one full time Volunteers in Service to America (VISTA) volunteer provided by Community Anti-Drug Coalitions of America (CADCA) at minimum for one-year to work within and across regions to support military personnel and their families in support of the goals and objectives of the VetCorps-VISTA Project:
 - Increase the number of veterans and military families (VMF) receiving services and assistance by establishing partnerships and developing collaborations with communities to help create a network and safety net of support similar to that of military bases;
 - Increase the capacity of community institutions and civic and volunteer organizations to assist local VMFs in several areas 1) Enhancing opportunities for healthy futures for VMF focusing on access to health care and health care services, with an emphasis on substance abuse prevention, treatment and outreach; 2) Facilitating the provision of and access to social, mental and physical health services to VMF; 3) Enhancing economic opportunities for VMF (focusing on housing and employment); and 4) Increasing the number of veterans engaged in service opportunities.

3. Regional Public Health Preparedness

A. Regional Public Health Emergency Planning

The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the Capabilities Standards. All activities shall build on current efforts and accomplishments within each region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.

1. In collaboration with the Regional Public Health Advisory Committee described in that section of this document provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices (Attachment 11). The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to: http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf.
 - 1.1 Participate in an annual Regional Annex Technical Assistance Review (RATAR) developed by the NH DPHS. The RATAR outlines planning elements to be assessed for evidence of the Public Health Regions' (PHRs) overall readiness to mount an effective response to a public health emergency or threat. Revise and update the RPHEA, related appendices and attachments based on the findings from the RATAR.
 - 1.2 Participate in an annual Local Technical Assistance Review (LTAR) as required by the CDC Division of Strategic National Stockpile (DSNS). The LTAR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the LTAR.
 - 1.3 Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.

- 1.4 Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.5 Disseminate the RPHEA and related materials to planning and response partners including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.
2. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners with(in) the region. Health(care) Coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.¹
3. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
4. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
5. Coordinate a hazard vulnerability assessment (HVA) (aka jurisdictional risk assessment) focused on public health, health care and behavioral health systems. The HVA will consist of 3 half-day meetings of regional partners that assess the impact to these three systems in the region from various types of hazards; identify existing preparedness capabilities that mitigate the impact; and identify priority interventions to address gaps. The HVA will be led by DHHS staff and an agency contracted by the DPHS.

B. Regional Public Health Emergency Response Readiness

1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
 - 1.1. Collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services (Attachment 3).
2. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
 - 2.1. Coordinate the procurement, rotation and storage of supplies necessary for the activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
 - 2.2. Develop and execute MOUs with agencies to store, inventory, and rotate these supplies.
 - 2.3. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 2.4. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (<https://www.nhresponds.org/nhhome.aspx>).
 - 2.5. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.

¹ Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.

- 2.6. Based on a determination made by regional partners, administer a regional HAN in accordance with DPHS policies, procedures, and requirements.
- 2.7. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
- 2.8. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs.
3. In coordination with the DHHS, maintain a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
 - 3.1 Identify current members or enlist new members to serve in a leadership capacity to further develop the capability, capacity and programs of the regional MRC.
 - 3.2 Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, related appendices, and to support the school-based immunization clinics described in this Exhibit. Conduct outreach in other venues to recruit non-clinical volunteers.
 - 3.3. Enter and maintain data about MRC members in a module within the NHResponds system administered by the NH DHHS to ensure the capability to notify, activate, and track members during routine public health or emergency events. Utilize this system to activate members and track deployments. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
 - 3.4. Enter information about training programs and individuals trained into a learning management system administered by NH DHHS to track training programs completed by MRC members.
 - 3.5 Conduct training programs that allow members to meet core competency requirements established by the NH MRC Advisory Committee and the NH DHHS. Provide at least one opportunity per year for members to take each of the on-site courses required to meet the core competency requirements. These courses may be offered in the region or an adjoining region when feasible.

C. Public Health Emergency Drills and Exercises

1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
 - 1.1 Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.
 - 1.2 Coordinate participation of regional partners in a HSEEP compliant functional exercise regarding the section in the regional annex to provide low-flow oxygen support to patients in an ACS. The exercise will be offered through a vendor contracted by the DPHS.
 - 1.3 Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM).
 - 1.4 Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
 - 1.5 To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

4. School-Based Seasonal Influenza Vaccination Services

1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).
 - 1.1 Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.
 - 1.2 School influenza vaccination clinics must be held during the school day (approximately 8 A.M. to 4 P.M.) and on school grounds.
 - 1.3 As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.
 - 1.4 Submit all required documentation for immunized individuals to the NHIP within 10 business days after each clinic.
 - 1.5 Report all known adverse reactions according to protocols established by the NHIP.
 - 1.6 Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
 - 1.7 Conduct debriefings after each clinic to identify opportunities for improvements.

5. Performance Measures

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the DPHS that participate in the regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

Outcome and evaluation measure instruments will be administered in cooperation with the NH Center for Excellence and Monthly submission of process evaluation data via the web-based performance monitoring system (P-WITS) and other surveys and reports as required by BDAS (e.g. PARTNER survey, Regional Network Evaluation, Regional Network Annual Report).

- Percentage of increase of evidence-based programs, practices and policies adopted by sector as recorded in P-WITS.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies as recorded in P-WITS.
- Number and increase in the diversity of Center for Substance Abuse Prevention (CSAP) categories implemented across Institute of Medicine (IOM) classifications as outlined in the Block Grant Requirements (Attachment 7) as recorded in P-WITS.
- Number of persons served or reached by IOM classification as recorded in P-WITS.
- Number of key products produced and milestones reached as outlined in Attachment 2 and reported annually in the Regional Network Annual Report and as recorded in P-WITS.

- Short-term and intermediate outcomes measured and achieved as outlined in the Regional System Logic Model (Attachment 8).
- a) Long-term outcomes measured and achieved as applicable to the region's 3-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population based on the CDC LTAR.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the DPHS' RATAR.
- Number of MRC volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by MRC units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

6. Training and Technical Assistance Requirements

The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.

Regional Public Health Preparedness

1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.
2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
3. Complete the training standards recommended for Preparedness Coordinators (See Attachment 12).
4. Attend the annual Statewide Preparedness Conferences in June 2014 and 2015.

Medical Reserve Corps

1. Participate in the development of a statewide technical assistance plan for MRC units.
2. Participate in monthly MRC unit coordinator meetings.
3. Attend the annual Statewide MRC Leadership Conference.

Substance Misuse Prevention and Related Health Promotion

1. On going quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and learning collaborative(s).

Immunization Services

1. Participate in bi-monthly conference calls with NHIP staff.
2. Attend a half-day Training of Trainers in-service program offered by the NHIP.

7. Administration and Management

A. All Services

1. Workplan

Monitor progress on the final workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each of the following:

- a. Regional Public Health Advisory Committee
- b. Substance Misuse Prevention and Related Health Promotion
- c. Regional Public Health Emergency Preparedness
- d. School-based Vaccination Services
- e. Training and Technical Assistance
- f. Administration and Management

2. Reporting, Contract Monitoring and Performance Evaluation Activities

All Services

1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
 - 1.1 A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
 - 1.2 Subcontractors must attend all site visits as requested by DHHS.
 - 1.3 A financial audit in accordance with state and federal requirements.
2. Maintain the capability to accept and expend funds to support funded services.
 - 2.1 Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
 - 2.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
 - 2.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
3. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
4. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in Exhibit C, paragraph 14.
5. Provide other programmatic updates as requested by the DHHS.
6. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
 - 6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.
 - 6.2 Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other meetings with the NH DHHS related to the activities being conducted under this agreement.

3. Subcontractors

- 3.1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the DHHS must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.
- 3.2. In addition, the original contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

4. Transfer of assets

- 4.1 Upon notification by the DHHS and within 30 days of the start of the contract, coordinate with the DHHS the transfer of any assets purchased by another entity under a previous contract.

Public Health Preparedness and School- Based Immunization Clinics

1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the DPHS' Community Health Development Section that describes activities under each section of this Exhibit that the contractor is funded to provide. The Section will be responsible to distribute the report to the appropriate contract managers in other DPHS programs.
2. Complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

Substance Misuse Prevention and Related Health Promotion

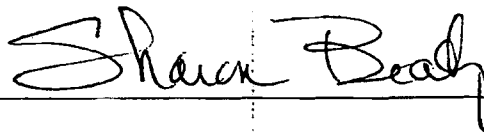
1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
 - 1.1. Contractor will submit the following to the State:
 - 1.1.1. Submit updated or revised strategic plans for approval prior to implementation.
 - 1.1.2. Submit annual report to BDAS due June 25, 2014 and 2015 (template will be provided by BDAS).
 - 1.1.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. PARTNER Survey, annual environmental measure, and other surveys as directed by BDAS).
 - 1.1.4. Provide additional information as a required by BDAS.

Fiscal Agent

1. As requested by regional partners, serve as a fiscal agent for federal, state or other funds to provide public health services within the PHR. Services provided using these funds may be implemented by the contractor or other partnering entities.

I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract we will contact the appropriate DHHS office immediately for additional guidance.

Executive Director Signature: _____



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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964



G&C APPROVED

Date: 02/11/15

Item # 9



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

January 8, 2015

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Systems, Policy and Performance, and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to amend agreements with 12 vendors by increasing the total price limitation by \$288,000 from \$5,078,864 to \$5,366,864 to provide regional public health emergency preparedness and substance misuse prevention services, to be effective the date of Governor and Council approval through June 30, 2015. Funds are 100% Federal.

Nine of these agreements were originally approved by Governor and Council on June 19, 2013, (Item #s 95, 96, 97, 98, 99, 100, 102, 103 104B), and three of these agreements were originally approved by Governor and Council on July 10, 2013, (Item # 101), July 24, 2013 (Item #27B), and September 4, 2013 (Item #54).

Summary of contracted amounts by vendor:

Vendor	Location of Vendor	Current Modified Budget	SFY 2015 Budget Increase Amount	Revised Modified Budget
Carroll County Coalition for Public Health	Ctr. Ossipee, NH	\$303,032	✓ \$25,000	\$328,032
Cheshire County	Keene, NH	\$320,236	✓ \$22,000	\$342,236
City of Nashua, Div of PH & Community Svcs	Nashua, NH	\$614,960	✓ \$25,000	\$639,960
Goodwin Community Health	Somersworth, NH	\$334,092	✓ \$18,000	\$352,092
✓ Granite United Way	Concord, NH	\$321,138	✓ \$25,000	\$346,138
✓ Lakes Region Partnership for Public Health	Laconia, NH	\$309,486	✓ \$25,000	\$334,486
Manchester Health Dept.	Manchester, NH	\$915,560	✓ \$25,000	\$940,560
Mary Hitchcock Mem Hsp dba Dartmouth Hitchcock	Lebanon, NH	\$296,602	✓ \$25,000	\$321,602
Mid-State Health Center	Plymouth, NH	\$303,760	✓ \$23,000	\$326,760
North County Health Consortium	Littleton, NH	\$452,760	✓ \$25,000	\$477,760
✓ Sullivan County	Newport, NH	\$302,010	✓ \$25,000	\$327,010
Town of Derry	Derry, NH	\$302,326	✓ \$25,000	\$327,326
Town of Exeter	Exeter, NH	\$302,902	\$0	\$302,902
TOTAL		\$5,078,864	\$288,000	\$5,366,864

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
January 8, 2015
Page 2 of 4

Funds to support this request are available in the following accounts for SFY 2015, with authority to adjust amounts within the price limitation without further approval from Governor and Executive Council.

05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE

05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY AND PERFORMANCE

05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

See attachment for financial details

EXPLANATION

This requested action seeks approval of 12 agreements that represent \$288,000 to be spent statewide to continue regional public health emergency preparedness and substance misuse prevention services. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services. Because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

The Division of Public Health Services is providing funding for the development of Community Health Improvement Plans that are aligned with the priorities established in the State Health Improvement Plan published in 2013. Each contractor will work with members of their respective Regional Public Health Advisory Council, which were established under the original contracts, to develop regional goals and objectives to improve the health of their communities. This work will result in a coordinated and focused effort among regional partners to implement complementary activities to address key health problems.

The Bureau of Drug and Alcohol Services, Division of Community Based Care Services is providing funding to convene subject matter experts, consisting of local healthcare providers and other professionals within the continuum of services to form a workgroup to educate members of the Regional Public Health Advisory Council on the impacts of substance use disorders. This work is intended to continue in the next biennium with the development of Resiliency and Recovery Oriented System of Care across the continuum of prevention, treatment, and recovery in each of the designated public health regions.

All vendors were offered \$10,000 for Community Health Improvement Planning activities and \$15,000 for Substance Disorder and Resiliency and Recovery Oriented Systems activities, for a total of \$25,000 to each vendor. However, the Town of Exeter chose not to accept the funds and instead the Department contracted with the United Way of Greater Seacoast, which was approved at the January 14, 2015 Governor and Council meeting, and Mid-State Health Center requested \$2,000 less than the \$25,000 available. In addition, in this same item, the Department is reducing funding that was dedicated to planning to receive evacuees in the event of a radiological emergency related to the Seabrook Station in Goodwin Community Health's contract by \$7,000, and Cheshire County's contract by \$3,000. The Department has modified its response plan in these two areas, eliminating the need for the specific planning that was originally funded.

Should Governor and Executive Council not authorize this Request, both public health and substance misuse services will be less coordinated and comprehensive in the thirteen public health regions. Developing a strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

The original contracts were awarded to the Regional Public Health Network agencies through a competitive bid process. The bid scoring summary is attached.

The following performance measures will be used to measure the effectiveness of these agreements.

Community Health Improvement Planning

- Completion and approved work plan within one month of the approved contract.
- Publication of a Community Health Improvement Plan that addresses at least five of the priority health topics identified in the NH State Health Improvement Plan.

Substance Use Disorders and Resiliency and Recovery Oriented Systems of Care

- Completion and approved work plan within one month of the approved contract.
- Number of subject matter experts, from across the continuum of services, recruited and served on the workgroup.
- Number of educational resources related to deliverables listed in 1:2 developed, identified, and disseminated.
- Number of, content and attendance of the following:
 - Educational meetings related to the impact of substance use disorders;
 - Resource sharing meetings related to substance use disorders;
 - Educational meeting on Resiliency and Recovery Oriented System of Care;
 - Education on the continuum care services: environmental strategies, prevention, intervention, treatment and recovery;
 - The Center of Excellence webinar on "Elements of a comprehensive system to preventing, treating and recovering from substance use disorders".

- Convene Public Health Advisory Committee and identify what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.
- Submitted documentation for the vision of this comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for your region.

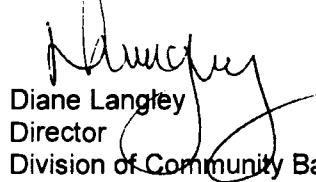
Area served: Statewide.

Source of Funds: 100% Federal Funds from US Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


José Thier Montero, MD, MHCDS
Director
Division of Public Health Services


Diane Langley
Director
Division of Community Based Care Services

Approved by:


Nicholas A. Toumpas
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
85.45% Federal Funds and 14.55% General Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Cheshire County, Vendor # 177372-B001

PO #

1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2015	102-500731	Contracts for Prog Svc	90077021	61,738	-	61,738
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	123,476	-	123,476

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO #

1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2015	102-500731	Contracts for Prog Svc	90077021	190,100	-	190,100
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	380,200	-	380,200

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2015	102-500731	Contracts for Prog Svc	90077021	50,366	-	50,366
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	100,732	-	100,732

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2015	102-500731	Contracts for Prog Svc	90077021	74,939	-	74,939
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	149,878	-	149,878

FINANCIAL DETAIL ATTACHMENT SHEET

Regional Public Health Networks (RPHN)

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2015	102-500731	Contracts for Prog Svc	90077021	78,863	-	78,863
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	157,726	-	157,726

Manchester Health Department, Vendor # 177433-B009

PO #

1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2015	102-500731	Contracts for Prog Svc	90077021	332,755	-	332,755
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	665,510	-	665,510

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO #

1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

Mid-State Health Center, Vendor # 158055-B001

PO #

1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2015	102-500731	Contracts for Prog Svc	90077021	150,500	-	150,500
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	301,000	-	301,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2015	102-500731	Contracts for Prog Svc	90077021	76,000	-	76,000
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	152,000	-	152,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2015	102-500731	Contracts for Prog Svc	90077021	51,983	-	51,983
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	103,966	-	103,966

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2015	102-500731	Contracts for Prog Svc	90077021	52,271	-	52,271
SFY 2016	102-500731	Contracts for Prog Svc	90077021	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077021	-	-	-
			Sub-Total	104,542	-	104,542
			SUB TOTAL	2,695,030	-	2,695,030

**05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	20,000	-	20,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	40,000	-	40,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	52,000	-	52,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	104,000	-	104,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2015	102-500731	Contracts for Prog Svc	90077026	10,000	-	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	20,000	-	20,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2015	102-500731	Contracts for Prog Svc	90077026	59,645	-	59,645
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	119,290	-	119,290

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2015	102-500731	Contracts for Prog Svc	90077026	33,800	-	33,800
SFY 2016	102-500731	Contracts for Prog Svc	90077026	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90077026	-	-	-
			Sub-Total	67,600	-	67,600
			SUB TOTAL	486,090	-	486,090

**05-95-90-901510-5398 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, EMERGENCY RESPONSE
100% Other Funds (Transfer from Emergency Management)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	13,000	-	13,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	13,000	(3,000)	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	26,000	(3,000)	23,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90030000	7,000	-	7,000
SFY 2015	102-500731	Contracts for Prog Svc	90030000	7,000	(7,000)	-
SFY 2016	102-500731	Contracts for Prog Svc	90030000	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90030000	-	-	-
			Sub-Total	14,000	(7,000)	7,000
			SUB TOTAL	40,000	(10,000)	30,000

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,136	-	10,136
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	20,272	-	20,272

Goodwin Community Health, Vendor # 154703-B001

PO #

1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Granite United Way, Vendor # 160015-B001

PO #

1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,250	-	10,250
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	20,500	-	20,500

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO #

1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2015	102-500731	Contracts for Prog Svc	90023010	6,921	-	6,921
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	13,842	-	13,842

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2015	102-500731	Contracts for Prog Svc	90023010	10,500	-	10,500
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	21,000	-	21,000

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2015	102-500731	Contracts for Prog Svc	90023010	9,625	-	9,625
SFY 2016	102-500731	Contracts for Prog Svc	90023010	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90023010	-	-	-
			Sub-Total	19,250	-	19,250
			SUB TOTAL	157,864	-	157,864

**05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760

Town of Exeter, Vendor # 177386-B001

PO # 1031468

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2015	102-500731	Contracts for Prog Svc	95846502	65,380	-	65,380
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
		Sub-Total		130,760	-	130,760
		SUB TOTAL		1,699,880	-	1,699,880

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-903010-7966 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF
PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, PUBLIC HEALTH LABORATORIES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

North County Health Consortium, Vendor # 158557-B001

PO # 1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
		Sub-Total		-	10,000	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Sullivan County, Vendor # 177482-B004

PO # 1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000
			SUB TOTAL	-	60,000	60,000

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, POLICY AND PERFORMANCE
100% Federal Funds**

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	8,000	8,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	8,000	8,000

Town of Derry, Vendor # 177379-B003

PO # 1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	90001022	-	10,000	10,000
SFY 2016	102-500731	Contracts for Prog Svc	90001022	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	90001022	-	-	-
			Sub-Total	-	10,000	10,000
			SUB TOTAL	-	58,000	58,000

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds**

Carroll County Coalition for Public Health, Vendor # 175290-R001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Cheshire County, Vendor # 177372-B001

PO # 1032189

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

City of Nashua, Div of Public Health & Community Svcs, Vendor # 177447-B011

PO # 1032021

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health, Vendor # 154703-B001

PO # 1032193

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Granite United Way, Vendor # 160015-B001

PO # 1031488

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Lakes Region Partnership for Public Health, Vendor # 165635-B001

PO # 1031728

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Manchester Health Department, Vendor # 177433-B009

PO # 1031457

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Mary Hitchcock Memorial Hsp dba Dartmouth Hitchcock, Vendor # 177160-B003

PO # 1033195

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Mid-State Health Center, Vendor # 158055-B001

PO # 1031525

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North County Health Consortium, Vendor # 158557-B001

PO #

1032167

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Sullivan County, Vendor # 177482-B004

PO #

1032408

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000

Town of Derry, Vendor # 177379-B003

PO #

1032192

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2014	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2015	102-500731	Contracts for Prog Svc	95846502	-	15,000	15,000
SFY 2016	102-500731	Contracts for Prog Svc	95846502	-	-	-
SFY 2017	102-500731	Contracts for Prog Svc	95846502	-	-	-
			Sub-Total	-	15,000	15,000
			SUB TOTAL	-	180,000	180,000
			TOTAL	5,078,864	288,000	5,366,864

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Capital Area Region

RFP/RFP CRITERIA	Max Pts	Community Action Program Belknap-Merrimack Counties, Inc.	Granite United Way						
Avg Capacity	40	30.00	34.00						
Program Structure	40	31.00	32.00						
Budget & Justification	18	15.00	15.00						
Format	2	2.00	2.00						
Total	100	78.00	83.00						

BUDGET REQUEST									
Year 01		\$160,819.00	\$160,569.00	-	-	-	-	-	-
Year 02		\$160,819.00	\$160,569.00	-	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-	-
TOTAL BUDGET REQUEST		\$321,638.00	\$321,138.00	-	-	-	-	-	-
BUDGET AWARDED									
Year 01		\$0.00	\$160,569.00	-	-	-	-	-	-
Year 02		\$0.00	\$160,569.00	-	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-	-
TOTAL BUDGET AWARDED		\$0.00	\$321,138.00	-	-	-	-	-	-

RFP Reviewers									
Name	Job Title	Dept/Agency	Qualifications						
1 Sandra DelSesto	Director	Institute for Addiction Recovery at Rhode Island College	This bid was reviewed by three Department of Health and Human Services reviewers and two external reviewers who have over 30 years experience in program administration, emergency planning and substance misuse prevention.						
2 Patty Baum	Program Officer	Healthy NH							
3 Michelle Ricco Jonas	Family Planning Program Manager	Division of Public Health Services, Maternal and Child Health Services							
4 Neil Twitchell	Administrator	Division of Public Health Services							
5 Valerie Morgan	Administrator	Department of Health and Human Services, Bureau of Drug and Alcohol Services							

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Strafford Area

		Max Pts	Goodwin Community Health Center	Health & Safety Council of Strafford County					
RFA/RFP CRITERIA									
Agy Capacity		40	34.00	27.00					
Program Structure		40	35.00	26.00					
Budget & Justification		18	16.00	13.00					
Format		2	2.00	1.00					
Total		100	87.00	67.00					

BUDGET REQUEST									
Year 01			\$177,046.00	\$173,680.00					
Year 02			\$177,046.00	\$173,680.00					
Year 03			\$0.00	\$0.00					
TOTAL BUDGET REQUEST			\$354,092.00	\$347,360.00					
BUDGET AWARDED									
Year 01			\$167,046.00	\$0.00					
Year 02			\$167,046.00	\$0.00					
Year 03			\$0.00	\$0.00					
TOTAL BUDGET AWARDED			\$334,092.00	\$0.00					

RFP Reviewers				
Name	Job Title	Dept/Agency	Qualifications	
1 Neil Twitchell	Administrator	DPHS/Division of Public Health Services	This bid was reviewed by two Department of Health and Human Services reviewers and three external reviewers who have over 30 years of experience in program administration, emergency planning and substance misuse prevention.	
2 Jessica Blais	Chief of Prevention Services	DHHS/Bureau of Drug and Alcohol Services		
3 Betsy Houde	Executive Director	The Youth Council		
4 Valerie Morgan	Administrator	DHHS/Bureau of Drug and Alcohol Services		
5 Jo Porter	Deputy Director	NH Institute for Health Policy & Practice UNH		



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9559 1-800-852-3345 Ext. 9559
Fax: 603-271-8431 TDD Access: 1-800-735-2964



9/4/13 # 54

July 26, 2013

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 and Division of Community Based Care Services, to enter into an agreement with Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock (Vendor #177160-B003), 1 Medical Center Drive, Lebanon, NH 03756, in an amount not to exceed \$296,602.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective **retroactive** to July 1, 2013 through June 30, 2015.

92.57% Fed 7.46% General

Funds are available in SFY 2014 and SFY 2015 with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
			Sub-Total	\$152,000.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, PREVENTION SERVICES

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	49156502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	49156502	\$65,380.00
			Sub-Total	\$130,760.00

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
July 26, 2013
Page 2

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$6,921.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$6,921.00
			Sub-Total	\$13,842.00
			Total	\$296,602.00

EXPLANATION

Retroactive approval is requested because of delays encountered regarding clarification of, and assurances that the Vendor meets contractual provisions specific to insurance coverage, which resulted in the original schedule for executing the agreement to be modified.

Funds in this agreement will be used to allow Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock to align a range of public health and substance misuse prevention and related health promotion activities. Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness; Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also coordinate a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and “super storm” Sandy.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices, and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals “live, work, learn and play. “

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire’s epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire’s efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services’ goal is to increase the percent of children ages 5-12 from 60% in the 2011-2012 influenza seasons and from 32% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; and coordinate overall public health response activities in this region. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock was selected for this project through a competitive bid process. A Request for Proposals was posted on the Division of Health and Human Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock being the sole bid to provide these services in this region. This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning, and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

This is the initial agreement with this Contractor for emergency preparedness, substance misuse prevention and related health promotion, and school vaccination services.

The following performance measures will be used to measure the effectiveness of the agreement.

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).

- Establish and increase over time, regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

- Percentage of increase of evidence-based programs, practices, and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outline in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic.
- Percent of students receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

Area served: Canaan, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, and Plainfield.

Source of Funds is 92.54% Federal Funds and 7.46% General Funds from the U.S. Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
July 26, 2013
Page 6

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

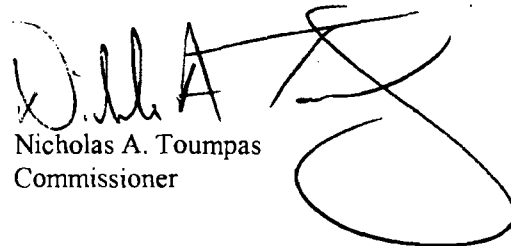


José Thier Montero, MD, MHCDS
Director



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Eleven proposals received for 11 Public Health Network Regions

	1	2	3	4	5	6	7	8	9	10	11	
RFA/RFP CRITERIA	Max Pts	Town of Derry	North Country Health Consortium	Sullivan County	Mid-State Health Center	Cheshire County	Manchester Health Dept.*	City of Nashua, Division of Public Health & Community Services*	Carroll County Coalition for Public Health	Lakes Region Partnership for Public Health	Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock	Town of Exeter
Agy Capacity	40	35.50	37.00	32.00	34.00	38.00	36.00	29.00	37.00	37.00	37.00	32.00
Program Structure	40	37.50	33.00	34.00	30.00	36.00	35.00	26.00	34.00	38.00	37.00	34.00
Budget & Justification	18	16.50	17.00	16.00	15.00	16.00	16.00	14.00	17.00	17.00	16.00	17.00
Format	2	1.50	2.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
TOTAL POINTS	100	91.00	89.00	84.00	80.00	92.00	89.00	71.00	90.00	94.00	92.00	85.00

BUDGET REQUEST	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
TOTAL BUDGET REQUEST												
BUDGET AWARDED	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
TOTAL BUDGET AWARDED												

RFP Reviewers

Name	Job Title	Dept/Agency	Qualifications
Neil Twitchell	Administrator I	Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services	This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention.
Ann Crawford	Coordinator		

*Manchester Health Department and City of Nashua, Division of Public Health & Community Services awards include amounts for preparedness that are awarded through sole source. These funds and competitive Public Health Network awards have always been combined into a single contract.

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Strafford Area

RFA/RFP CRITERIA	Max Pts	Goodwin Community Health Center	Health & Safety Council of Strafford County					
Agy Capacity	40	34.00	27.00					
Program Structure	40	35.00	26.00					
Budget & Justification	18	16.00	13.00					
Format	2	2.00	1.00					
Total	100	87.00	67.00					

BUDGET REQUEST								
Year 01		\$177,046.00	\$173,680.00	-	-	-	-	-
Year 02		\$177,046.00	\$173,680.00	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-
TOTAL BUDGET REQUEST		\$354,092.00	\$347,360.00	-	-	-	-	-
BUDGET AWARDED								
Year 01		\$167,046.00	\$0.00	-	-	-	-	-
Year 02		\$167,046.00	\$0.00	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-
TOTAL BUDGET AWARDED		\$334,092.00	\$0.00	-	-	-	-	-

RFP Reviewers					Name	Job Title	Dept/Agency	Qualifications
1	Neil Twitchell	Administrator					DPHS/Division of Public Health Services	This bid was reviewed by two Department of Health and Human Services reviewers and three external reviewers who have over 30 years of experience in program administration, emergency planning and substance misuse prevention.
2	Jessica Blais	Chief of Prevention Services					DHHS/Bureau of Drug and Alcohol Services	
3	Betsy Houde	Executive Director					The Youth Council	
4	Valerie Morgan	Administrator					DHHS/Bureau of Drug and Alcohol Services	
5	Jo Porter	Deputy Director					NH Institute for Health Policy & Practice, UNH	

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary Two proposals received for the Capital Area Region

RFA/RFP CRITERIA	Max Pts	Community Action Program Belknap-Merrimack Counties, Inc.	Granite United Way					
Agy Capacity	40	30.00	34.00					
Program Structure	40	31.00	32.00					
Budget & Justification	18	15.00	15.00					
Format	2	2.00	2.00					
Total	100	78.00	83.00					

BUDGET REQUEST								
Year 01		\$160,819.00	\$160,569.00	-	-	-	-	-
Year 02		\$160,819.00	\$160,569.00	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-
TOTAL BUDGET REQUEST		\$321,638.00	\$321,138.00	-	-	-	-	-
BUDGET AWARDED								
Year 01		\$0.00	\$160,569.00	-	-	-	-	-
Year 02		\$0.00	\$160,569.00	-	-	-	-	-
Year 03		\$0.00	\$0.00	-	-	-	-	-
TOTAL BUDGET AWARDED		\$0.00	\$321,138.00	-	-	-	-	-

RFP Reviewers			Name	Job Title	Dept/Agency	Qualifications
1	Sandra DelSesto			Director	Institute for Addiction Recovery at Rhode Island College	
2	Patty Baum			Program Officer	Healthy NH	This bid was reviewed by three Department of Health and Human Services reviewers and two external reviewers who have over 30 years experience in program administration, emergency planning and substance misuse prevention.
3	Michelle Ricco Jonas			Family Planning Program Manager	Division of Public Health Services, Maternal and Child Health Services	
4	Neil Twitchell			Administrator	Division of Public Health Services	
5	Valerie Morgan			Administrator	Department of Health and Human Services, Bureau of Drug and Alcohol Services	

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Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9559 1-800-852-3345 Ext. 9559
Fax: 603-271-8431 TDD Access: 1-800-735-2964



6/19/13 #102

May 16, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and Public Health Protection and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to enter into an agreement with Granite United Way (Vendor #160015-B001), 46 South Main Street, Concord, NH 03301 in an amount not to exceed \$321,138.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS

93.21% Federal, 6.79% General

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$74,939.00
SFY 14	102-500731	Contracts for Prog Svc	90077026	\$10,000.00
			Sub-Total	\$84,939.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$74,939.00
SFY 15	102-500731	Contracts for Prog Svc	90077026	\$10,000.00
			Sub-Total	\$84,939.00
			Sub-Total	\$169,878.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES,
PREVENTION SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
			Sub-Total	\$130,760.00

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 16, 2013
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05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$10,250.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$10,250.00
			Sub-Total	\$20,500.00
			Total	\$321,138.00

EXPLANATION

Funds in this agreement will be used to allow Granite United Way to align a range of public health and substance misuse prevention and related health promotion activities. Granite United Way will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness, Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, Division of Public Health Services and Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

Granite United Way will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. Granite United Way will also collaborate with local partners to support a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated

more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

Granite United Way will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals "live, work, learn and play."

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire's epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

Granite United Way will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 60% in the 2011-2012 influenza season and from 32% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 16, 2013
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Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; and coordinate overall public health response activities in this region. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

Granite United Way was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with Granite United Way being one of two bids to provide these services in this region. This bid was reviewed by three Department of Health and Human Services reviewers and two external reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Substance misuse prevention and related health promotion services were contracted previously with this agency in SFY 2012 in the amount of \$75,000. Substance misuse prevention and related health promotion services will be reduced by \$9,620 as a result of an increase from 10 to 13 in the number of regional prevention networks being funded. This is the initial agreement with this Contractor for emergency preparedness, radiological response planning, and school-based influenza clinics.

The following performance measures will be used to measure the effectiveness of the agreement.

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).

- Establish and increase over time, regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

- Percentage of increase of evidence-based programs, practices and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outline in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic.
- Percent of students receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

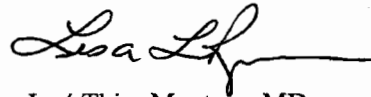
Area served: Allenstown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Salisbury, Warner, Washington, Weare, Webster and Windsor.

Source of Funds is 93.21% Federal Funds from the U.S. Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration, and 6.79% General Funds.

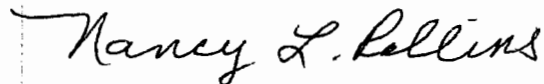
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 16, 2013
Page 6

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

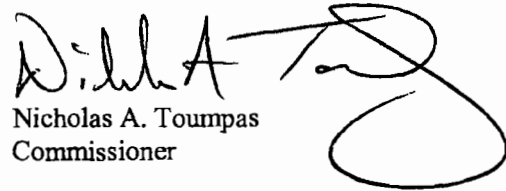


José Thier Montero, MD
Director



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Tounpas
Commissioner

JTM/NLR/NT/js

Program Name	Contract Purpose	RFP Score Summary

RFI/RFP CRITERIA	Max Pts	Community Action Program Belknap-Merrimack Counties, Inc.	Granite United Way						
Agcy Capacity	40	30.00	34.00						
Program Structure	40	31.00	32.00						
Budget & Justification	18	15.00	15.00						
Format	2	2.00	2.00						
Total	100	78.00	83.00						

[illegible]

RFP Reviewers

Name	Job Title	Dept/Agency	Qualifications
1 Sandra DelSesto	Director	Institute for Addiction Recovery at Rhode Island College	This bid was reviewed by three Department of Health and Human Services reviewers and two external reviewers who have over 30 years experience in program administration, emergency planning and substance misuse prevention.
2 Patty Baum	Program Officer	Healthy NH	
3 Michelle Ricco Jonas	Family Planning Program Manager	Division of Public Health Services, Maternal and Child Health Services	
4 Neil Twitchell	Administrator	Division of Public Health Services	
5 Valerie Morgan	Administrator	Department of Health and Human Services, Bureau of Drug and Alcohol Services	



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9559 1-800-852-3345 Ext. 9559
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May 23, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to enter into an agreement with the Mid-State Health Center (Vendor #158055-B001), 101 Boulder Point Drive, STE 1, Plymouth, NH 03264, in an amount not to exceed \$303,760.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS

92.72% Federal, 7.28% General

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
			Sub-Total	\$152,000.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES,
PREVENTION SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
			Sub-Total	\$130,760.00

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
			Sub-Total	\$21,000.00
			Total	\$303,760.00

EXPLANATION

Funds in this agreement will be used to allow the Mid-State Health Center to align a range of public health and substance misuse prevention and related health promotion activities. The Mid-State Health Center will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness; Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

The Mid-State Health Center will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. The Mid-State Health Center will also coordinate a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

The Mid-State Health Center will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals "live, work, learn and play."

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire's epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

The Mid-State Health Center will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 60% in the 2011-2012 influenza season and from 32% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; and coordinate overall public health response activities in this region. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

The Mid-State Health Center was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with the Mid-State Health Center being the sole bid to provide these services in this region. This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Emergency preparedness services were contracted previously with this agency in SFY 2012 in the amount of \$76,000. This agreement represents level funding. School-based influenza clinic services were contracted previously with this agency in SFY 2012 in the amount of \$15,000. School vaccination funding is reduced by \$4,500 as a result of moving to a more targeted program that also allows for this program to be expanded to three additional Public Health Networks statewide. This is the initial agreement with this Contractor for substance misuse prevention and related health promotion services.

The following performance measures will be used to measure the effectiveness of the agreement.

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.

- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).
- Establish and increase over time, regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

- Percentage of increase of evidence-based programs, practices and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outline in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic.
- Percent of students receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

Area served: Alexandria, Ashland, Bridgewater, Bristol, Campton, Ellsworth, Groton, Hebron, Holderness, Lincoln, Livermore, Plymouth, Rumney, Thornton, Warren, Waterville Valley, Wentworth and Woodstock.

Source of Funds is 92.72% Federal Funds from the U.S. Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration and 7.28% General Funds.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 23, 2013
Page 6

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

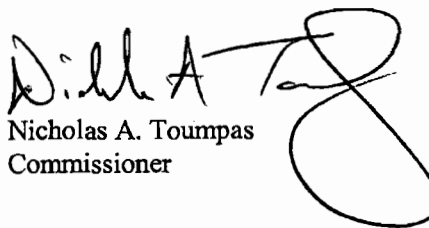


José Thier Montero, MD
Director



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Program Name Division of Public Health Services and Division of Community Based Care Services
Contract Purpose Regional Public Health Network Services
RFP Score Summary

	1	2	3	4	5	6	7	8	9	10	11

BUDGET REQUEST	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
TOTAL BUDGET REQUEST												
BUDGET AWARDED	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
TOTAL BUDGET AWARDED												

RFP Reviewers			Qualifications	
Name	Job Title	Dept/Agency		
Neil Twitchell	Administrator I	Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services	This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention.	
Ann Crawford	Coordinator			

*Manchester Health Department and City of Nashua, Division of Public Health & Community Services awards include amounts for preparedness that are awarded through sole source. These funds and competitive Public Health Network awards have always been combined into a single contract.



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9559 1-800-852-3345 Ext. 9559
Fax: 603-271-8431 TDD Access: 1-800-735-2964



6/19/13 #98

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48 for

May 13, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to enter into an agreement with Lakes Region Partnership for Public Health, Inc. (Vendor #165635-B001), 67 Water Street, STE 105, Laconia, NH 03246, in an amount not to exceed \$309,486.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

92.58% Fed. 7.42% GF

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$78,863.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$78,863.00
			Sub-Total	\$157,726.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES,
PREVENTION SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
			Sub-Total	\$130,760.00

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$10,500.00
			Sub-Total	\$21,000.00
			Total	\$309,486.00

EXPLANATION

Funds in this agreement will be used to allow Lakes Region Partnership for Public Health, Inc. to align a range of public health and substance misuse prevention and related health promotion activities. Lakes Region Partnership for Public Health, Inc. will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness; Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

Lakes Region Partnership for Public Health, Inc. will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. Lakes Region Partnership for Public Health, Inc. will also coordinate a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; and coordinate overall public health response activities in this region. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

The Carroll County Coalition for Public Health was selected for this project through a competitive bid process. A Request for Proposals was posted on the Division of Public Health Services' web site from January 15, 2013 through March 4, 2013. In addition, a bidder's conference was held on January 24 that was attended by more than 80 individuals.

Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with the Carroll County Coalition for Public Health being the sole bid to provide these services in this region. This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Emergency preparedness services were contracted previously with this agency in SFY 2012 in the amount of \$76,000. This agreement represents level funding. This is the initial agreement with this Contractor for both substance misuse prevention and related health promotion services and school-based influenza clinics.

The following performance measures will be used to measure the effectiveness of the agreement.

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the DPHS that participate in a regional healthcare coalition.

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

Lakes Region Partnership for Public Health, Inc. will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals "live, work, learn and play."

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire's epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

Lakes Region Partnership for Public Health, Inc. will also implement seasonal influenza vaccination clinics in select schools. This initiative represents their ability to expand the range of public health services they offer that are data-driven, known to be effective, and respond to regional needs. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children six months through 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in the school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school children, as demonstrated by Medicaid data. The Division of Public Health Services' goal is to increase the percent of children ages 5-12 from 60% in the 2011-2012 influenza season and from 32% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 13, 2013
Page 4

Achieving higher rates of immunization in a school community is known to lower absenteeism among children and school staff. Schools will be targeted in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

Should Governor and Executive Council not authorize this Request, there will be a reduced ability to quickly activate large-scale vaccination clinics and community-based medical clinics; support individuals with medical needs in emergency shelters; and coordinate overall public health response activities in this region. With respect to substance misuse prevention and related health promotion, the regional prevention system that has been addressing these issues would dissolve, causing a further decline of already limited prevention services as this agreement provides for the continuation, coordination and further development of community based prevention services. Finally, the ability to increase immunization rates among children who experience barriers to this preventative measure would be lost.

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Fifteen Letters of Intent were submitted in response to this statewide competitive bid. Fifteen proposals were received, with Lakes Region Partnership for Public Health, Inc. being the sole bid to provide these services in this region. This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention. The scoring criteria focused on the bidder's capacity to perform the scope of services and alignment of the budget with the required services. The recommendation that this vendor be selected was based on a satisfactory score and agreement among reviewers that the bidder had significant experience and well-qualified staff. The bid-scoring summary is attached.

As referenced in the Request for Proposals, Renewals Section, the Department of Health and Human Services in its sole discretion may decide to offer a two (2) year extension of this competitively procured agreement, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Emergency preparedness, substance misuse prevention and related health promotion, and school vaccination services were contracted previously with this agency in SFY 2012 in the amounts of \$76,000, \$75,000 and \$15,000 respectively. Emergency preparedness funding will increase by \$2,863 due a new funding formula that included both a base award plus a population-based allocation. Substance misuse prevention and related health promotion services will be reduced by \$9,620 as a result of an increase from 10 to 13 in the number of regional prevention networks being funded. School vaccination funding is reduced by \$4,500 as a result of moving to a more targeted program that also allows for this program to be expanded to three additional Public Health Networks statewide.

The following performance measures will be used to measure the effectiveness of the agreement.

Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the six community sectors identified in the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment's plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the Division of Public Health Services that participate in a regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).
- Establish and increase, over time regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

- Percentage of increase of evidence-based programs, practices and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outline in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic.
- Percent of students receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

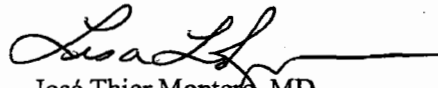
Area served: Alton, Barnstead, Belmont, Center Harbor, Danbury, Franklin, Gilford, Gilmanton, Hill, Laconia, Meredith, New Hampton, Northfield, Sanbornton, Tilton.

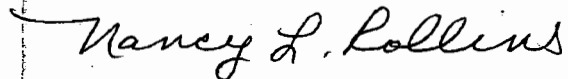
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 13, 2013
Page 6

Source of Funds is 92.58% Federal Funds from the U.S. Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration and 7.42% General Funds.

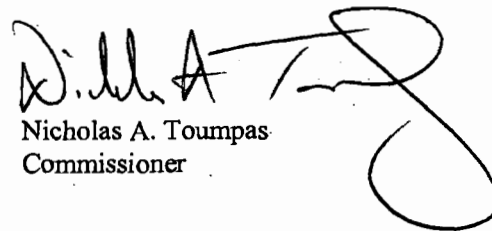
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,


José Thier Montero, MD
Director


Nancy L. Rollins
Associate Commissioner

Approved by:


Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Program Name
Contract Purpose
RFP Score Summary

Division of Public Health Services and Division of Community Based Care Services
Regional Public Health Network Services

	1	2	3	4	5	6	7	8	9	10	11
RFA/RFP CRITERIA	Max Pts										
Agy Capacity	40	35.50	37.00	32.00	34.00	38.00	36.00	29.00	37.00	37.00	32.00
Program Structure	40	37.50	33.00	34.00	30.00	36.00	35.00	26.00	34.00	37.00	34.00
Budget & Justification	18	16.50	17.00	16.00	15.00	16.00	16.00	14.00	17.00	16.00	17.00
Format	2	1.50	2.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00
TOTAL POINTS	100	91.00	89.00	84.00	80.00	92.00	89.00	71.00	90.00	94.00	85.00

BUDGET REQUEST	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	-	-	-	-	-	-	-	-	-	-	-
TOTAL BUDGET REQUEST		\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
BUDGET AWARDED	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	-	-	-	-	-	-	-	-	-	-	-
TOTAL BUDGET AWARDED		\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00

RFP Reviewers

Name	Job Title	Dept/Agency	Qualifications
Neil Twitchell Ann Crawford	Administrator I Coordinator	Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services	This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention.

*Manchester Health Department and City of Nashua, Division of Public Health & Community Services awards include amounts for preparedness that are awarded through sole source. These funds and competitive Public Health Network awards have always been combined into a single contract.



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9559 1-800-852-3345 Ext. 9559
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6/19/13 #95

May 13, 2013

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control and the Division of Community Based Care Services, Bureau of Drug and Alcohol Services, to enter into an agreement with the Carroll County Coalition for Public Health (Vendor #175290-R001), PO Box 250, Center Ossipee, NH 03814, in an amount not to exceed \$303,032.00, to improve regional public health emergency preparedness, substance misuse prevention and related health promotion capacity, and implement school-based influenza clinics, to be effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

92.7% Federal, 7.3% GF

Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in future operating budgets with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
SFY 15	102-500731	Contracts for Prog Svc	90077021	\$76,000.00
			Sub-Total	\$152,000.00

05-95-49-491510-2988 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF COMMUNITY BASED CARE SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES,
PREVENTION SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
SFY 15	102-500734	Contracts for Prog Svc	95846502	\$65,380.00
			Sub-Total	\$130,760.00

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 14	102-500731	Contracts for Prog Svc	90023010	\$10,136.00
SFY 15	102-500731	Contracts for Prog Svc	90023010	\$10,136.00
			Sub-Total	\$20,272.00
			Total	\$303,032.00

EXPLANATION

Funds in this agreement will be used to allow the Carroll County Coalition for Public Health to align a range of public health and substance misuse prevention and related health promotion activities. The Carroll County Coalition for Public Health will be one of 13 agencies statewide to host a Regional Public Health Network, which is the organizational structure through which these activities are implemented. Each Public Health Network site serves a defined Public Health Region, with every municipality in the state assigned to a region.

This agreement aligns programs and services within the Department and this contracted partner to increase the effectiveness of services being provided while reducing the administrative burden and, where feasible, costs for both the Department and this partner. To that end, this agreement provides a mechanism for other funds to be directed to Regional Public Health Networks to continue building coordinated regional systems for the delivery of other public health and substance misuse and health promotion services as funding becomes available.

This agreement will build regional capacity in four broad areas: a Regional Public Health Advisory Committee; Regional Public Health Preparedness; Substance Misuse Prevention and Related Health Promotion services; and School-Based Seasonal Influenza Clinics. The Regional Public Health Advisory Committee will engage senior-level leaders from throughout this region to serve in an advisory capacity over the services funded through this agreement. Over time, the Division of Public Health Services and the Bureau of Drug and Alcohol Services expect that the Regional Public Health Advisory Committee will expand this function to other public health and substance misuse prevention and related health promotion services funded by the Department. The long-term goal is for the Regional Public Health Advisory Committee to set regional priorities that are data-driven, evidence-based based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance misuse and related health promotion activities occurring in the region.

The Carroll County Coalition for Public Health will also lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the region's ability to respond to public health emergencies. The Carroll County Coalition for Public Health will also coordinate a Medical Reserve Corps unit made up of local volunteers who work in emergency medical clinics and shelters. These regional activities are integral to the State's capacity to respond to public health emergencies.

The effectiveness of a regional response structure for public health emergencies was demonstrated during the H1N1 pandemic when the Regional Public Health Networks statewide offered 533 clinics that vaccinated more than 46,000 individuals. Also, during 2011 and 2012 a number of Medical Reserve Corps units statewide provided basic medical support in emergency shelters during tropical storm Irene and "super storm" Sandy.

The Carroll County Coalition for Public Health will also coordinate substance misuse prevention and related health promotion activities with the primary goal of implementing the three-year regional strategic plan that was developed and completed in June 2012. This strategic plan uses a public health approach that includes Strategic Prevention Framework Model key milestones and products for the evidence-based programs, practices and policies that will be implemented over the course of the agreement. These efforts must strategically target all levels of society; seek to influence personal behaviors, family systems and the environment in which individuals "live, work, learn and play."

According to the 2011 National Survey on Drug Use and Health, New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month) and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month). In New Hampshire, the rate of alcohol use and binge drinking (having five or more drinks within a couple of hours) among 12 to 20 year olds is significantly higher than the national average.

New Hampshire also ranks high for marijuana use across a wide range of age categories compared to the rest of the nation. According to the 2011 National Survey on Drug Use and Health, the percentage of young people between the ages of 12 and 17 who report marijuana use in the past month is higher in comparison to all of the other U.S. states and territories. Regular marijuana use (at least once in the past 30 days) is reported by 11.35% of 12-17 year olds. The prevalence of marijuana use among 18 to 25 year olds is fifth in the nation, with 27.03% reporting marijuana use in the past month. The rate of regular marijuana use among adults 26 and older is 5.42%, slightly above the U.S. rate of 4.8%.

Finally, prescription drug misuse is at epidemic proportions in New Hampshire where pain reliever abuse among young adults is the tenth highest in the nation (12.31% of 18 to 25 year olds reported non-medical use of pain relievers in the past year). Perhaps the most telling indicator of New Hampshire's epidemic is the steady increase in total drug-related deaths since 2000, with the majority of the increase attributable to prescription drug overdose. The number of drug-related overdose deaths in the state increased substantially between 2002 and 2010, more than doubling from 80 deaths to 174 over the eight-year period. Prescription opioids are the most prevalent drug of abuse leading to death.

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- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, by-laws, MOUs, etc.).
- Establish and increase over time, regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

Substance Misuse Prevention and Related Health Promotion

- Percentage of increase of evidence-based programs, practices and policies adopted by sector.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies.
- Number and increase in the diversity of Center for Substance Abuse Prevention categories implemented across Institute of Medicine classifications as outlined in the federal Block Grant Requirements.
- Number of persons served or reached by Institute of Medicine classification.
- Number of key products produced and milestones reached as outline in and reported annually in the Regional Network Annual Report.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional Prevention System's Logic Model.
- Long-term outcomes measured and achieved as applicable to the region's three-year strategic plan.

Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population, based on the Center for Disease Control's Local Technical Assistance Review.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the Division of Public Health Services' Regional Annex Technical Assistance Review.
- Number of Medical Reserve Corps volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

School-Based Vaccination

- Number of schools hosting a seasonal influenza clinic.
- Percent of students receiving seasonal influenza vaccination
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

Area served: Albany, Bartlett, Brookfield, Chatham, Conway, Eaton, Effingham, Freedom, Hale's Location, Harts Location, Jackson, Madison, Moultonborough, Ossipee, Sandwich, Tamworth, Tuftonboro, Wakefield and Wolfeboro.

Source of Funds is 92.70% Federal Funds from the U.S. Centers for Disease Control and Prevention and Substance Abuse and Mental Health Services Administration, and 7.30% General Funds.

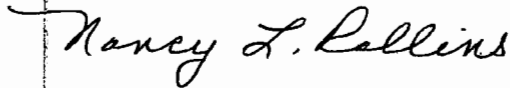
Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
May 13, 2013
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In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

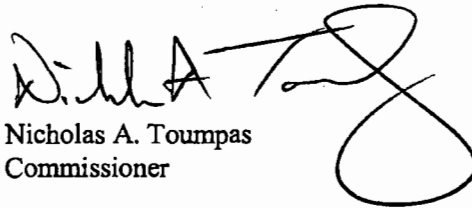


José Thier Montero, MD
Director



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/NLR/NT/js

Program Name
Contract Purpose
RFP Score Summary

Division of Public Health Services and Division of Community Based Care Services
Regional Public Health Network Services

	1	2	3	4	5	6	7	8	9	10	11	
RFA/RFP CRITERIA	Max Pts											
Agy Capacity	40	35.50	37.00	32.00	34.00	38.00	36.00	29.00	37.00	37.00	32.00	
Program Structure	40	37.50	33.00	34.00	30.00	36.00	35.00	26.00	34.00	37.00	34.00	
Budget & Justification	18	16.50	17.00	16.00	15.00	16.00	16.00	14.00	17.00	16.00	17.00	
Format	2	1.50	2.00	2.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	
TOTAL POINTS	100	91.00	89.00	84.00	80.00	92.00	89.00	71.00	90.00	94.00	85.00	
			North Country Health Consortium	Sullivan County	Mid-State Health Center	Cheshire County	Manchester Health Dept. *	City of Nashua, Division of Public Health & Community Services*	Carroll County Coalition for Public Health	Lakes Region Partnership for Public Health	Mary Hitchcock Memorial Hospital dba Dartmouth Hitchcock	Town of Exeter

BUDGET REQUEST	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 02	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
	Year 03	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
TOTAL BUDGET REQUEST		\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00
BUDGET AWARDED	Year 01	\$ 151,163.00	\$ 226,380.00	\$ 151,005.00	\$ 151,880.00	\$ 160,118.00	\$ 457,780.00	\$ 307,480.00	\$ 151,516.00	\$ 154,743.00	\$ 148,301.00	\$ 151,451.00
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TOTAL BUDGET AWARDED		\$ 302,326.00	\$ 452,760.00	\$ 302,010.00	\$ 303,760.00	\$ 320,236.00	\$ 915,560.00	\$ 614,960.00	\$ 303,032.00	\$ 309,486.00	\$ 296,602.00	\$ 302,902.00

RFP Reviewers

Name	Job Title	Dept/Agency	Qualifications
Neil Twitchell	Administrator I	Department of Health and Human Services, Division of Public Health Services and Division of Community Based Care Services	This bid was reviewed by two Department of Health and Human Services reviewers who have more than 30 years experience in program administration, emergency planning and substance misuse prevention.
Ann Crawford	Coordinator		

*Manchester Health Department and City of Nashua, Division of Public Health & Community Services awards include amounts for preparedness that are awarded through sole source. These funds and competitive Public Health Network awards have always been combined into a single contract.