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

Lori A. Shibinette  
Commissioner

Katja S. Fox  
Director

129 PLEASANT STREET, CONCORD, NH 03301  
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June 2, 2021

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into a **Sole Source** amendment to an existing contract with Foundation for Healthy Communities (VC#154533-B001), Concord, NH, for Substance Use Disorder Treatment services, including the use of medications, to New Hampshire residents experiencing addiction by increasing the price limitation by \$1,081,000 from \$4,468,000 to \$5,549,000, extending the completion date from June 30, 2021 to June 30, 2023, and modifying the scope of services, effective upon Governor and Council approval 33.31% Federal Funds. 8.33% General Funds, 58.36% Other Funds.

The original contract was approved by Governor and Council on July 13, 2016, item #6B. It was subsequently amended with Governor and Council approval on March 7, 2018, item #16, on May 15, 2019 item #17, and most recently with Governor and Council approval on June 24, 2020, item #26.

Funds are anticipated to be available in the following accounts for State Fiscal Years 2022 and 2023, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**05-95-49-491510-29900000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (80% FEDERAL FUNDS 20% GENERAL FUNDS)**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2017	102-500734	Contracts for Social Svc	49158501	\$1,500,000	\$0	\$1,500,000

2018	102-500734	Contracts for Social Svc	49158501	\$300,000	\$0	\$300,000
			<b>Subtotal</b>	<b>\$1,800,000</b>	<b>\$0</b>	<b>\$1,800,000</b>

**92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (80% FEDERAL FUNDS 20% GENERAL FUNDS)**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2018	102-500734	Contracts for Social Svc	92057501	\$500,000	\$0	\$500,000
			<b>Subtotal</b>	<b>\$500,000</b>	<b>\$0</b>	<b>\$500,000</b>

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% Other Funds)**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2019	102-500734	Contracts for Social Svc	92058501	\$556,000	\$0	\$556,000
2020	102-500734	Contracts for Social Svc	92058501	\$556,000	\$0	\$556,000
2021	102-500731	Contracts for Program Svc	92058501	\$1,056,000	\$0	\$1,056,000
2022	102-500731	Contracts for	92058501	\$0	\$651,893	\$651,893

		Program Svc				
2023	102-500731	Contracts for Program Svc	92058501	\$0	\$404,107	\$404,107
			<b>Subtotal</b>	<b>\$2,168,000</b>	<b>\$1,056,000</b>	<b>\$3,224,000</b>

**05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT (100% FEDERAL FUNDS)**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	102-500731	Contracts for Program Svc	92057048	\$0	\$25,000	\$25,000
			<b>Subtotal</b>	<b>\$0</b>	<b>\$25,000</b>	<b>\$25,000</b>
			<b>TOTAL</b>	<b>\$4,468,000</b>	<b>\$1,081,000</b>	<b>\$5,549,000</b>

**EXPLANATION**

This request is **Sole Source** because the Department is seeking to extend the contract beyond the completion date and there are no renewal options available. The Contractor was originally selected through a non-competitive process because of its established professional relationships with hospitals in New Hampshire which allowed it to be uniquely positioned to provide the required services. Because of those relationships, the Contractor has demonstrated the ability to implement new programs, and oversee ongoing programs in conjunction with hospitals and physician practices statewide.

The purpose of this request is to continue services to address substance use disorders in hospitals and hospitals' physician practices through Medication Assisted Treatment in Emergency Departments, acute care and outpatient services. Providing support to medical professionals to recognize and address substance use disorders across the spectrum of hospital services will increase opportunities for persons with these disorders to initiate and maintain their recovery and allow for continuity of their treatment.

It is anticipated that approximately 500 individuals will receive services supported by this program from July 1, 2021 through June 30, 2023.

The Department will monitor contracted services using the following performance measures:

- Minimum of eight (8) hospitals increasing their capacity to consistently identify and treat patients with Substance Use Disorders (SUDs) in all parts of the hospital systems.
- Minimum of thirty (30) medical practices increasing their capacity to provide Medication Assisted Treatment services.
- Minimum of twelve (12) hospitals increasing their capacity to address substance use disorders in their Emergency Departments.
- Minimum of three (3) hospitals increasing their capacity to address substance use disorders for acute care patients with co-occurring medical conditions.

Should the Governor and Council not authorize this request, the availability of these vital services will be limited, and residents in some areas of the State may not receive appropriate treatment for their substance use disorders, resulting in heightened risk from overdose, financial and emotional strains on families, and related economic and resource challenges in communities as affected individuals continue to struggle with their addictions.

Area served: Statewide.

Source of Funds: CFDA #93.788, FAIN # TI083326.

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

Respectfully submitted,



Lori A. Shibinette  
Commissioner

**State of New Hampshire  
Department of Health and Human Services  
Amendment #4**

This Amendment to the Medication Assisted Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Foundation for Healthy Communities ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 13, 2016, (Item #6B), as amended on March 7, 2018, (Item #16), May 15, 2019, (Item #17), and June 24, 2020 (Item #26), 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, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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 to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:  
June 30, 2023.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$5,549,000.
3. Modify Exhibit A, Scope of Services Amendment #2 by replacing in its entirety with Exhibit A Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Add Exhibit B-6 Amendment #4, Budget, which is attached hereto and incorporated by reference herein.
5. Add Exhibit B-7 Amendment #4, Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. 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

6/2/2021

Date

DocuSigned by:

*Katja Fox*

Name: Katja Fox

Title: Director

Foundation for Healthy Communities

6/1/2021

Date

DocuSigned by:

*Peter Ames*

Name: Peter Ames

Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

6/2/2021

Date

DocuSigned by:



Name: Catherine Pinos

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:





New Hampshire Department of Health and Human Services  
Medication Assisted Services Exhibit A

**Scope of Services**

**1. Provisions Applicable to All Services**

- 1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the Department has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.0. et seq.

**2. Scope of Services**

- 2.1. The Contractor shall recruit hospitals that are willing to increase their capacity to consistently identify and treat patients with Substance Use Disorders (SUDs) in all parts of the hospital systems, inclusive of Emergency Departments, acute care units and networked outpatient medical practices.
- 2.2. The Contractor shall contract with a minimum of eight (8) hospitals to increase and enhance their capacity to identify and address SUDs in their patients at all points of contact within their system.
- 2.3. The Contractor shall ensure that subcontracted hospitals shall assign a staff member to coordinate the practice changes required in this project.
- 2.4. The Contractor shall ensure that subcontracted hospitals establish a team to plan and implement necessary changes to enhance care for patients with SUDs. This team shall include but not be limited to staff representing hospital administration, emergency services, acute care units and networked outpatient medical practices.
- 2.5. The Contractor shall ensure hospital personnel develop work plans to enhance their ability to identify and address SUDs in their patients in all parts of the hospital systems. Work plans must include, but are not limited to:
  - 2.5.1. Providing screening, treatment and referral to specialty SUD treatment.
  - 2.5.2. Integration of medical and behavioral health treatment.
  - 2.5.3. Providing patient access to recovery supports.
  - 2.5.4. Staff competency in Trauma-Informed Care.
  - 2.5.5. Increased patient and family engagement in service planning and care.
  - 2.5.6. Reduction in stigma and discrimination for patients with SUD.

DS  
PA



**New Hampshire Department of Health and Human Services  
Medication Assisted Services Exhibit A**

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- 2.5.7. Increased recovery orientation.
- 2.5.8. Active focus on equity for vulnerable populations, including but not limited to:
  - 2.5.8.1. Black, indigenous, and people of color.
  - 2.5.8.2. People who identify as LGBTQ+.
- 2.6. The Contractor shall monitor implementation of work plans to ensure hospitals are achieving progress as described in Subsection 2.5, above.
- 2.7. The Contractor shall ensure the availability of initial and on-going training and resources to staff in subcontracted hospitals to include technical assistance and leadership for a Community of Practice, a group with the goal of gaining knowledge through the process of sharing information and experiences related to addiction care in hospital systems.
- 2.8. The Contractor shall ensure that subcontracted hospitals develop a process to assess consistent identification and care for patients with SUDs across all provider practices in the hospital system, inclusive of emergency services, acute care units and networked outpatient medical practices.
- 2.9. The Contractor shall participate in monthly compliance meetings with the Department.

**3. Reporting**

- 3.1. The Contractor shall submit copies of subcontracts with prospective hospitals, subject to the Department for approval.
- 3.2. The Contractor shall provide quarterly status reports that must include, but are not limited to:
  - 3.2.1. A list of subcontracted hospitals;
  - 3.2.2. A description of progress made in subcontracted hospitals including, but not limited to:
    - 3.2.2.1. Establishment of a Project Coordinator and Implementation Team;
    - 3.2.2.2. Implementation of aspects of work plans defined in Subsection 2.5, above.
    - 3.2.2.3. Assessment of consistency of SUD care across the hospital system;
  - 3.2.3. Training and technical assistance provided by the Contractor;
  - 3.2.4. Barriers to implementation; and
  - 3.2.5. Other progress to date.



**New Hampshire Department of Health and Human Services  
Medication Assisted Services Exhibit A**

- 3.3. The Contractor must submit a final report to the Department within forty-five (45) days of conclusion of the contract that includes, but is not limited to:
  - 3.3.1. List of subcontracted hospitals;
  - 3.3.2. Summary of progress made in subcontracted hospitals including, but not limited to:
    - 3.3.2.1. Implementation of work plan areas defined in Subsection 2.5;
    - 3.3.2.2. Assessment of consistency of SUD care across the hospital system;
    - 3.3.2.3. Training and TA provided by the Contractor;
    - 3.3.2.4. Other progress to date;
    - 3.3.2.5. Barriers to implementation; and
    - 3.3.2.6. Recommendations for future development.
- 3.4. The Contractor shall prepare and submit ad hoc data reports, respond to periodic surveys, and other data collection requests as deemed necessary by the Department and/or Substance Abuse and Mental Health Services Administration (SAMHSA).

**4. Performance Measures**

- 4.1. The Department will measure the Contractor's performance by monitoring the following performance measures:
  - 4.1.1. No less than of eight (8) hospitals working with the Contractor to increase their capacity to consistently identify and treat patients with Substance Use Disorders (SUDs) in all parts of the hospital systems.
  - 4.1.2. Type and quantity of training and technical assistance provided to all sub-contracted hospitals.
  - 4.1.3. The Contractor's effectiveness at implementing and adhering to a continuous quality improvement process in a minimum of four (4) hospitals.
  - 4.1.4. The Contractor's ability to improve staff confidence and competence in discussing SUDs with patients across multiple units of the hospital system.
- 4.2. The Contractor shall collaborate with the Department to enhance contract management, improve results and adjust program delivery and policy based on successful outcomes.



New Hampshire Department of Health and Human Services  
Medication Assisted Services Exhibit A

**5. State Opioid Response (SOR) Grant Standards**

- 5.1. SOR funds will be used solely for purposes of providing training and technical assistance to support hospital efforts to enhance their capacity to identify and address SUDs in their patients at all points of contact within their system.
- 5.2. The Contractor shall provide the Department with a budget narrative within thirty (30) days of the contract effective date.
- 5.3. The Contractor shall meet with the Department within sixty (60) days of the contract effective date to review contract implementation.
- 5.4. The Contractor shall provide the Department with timelines and implementation plans associated with SOR funded activities to ensure services are in place within thirty (30) days of the contract effective date.
- 5.5. The Contractor shall collaborate with the Department to understand and comply with all appropriate Department, State of New Hampshire, Substance Abuse and Mental Health Services Administration SAMHSA, and other Federal terms, conditions, and requirement.
- 5.6. The Contractor shall attest that SOR grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. The Contractor agrees that:
  - 5.6.1. Treatment in this context includes the treatment of opioid use disorder (OUD);
  - 5.6.2. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders;
  - 5.6.3. The marijuana restriction in Paragraph 5.6.2 above applies to all subcontracts and memorandums of understanding (MOU) that receive SOR funding;
  - 5.6.4. Attestations will be provided to the Contractor by the Department; and
  - 5.6.5. The Contractor shall complete and submit all attestations to the Department within thirty (30) days of contract approval.
- 5.7. The Contractor shall refer to Exhibit B, Methods and Conditions Precedent to Payment for grant terms and conditions including, but not limited to:
  - 5.7.1. Invoicing;
  - 5.7.2. Funding restrictions; and
  - 5.7.3. Billing.

Exhibit B-6 Amendment #4

New Hampshire Department of Health and Human Services

Contractor Name: Foundation for Healthy Communities

Budget Request for: Medication Assisted Services

Project Title

Budget Period: 7/1/2021-6/30/2022

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 114,744.00	\$ 17,212.00	\$ 131,956.00	\$ -	\$ -	\$ -	\$ 114,744.00	\$ 17,212.00	\$ 131,956.00
2. Employee Benefits	\$ 33,500.00	\$ 5,025.00	\$ 38,525.00	\$ -	\$ -	\$ -	\$ 33,500.00	\$ 5,025.00	\$ 38,525.00
3. Consultants	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00	\$ -	\$ -	\$ -	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 300.00	\$ 45.00	\$ 345.00	\$ -	\$ -	\$ -	\$ 300.00	\$ 45.00	\$ 345.00
6. Travel	\$ 4,800.00	\$ 720.00	\$ 5,520.00	\$ -	\$ -	\$ -	\$ 4,800.00	\$ 720.00	\$ 5,520.00
7. Occupancy	\$ 3,168.00	\$ 475.00	\$ 3,643.00	\$ -	\$ -	\$ -	\$ 3,168.00	\$ 475.00	\$ 3,643.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 468.00	\$ 70.00	\$ 538.00	\$ -	\$ -	\$ -	\$ 468.00	\$ 70.00	\$ 538.00
Postage	\$ 200.00	\$ 30.00	\$ 230.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 30.00	\$ 230.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00	\$ -	\$ -	\$ -	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,500.00	\$ 375.00	\$ 2,875.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ 375.00	\$ 2,875.00
11. Staff Education and Training	\$ 2,000.00	\$ 300.00	\$ 2,300.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 300.00	\$ 2,300.00
12. Subcontracts/Agreements	\$ 436,497.00	\$ -	\$ 436,497.00	\$ -	\$ -	\$ -	\$ 436,497.00	\$ -	\$ 436,497.00
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other-SOR Training and TA	\$ 25,000.00	\$ 3,750.00	\$ 28,750.00	\$ -	\$ -	\$ -	\$ 25,000.00	\$ 3,750.00	\$ 28,750.00
Other-Printing	\$ 1,935.00	\$ 290.00	\$ 2,225.00	\$ -	\$ -	\$ -	\$ 1,935.00	\$ 290.00	\$ 2,225.00
Other-Computer Output Expense	\$ 2,124.00	\$ 320.00	\$ 2,444.00	\$ -	\$ -	\$ -	\$ 2,124.00	\$ 320.00	\$ 2,444.00
<b>TOTAL</b>	<b>\$ 645,536.00</b>	<b>\$ 31,357.00</b>	<b>\$ 676,893.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 645,536.00</b>	<b>\$ 31,357.00</b>	<b>\$ 676,893.00</b>

Indirect As A Percent of Direct

4.9%

Exhibit B-7 Amendment #4

New Hampshire Department of Health and Human Services

Contractor Name: Foundation for Healthy Communities

Budget Request for: Medication Assisted Services

Project Title

Budget Period: 7/1/2022-6/30/2023

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 118,186.00	\$ 17,728.00	\$ 135,914.00	\$ -	\$ -	\$ -	\$ 118,186.00	\$ 17,728.00	\$ 135,914.00
2. Employee Benefits	\$ 34,505.00	\$ 5,176.00	\$ 39,681.00	\$ -	\$ -	\$ -	\$ 34,505.00	\$ 5,176.00	\$ 39,681.00
3. Consultants	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00	\$ -	\$ -	\$ -	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 310.00	\$ 47.00	\$ 357.00	\$ -	\$ -	\$ -	\$ 310.00	\$ 47.00	\$ 357.00
6. Travel	\$ 4,800.00	\$ 720.00	\$ 5,520.00	\$ -	\$ -	\$ -	\$ 4,800.00	\$ 720.00	\$ 5,520.00
7. Occupancy	\$ 3,263.00	\$ 490.00	\$ 3,753.00	\$ -	\$ -	\$ -	\$ 3,263.00	\$ 490.00	\$ 3,753.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 482.00	\$ 72.00	\$ 554.00	\$ -	\$ -	\$ -	\$ 482.00	\$ 72.00	\$ 554.00
Postage	\$ 200.00	\$ 30.00	\$ 230.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 30.00	\$ 230.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00	\$ -	\$ -	\$ -	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,500.00	\$ 375.00	\$ 2,875.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ 375.00	\$ 2,875.00
11. Staff Education and Training	\$ 2,000.00	\$ 300.00	\$ 2,300.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 300.00	\$ 2,300.00
12. Subcontracts/Agreements	\$ 187,070.00	\$ -	\$ 187,070.00	\$ -	\$ -	\$ -	\$ 187,070.00	\$ -	\$ 187,070.00
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other-SOR Training and TA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other-Printing	\$ 1,993.00	\$ 299.00	\$ 2,292.00	\$ -	\$ -	\$ -	\$ 1,993.00	\$ 299.00	\$ 2,292.00
Other-Computer Output Expense	\$ 2,188.00	\$ 328.00	\$ 2,516.00	\$ -	\$ -	\$ -	\$ 2,188.00	\$ 328.00	\$ 2,516.00
<b>TOTAL</b>	<b>\$ 375,797.00</b>	<b>\$ 28,310.00</b>	<b>\$ 404,107.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 375,797.00</b>	<b>\$ 28,310.00</b>	<b>\$ 404,107.00</b>

Indirect As A Percent of Direct 7.5%

# State of New Hampshire

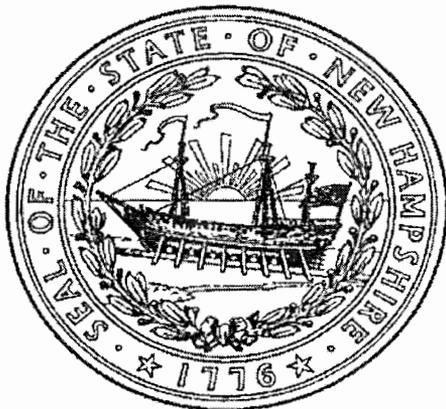
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FOUNDATION FOR HEALTHY COMMUNITIES is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 28, 1968. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **63943**

Certificate Number: **0005372734**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 25th day of May A.D. 2021.

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

William M. Gardner  
Secretary of State



Foundation for  
Healthy Communities

**CERTIFICATE OF VOTE/AUTHORITY**

I, Stephen Ahnen, of the Foundation for Healthy Communities, do hereby certify that:

1. I am the duly elected Secretary/Treasurer of the Foundation for Healthy Communities;
2. The following are true copies of two resolutions duly adopted by action of unanimous consent of the Board of Directors of the Foundation Healthy Communities, duly adopted on October 12, 2017;

RESOLVED: That this corporation, the Foundation for Healthy Communities, enters 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: Peter Ames became the duly appointed Executive Director for the Foundation for Healthy Communities on August 14, 2017.

RESOLVED: That the Executive Director or the Associate Executive Director or the Secretary / Treasurer for the Foundation for Healthy Communities are 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. Peter Ames is the duly appointed Executive Director and Anne Diefendorf is the duly appointed Associate Executive Director and Stephen Ahnen is the duly appointed Secretary/Treasurer of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 24, 2021.

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary/Treasurer of the Foundation for Healthy Communities this 24<sup>th</sup> day of May 2021.



\_\_\_\_\_  
BOARD MEMBER





NEWHAMP-02

TFAGERSON

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/2/2021

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

<b>PRODUCER</b> License # 1780862 <b>HUB International New England</b> 275 US Route 1 Cumberland Foreside, ME 04110	<b>CONTACT NAME:</b> Gabe Reissman <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> gabe.reissman@hubinternational.com														
<b>INSURED</b> New Hampshire Hospital Assoc. The Foundation for Healthy Communities Attn: Linda Levesque 125 Airport Road Concord, NH 03301	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: <b>Hartford Casualty Insurance Company</b></td> <td><b>29424</b></td> </tr> <tr> <td>INSURER B: <b>Twin City Fire Insurance Company</b></td> <td><b>29459</b></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Hartford Casualty Insurance Company</b>	<b>29424</b>	INSURER B: <b>Twin City Fire Insurance Company</b>	<b>29459</b>	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																				
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		08 SBA VW2923	6/22/2021	6/22/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$																				
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																				
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000	X		08 SBA VW2923	6/22/2021	6/22/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$																				
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	08WECIV5293	6/22/2021	6/22/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 10%;">PER STATUTE</th> <th style="width: 10%;">OTHER</th> <th style="width: 15%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>E.L. EACH ACCIDENT</td> <td>\$ 500,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 500,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> </tbody> </table>		PER STATUTE	OTHER						E.L. EACH ACCIDENT	\$ 500,000				E.L. DISEASE - EA EMPLOYEE	\$ 500,000				E.L. DISEASE - POLICY LIMIT	\$ 500,000
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			E.L. DISEASE - POLICY LIMIT	\$ 500,000																							

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

Foundation for Healthy Communities is considered a Named Insured for the above mentioned policies.

## CERTIFICATE HOLDER

## CANCELLATION

State of NH  
 Department of Health & Human Services  
 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



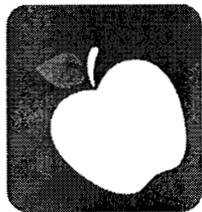
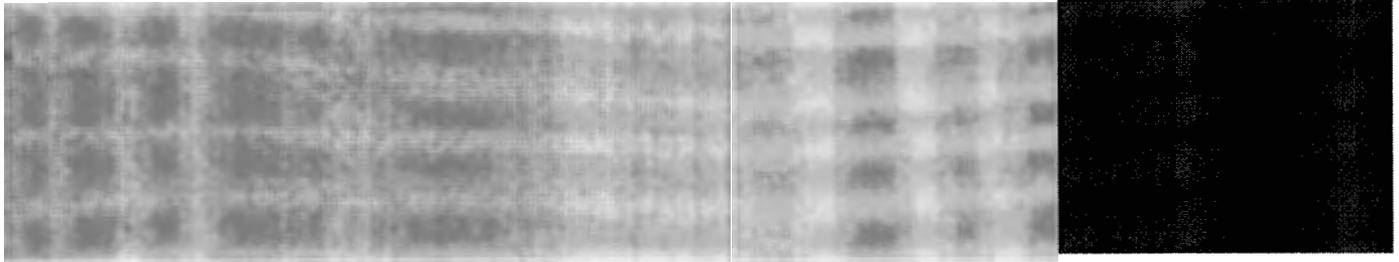
Foundation *for*  
Healthy Communities

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## Foundation for Healthy Communities

### Mission Statement

The mission of the Foundation for Healthy Communities is to build healthier communities for all by leading partnerships, fostering collaboration, and creating innovative solutions to advance health and health care.



Foundation *for*  
Healthy Communities

**FINANCIAL STATEMENTS**

December 31, 2019 and 2018

With Independent Auditor's Report





## INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
Foundation for Healthy Communities

We have audited the accompanying financial statements of Foundation for Healthy Communities (Foundation), which comprise the statements of financial position as of December 31, 2019 and 2018, and the related statements of activities and changes in net assets, 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 U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. 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 Foundation'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 Foundation'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 financial statement presentation.

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 the Foundation as of December 31, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Board of Trustees  
Foundation for Healthy Communities  
Page 2

**Other Matter**

*Changes in Accounting Principles*

As discussed in Note 1, in 2019 the Foundation adopted Financial Accounting Standards Board Accounting Standards Update (FASB ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, FASB ASU No. 2016-01, *Recognition and Measurement of Financial Assets and Liabilities*, and FASB ASU No. 2018-08, *Clarifying the Scope of the Accounting Guidance for Contributions Received and Contributions Made*. Our opinion is not modified with respect to these matters.

*Berry Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
June 18, 2020

**FOUNDATION FOR HEALTHY COMMUNITIES**

**Statements of Financial Position**

**December 31, 2019 and 2018**

**ASSETS**

	<u>2019</u>	<u>2018</u>
Current assets		
Cash and cash equivalents	\$ 593,892	\$ 570,277
Accounts receivable, net	357,452	483,614
Due from affiliate	112,530	113,330
Prepaid expenses	<u>9,610</u>	<u>6,176</u>
Total current assets	<u>1,073,484</u>	<u>1,173,397</u>
Investments	<u>872,550</u>	<u>703,806</u>
Property and equipment		
Leasehold improvements	1,118	1,118
Equipment and furniture	<u>147,427</u>	<u>147,427</u>
Less accumulated depreciation	<u>148,545</u>	<u>148,545</u>
Property and equipment, net	<u>3,147</u>	<u>6,225</u>
Total assets	<u>\$ 1,949,181</u>	<u>\$ 1,883,428</u>

**LIABILITIES AND NET ASSETS**

Current liabilities		
Accounts payable	\$ 142,961	\$ 4,547
Accrued payroll and related amounts	46,185	31,023
Due to affiliate	61,687	47,264
Deferred revenue	<u>8,013</u>	<u>5,446</u>
Total current liabilities and total liabilities	<u>258,846</u>	<u>88,280</u>
Net assets		
Without donor restrictions		
Operating	791,489	700,951
Internally designated	<u>538,496</u>	<u>646,909</u>
Total without donor restrictions	<u>1,329,985</u>	<u>1,347,860</u>
With donor restrictions	<u>360,350</u>	<u>447,288</u>
Total net assets	<u>1,690,335</u>	<u>1,795,148</u>
Total liabilities and net assets	<u>\$ 1,949,181</u>	<u>\$ 1,883,428</u>

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

**FOUNDATION FOR HEALTHY COMMUNITIES**  
**Statement of Activities and Changes in Net Assets**  
**Year Ended December 31, 2019**

	Without Donor Restrictions			With Donor Restrictions	Total
	Operating	Internally Designated	Total		
Revenues					
Foundation support	\$ 443,120	\$ -	\$ 443,120	\$ -	\$ 443,120
Program services	1,504,839	-	1,504,839	-	1,504,839
Seminars, meetings, and workshops	132,670	-	132,670	-	132,670
Interest and dividend income	23,052	-	23,052	-	23,052
Net realized and unrealized gain on investments	178,765	-	178,765	-	178,765
Gifts and donations	853	-	853	-	853
Grant support	-	-	-	511,776	511,776
Net assets released from restrictions	556,044	42,670	598,714	(598,714)	-
Net assets released from internally designated	<u>151,083</u>	<u>(151,083)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total revenues	<u>2,990,426</u>	<u>(108,413)</u>	<u>2,882,013</u>	<u>(86,938)</u>	<u>2,795,075</u>
Expenses					
Salaries and related taxes	1,357,584	-	1,357,584	-	1,357,584
Other operating	128,316	-	128,316	-	128,316
Program services	1,222,755	-	1,222,755	-	1,222,755
Seminars, meetings, and workshops	191,284	-	191,284	-	191,284
Depreciation	3,078	-	3,078	-	3,078
Recovery for bad debts	<u>(3,129)</u>	<u>-</u>	<u>(3,129)</u>	<u>-</u>	<u>(3,129)</u>
Total expenses	<u>2,899,888</u>	<u>-</u>	<u>2,899,888</u>	<u>-</u>	<u>2,899,888</u>
Change in net assets from operations and total change in net assets	90,538	(108,413)	(17,875)	(86,938)	(104,813)
Net assets, beginning of year	<u>700,951</u>	<u>646,909</u>	<u>1,347,860</u>	<u>447,288</u>	<u>1,795,148</u>
Net assets, end of year	<u>\$ 791,489</u>	<u>\$ 538,496</u>	<u>\$ 1,329,985</u>	<u>\$ 360,350</u>	<u>\$ 1,690,335</u>

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

**FOUNDATION FOR HEALTHY COMMUNITIES**

**Statement of Activities and Changes in Net Assets**

**Year Ended December 31, 2018**

	Without Donor Restrictions			With Donor Restrictions	Total
	Operating	Internally Designated	Total		
<b>Revenues</b>					
Foundation support	\$ 423,121	\$ -	\$ 423,121	\$ -	\$ 423,121
Program services	2,118,773	-	2,118,773	-	2,118,773
Seminars, meetings, and workshops	197,328	-	197,328	-	197,328
Interest and dividend income	19,309	-	19,309	-	19,309
Gifts and donations	1,027	-	1,027	-	1,027
Grant support	-	-	-	720,629	720,629
Net assets released from restrictions	570,013	179,476	749,489	(749,489)	-
Net assets released from internally designated	<u>80,394</u>	<u>(80,394)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total revenues	<u>3,409,965</u>	<u>99,082</u>	<u>3,509,047</u>	<u>(28,860)</u>	<u>3,480,187</u>
<b>Expenses</b>					
Salaries and related taxes	1,294,082	-	1,294,082	-	1,294,082
Other operating	133,447	-	133,447	-	133,447
Program services	1,832,702	-	1,832,702	-	1,832,702
Seminars, meetings, and workshops	214,639	-	214,639	-	214,639
Depreciation	3,078	-	3,078	-	3,078
Provision for bad debts	<u>3,526</u>	<u>-</u>	<u>3,526</u>	<u>-</u>	<u>3,526</u>
Total expenses	<u>3,481,474</u>	<u>-</u>	<u>3,481,474</u>	<u>-</u>	<u>3,481,474</u>
Change in net assets from operations	(71,509)	99,082	27,573	(28,860)	(1,287)
Net realized and unrealized loss on investments	<u>(65,963)</u>	<u>-</u>	<u>(65,963)</u>	<u>-</u>	<u>(65,963)</u>
Total change in net assets	(137,472)	99,082	(38,390)	(28,860)	(67,250)
Net assets, beginning of year	<u>838,423</u>	<u>547,827</u>	<u>1,386,250</u>	<u>476,148</u>	<u>1,862,398</u>
Net assets, end of year	<u>\$ 700,951</u>	<u>\$ 646,909</u>	<u>\$ 1,347,860</u>	<u>\$ 447,288</u>	<u>\$ 1,795,148</u>

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

**FOUNDATION FOR HEALTHY COMMUNITIES**

**Statements of Cash Flows**

**Years Ended December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities		
Change in net assets	\$ (104,813)	\$ (67,250)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	3,078	3,078
Net realized and unrealized (gain) loss on investments	(178,765)	65,963
(Recovery) provision for bad debts	(3,129)	3,526
(Increase) decrease in		
Accounts receivable	129,291	137,271
Prepaid expenses	(3,434)	(185)
Increase (decrease) in		
Accounts payable	138,414	(404,771)
Accrued payroll and related amounts	15,162	(8,287)
Due to/from affiliates	15,223	(5,116)
Deferred revenue	<u>2,567</u>	<u>203</u>
Net cash provided (used) by operating activities	<u>13,594</u>	<u>(275,568)</u>
Cash flows from investing activities		
Purchases of investments	-	(10,548)
Proceeds from sale of investments	<u>10,021</u>	<u>10,451</u>
Net cash provided (used) by investing activities	<u>10,021</u>	<u>(97)</u>
Net increase (decrease) in cash and cash equivalents	23,615	(275,665)
Cash and cash equivalents, beginning of year	<u>570,277</u>	<u>845,942</u>
Cash and cash equivalents, end of year	<u>\$ 593,892</u>	<u>\$ 570,277</u>

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

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2019 and 2018

#### Organization

Foundation for Healthy Communities (Foundation) was organized to conduct various activities relating to healthcare delivery process improvement, health policy, and the creation of healthy communities. The Foundation is controlled by New Hampshire Hospital Association (Association) whose purpose is to assist its members in improving the health status of the people receiving healthcare in New Hampshire.

#### 1. Summary of Significant Accounting Policies

##### Recently Issued Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), which identifies a five step core principle guide for organizations to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the organization expects to be entitled in exchange for those goods or services. This ASU and related guidance were adopted by the Foundation for the year ended December 31, 2019. Adoption of this ASU did not have a material impact on the Foundation's financial reporting.

The Foundation also adopted FASB ASU No. 2016-01, *Financial Instruments - Overall: Recognition and Measurement of Financial Assets and Financial Liabilities*, during the year ended December 31, 2019. The ASU was issued to enhance the reporting model for financial instruments to provide users of financial statements with more decision-useful information. This ASU changes how entities account for equity investments that do not result in consolidation and are not accounted for under the equity method of accounting. The accompanying financial statements reflect the adoption of this ASU.

In July 2018, FASB issued ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, to clarify and improve the accounting guidance for contributions received and contributions made. The amendments in this ASU assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*, or as exchange (reciprocal) transactions subject to other accounting guidance, and (2) distinguishing between conditional contributions and unconditional contributions. This ASU was adopted by the Foundation for the year ended December 31, 2019. Adoption of the ASU did not have a material impact on the Foundation's financial reporting.

##### Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) 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 financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2019 and 2018

#### **Basis of Presentation**

Net assets and revenues, expenses, gains, and losses are classified as follows based on existence or absence of donor-imposed restrictions.

**Net assets without donor restrictions:** Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Foundation. These net assets may be used at the discretion of the Foundation's management and the Board of Trustees.

**Net assets with donor restrictions:** Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Foundation or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities and changes in net assets. At December 31, 2019 and 2018, the Foundation did not have any funds to be maintained in perpetuity.

#### **Cash and Cash Equivalents**

For purposes of reporting in the statements of cash flows, the Foundation considers all bank deposits with an original maturity of three months or less to be cash equivalents.

#### **Accounts Receivable**

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. Management believes all accounts receivable are collectible. Credit is extended without collateral.

#### **Investments**

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the statements of financial position. Interest and dividends are included in the changes in net assets from operations.

Investments, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of financial position.

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2019 and 2018

#### **Property and Equipment**

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful lives of each class of depreciable asset and is computed using the straight-line method.

#### **Employee Fringe Benefits**

The Foundation has an "earned time" plan under which each employee earns paid leave for each period worked. These hours of paid leave may be used for vacation or illnesses. Hours earned but not used are vested with the employee and may not exceed 30 days at year-end. The Foundation accrues a liability for such paid leave as it is earned.

#### **Grants and Contributions**

Grants awarded and contributions received in advance of expenditures are reported as support for net assets with donor restrictions if they are received with stipulations that limit the use of the grants or contributions. When a grant or contribution restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities and changes in net assets as "net assets released from restrictions". If there are unused grant funds at the time the grant restrictions expire, management seeks authorization from the grantor to retain the unused grant funds to be used for other unspecified projects. If the Foundation receives authorization from the grantor, then the Board of Trustees or management internally designates the use of those funds for future projects. These amounts are released from net assets with donor restrictions to internally designated net assets without donor restrictions and reported in the statement of activities and changes in net assets as "net assets released from restrictions".

Grant funds conditional upon submission of documentation of qualifying expenditures or matching requirements are deemed to be earned and reported as revenues when the Foundation has met the grant conditions.

The amount of such funds the Foundation will ultimately receive depends on the actual scope of each program, as well as the availability of funds. The ultimate disposition of grant funds is subject to audit by the awarding agencies.

Grant funds awarded of which conditions have been met in the year of award are reported in the consolidated statement of activities and change in net assets included in program services.

Contributions of long-lived assets are reported as support for net assets without donor restrictions unless donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long these long-lived assets must be maintained, the Foundation reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2019 and 2018

#### **Change in Net Assets from Operations**

The statement of activities and changes in net assets include a measure of change in net assets from operations. In 2019, the Foundation adopted FASB ASU No. 2016-01; as a result, net realized and unrealized gain are included in operations. At December 31, 2018, net realized and unrealized gains are included in operations. At December 31, 2018, net realized and unrealized losses were excluded from change in net assets from operations.

#### **Income Taxes**

The Foundation 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.

#### **Subsequent Events**

For purposes of the preparation of these financial statements in conformity with U.S. GAAP, the Foundation has considered transactions or events occurring through June 18, 2020, which was the date that the financial statements were available to be issued.

#### **2. Availability and Liquidity of Financial Assets**

The Foundation regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize the investment of its available funds.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Foundation considers all expenditures related to its ongoing activities and general and administration, as well as the conduct of services undertaken to support those activities to be general expenditures.

In addition to financial assets available to meet general expenditures over the next 12 months, the Foundation operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

As of December 31, 2019, the Organization has working capital of \$814,638 and average days (based on normal expenditures) cash on hand of 185 which includes cash and cash equivalents, and investments.

**FOUNDATION FOR HEALTHY COMMUNITIES**

**Notes to Financial Statements**

**December 31, 2019 and 2018**

The following financial assets could readily be available within one year of the statements of financial position date to meet general expenditure at December 31:

	<u>2019</u>	<u>2018</u>
Financial assets		
Cash and cash equivalents	\$ 593,892	\$ 570,277
Accounts receivable, net	357,452	483,614
Due from affiliate	112,530	113,330
Investments	<u>872,550</u>	<u>703,806</u>
Total financial assets	1,936,424	1,871,027
Donor-imposed restrictions		
Restricted funds	<u>(360,350)</u>	<u>(447,288)</u>
Financial assets available at year end for current use	<u>\$ 1,576,074</u>	<u>\$ 1,423,739</u>

At December 31, 2019 and 2018, internally designated net assets represent unused grant funds to be used for other unspecified projects by management over the next 12 months. The internally designated net assets are included in cash and cash equivalents and accounts receivable, net.

**3. Investments**

The composition of investments as of December 31 is set forth in the following table. Investments are stated at fair value.

	<u>2019</u>	<u>2018</u>
Marketable equity securities	\$ 228,985	\$ 216,722
Mutual funds	<u>643,565</u>	<u>487,084</u>
	<u>\$ 872,550</u>	<u>\$ 703,806</u>

**4. Net Assets with Donor Restrictions**

Net assets with donor restrictions of \$360,350 and \$447,288 consisted of specific grant programs as of December 31, 2019 and 2018, respectively. The grant programs relate to improvements to access and the delivery of healthcare services.

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2019 and 2018

#### 5. Conditional Promise to Give

During 2016, the Foundation was awarded a grant from the State of New Hampshire in an amount not to exceed \$1,800,000 to facilitate the expansion of New Hampshire's addiction identification and overdose prevention activities. Since the original award, the State of New Hampshire has amended the award amount increasing the grant to an amount not to exceed \$4,575,824 as of December 31, 2019. Receipt of the grant and recognition of the related revenue is conditional upon incurring qualifying expenditures. For the years ended December 31, 2019 and 2018, the Foundation recognized program and grant support related to this award in the amount of \$552,082 and \$941,414, respectively.

#### 6. Related Party Transactions

The Foundation leases space from the Association. Rental expense under this lease for the years ended December 31, 2019 and 2018 was \$40,331 and \$48,909, respectively.

The Association provides various accounting, public relation and janitorial services to the Foundation. The amount expensed for these services in 2019 and 2018 was \$160,362 and \$155,552, respectively. In addition, the Association bills the Foundation for its allocation of shared costs. As of December 31, 2019 and 2018, the Foundation owed the Association \$61,687 and \$47,264, respectively, for services and products provided by the Association.

The Association owed the Foundation \$112,530 and \$113,330 as of December 31, 2019 and 2018, respectively, for support allocated to the Foundation. For the years ended December 31, 2019 and 2018, the Foundation received support from the Association in the amount of \$443,120 and \$423,121, respectively.

#### 7. Retirement Plan

The Foundation participates in the Association's 401(k) profit-sharing plan, which covers substantially all employees and allows for employee contributions of up to the maximum allowed under Internal Revenue Service regulations. Employer contributions are discretionary and are determined annually by the Foundation. Retirement plan expense for 2019 and 2018 was \$45,109 and \$43,219, respectively.

#### 8. Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses allocated to general and administration include salaries and related taxes, allocated based on the estimated time to be utilized on programs and insurance and depreciation, allocated using bases estimating the proportional allocation of total building square footage.

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2019 and 2018

Expenses related to services provided for the public interest are as follows:

	<u>2019</u>	<u>2018</u>
Program services		
Salaries and related taxes	\$ 1,172,432	\$ 1,130,347
Office supplies and other	157,187	269,153
Occupancy	32,053	36,104
Subrecipients	491,629	870,820
Subcontractors	606,778	718,048
Seminars, meetings and workshops	222,646	246,791
Insurance	3,415	3,011
Depreciation	<u>2,463</u>	<u>2,462</u>
Total program services	<u>2,688,603</u>	<u>3,276,736</u>
General and administrative		
Salaries and related taxes	185,152	163,735
Office supplies and other	849	3,826
Occupancy	25,520	31,028
(Recovery) provision for bad debts	(3,129)	3,526
Insurance	2,277	2,007
Depreciation	<u>616</u>	<u>616</u>
Total general and administrative	<u>211,285</u>	<u>204,738</u>
	<u>\$ 2,899,888</u>	<u>\$ 3,481,474</u>

#### 9. Concentrations of Credit Risk

From time-to-time, the Foundation's total cash deposits exceed the federally insured limit. The Foundation has not incurred any losses and does not expect any in the future.

#### 10. Fair Value Measurement

FASB ASC Topic 820, *Fair Value Measurement*, defines fair value, establishes a framework for measuring fair value in accordance with U.S. GAAP, and expands disclosures about fair value measurements.

FASB ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2019 and 2018

The standard describes three levels of inputs that may be used to measure fair value:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The Foundation's investments are measured at fair value on a recurring basis and are considered Level 1.

#### 11. Uncertainty

Subsequent to December 31, 2019, local, U.S., and world governments have encouraged self-isolation to curtail the spread of the global pandemic, coronavirus disease (COVID-19), by mandating the temporary shut-down of business in many sectors and imposing limitations on travel and the size and duration of group meetings. Most sectors are experiencing disruption to business operations and may feel further impacts related to delayed government reimbursement, volatility in investment returns, and reduced philanthropic support. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them. Accordingly, while management cannot quantify the financial and other impacts to the Foundation as of June 18, 2020, management believes that a material impact on the Foundation's financial position and results of future operations is reasonably possible.

The Foundation has entered into a five year cooperative agreement with the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR) to provide disbursement support, based on an allocation methodology using hospital types of specialty hospitals, critical access hospitals and prospective payment system hospitals and tertiary hospital. The ASPR funds will be passed through to the Association and are to be used in supporting hospitals related to their response to COVID-19 in our state. Allocations range based on the type of hospital. A total of 25 Association member hospitals have accepted the allocations as subrecipients.



## BOARD OF DIRECTORS 2021

Jay Couture, <b>Chair</b>	President and CEO, Seacoast Mental Health Center
Sue Mooney, MD, <b>Vice Chair</b>	President and CEO, Alice Peck Day Memorial Hospital
Stephen Ahnen, <b>Secretary / Treasurer</b>	President, NH Hospital Association
Peter Ames, <i>ex officio</i>	Executive Director, Foundation for Healthy Communities
Kris Hering, RN, <b>Immediate Past Chair</b>	Chief Nursing Officer, Speare Memorial Hospital
George Blike, MD	Chief Quality and Value Officer, Dartmouth-Hitchcock
Scott Colby	President, Upper Connecticut Valley Hospital
Deb Broadhead, RN	Director, Healthcare Management, Anthem
Lauren Collins-Cline	Director of Communications, Catholic Medical Center
Jocelyn Caple, MD	CMO, Interim CEO, Valley Regional Hospital
James Culhane	President and CEO, Lake Sunapee Visiting Nurses Association
Mike Decelle	Dean, UNH Manchester
Sally Kraft, MD	Vice President of Population Health, Dartmouth-Hitchcock Health
Betsey Rhynhart	Vice President, Population Health, Concord Hospital
Jeremy Roberge, CPA	President and CEO, Huggins Hospital
Jeff Scionti	President and CEO, Parkland Medical Center
Ed Shanshala	CEO, Ammonoosuc Community Health Services
Helen Taft	Former Executive Director, Families First
Susan Walsh	Strategic Business Lead, NH, Harvard Pilgrim Health Care
Andrew Watt, MD	CIO, Southern New Hampshire Medical Center

## DANIEL L. ANDRUS

### Professional Experience

March 2020-Present	<b>Director of Substance Use Disorder Treatment Projects</b> <b>Foundation for Healthy Communities</b> <b>Concord, New Hampshire</b> Oversee grant funded initiatives to improve the capability of the health care system to provide care for patients with substance use disorder
June 2008-March 2020	<b>Fire Chief and Emergency Management Coordinator</b> <b>City of Concord, New Hampshire</b> Oversaw a department of 100 employees and a \$14.2 million budget providing fire protection and emergency medical services to a capital city of approximately 43,000 residents
June 1979-June 2008	<b>Salt Lake City Fire Department</b> <b>Salt Lake City, Utah</b>
June 1979-June 1985	Firefighter/Emergency Medical Technician
June 1985-May 1987	Firefighter/Paramedic
June 1987-July 1991	Fire Lieutenant
July 1991-October 1994	Public Information Officer
October 1994-September 1996	Station Captain
September 1996-March 1998	Division Chief for Communications and Emergency Management
March 1998-September 2003	Fire Marshal
September 2003-July 2007	Battalion Chief
August 2007-June 2008	Deputy Chief of Administration

### Education

Master of Science, Economics, University of Utah  
Master of Public Administration, University of Utah  
Bachelor of Science, Fire Service Administration, Western Oregon State College  
Bachelor of Science, Management, University of Utah  
Graduate, Executive Fire Officer Program, National Fire Academy  
Graduate, Graduate Certificate Program in Conflict Resolution, University of Utah

## **Professional and Community Service Highlights**

### Current

Member, Board of Trustees, Concord Regional Visiting Nurse Association, 2017-Present  
Member, New Hampshire Public Health Association, March 2014-Present  
Member, New Hampshire Technical Institute Paramedic Program Advisory Board, 2012-Present

### Past

Member, Concord Rotary Club, March 2010-June 2020  
Member, Public Health Advisory Committee Executive Committee, Granite United Way, January 2014-December 2019  
Member, Fire Control Board, State of New Hampshire, 2010-2019 (Chair 2018-2019)  
Member, Capital Area Public Health Network, June 2008-December 2019  
Member, Board of Directors, Capital Area Mutual Aid Fire Compact, June 2008-December 2019  
Member, Lakes Region Community College Fire Science Program Advisory Board, 2012-2019  
Member, Northern New England Metropolitan Medical Response Steering Committee, 2011-2017  
Paramedic, New Hampshire Medical Task Force 1, 2011-2017  
Member, Concord Plan to End Homelessness Steering Group, 2013-2014  
Member, Board of Directors, Concord Coalition to End Homelessness, June 2011-2016 (Secretary 2013-2016)  
Member, Greater Concord Task Force Against Racism and Intolerance, 2008-2016  
Treasurer, Capital Area Mutual Aid Fire Compact, January 2009-January 2014  
President, Board of Governors, Community Health Centers, Incorporated, Salt Lake City, Utah, 2006-2008  
Secretary, National Fire Protection Association Technical Committee on Single and Multiple Station Alarms and Household Fire Warning Equipment, 1991-2008  
Volunteer Mediator, Third District Juvenile Court, Salt Lake City School District, Third District Court, Utah Anti-Discrimination Division, 2004-2008  
Chair, Salt Lake City Local Emergency Planning Committee, 1999-2008 (member since 1992)  
Member, Salt Lake City Metropolitan Medical Response System Steering Committee, 2003-2008  
Board Member, Utah Council for Conflict Resolution, 2005-2007  
Chair, Workplace Section, Utah Council on Conflict Resolution, 2005-2007  
President, Fire Marshals Association of Utah, 2001

President, Utah Chapter, American Society for Public Administration, 1994

**Professional Affiliations**

New Hampshire Public Health Association

**Honors and Awards**

Judge Memorial Catholic High School Alumnus Distinguished Service Award,  
2001

Granite United Way, Advocate Award, 2017

## TANYA LORD PhD, MPH

### EDUCATION:

#### **2011 PhD Clinical and Population Health Research**

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, Worcester, MA

#### **Dissertation:**

Early Detection and Treatment of Acute Clinical Decline: An Observational Study of ICU Transfers, Effectiveness, and Process Evaluation of a Rapid Response System.

Designed, implemented and evaluated a Rapid Response System at two acute care hospitals at the University of Massachusetts Memorial Medical Center.

#### **2006 Masters of Public Health, Health Management and Policy**

UNIVERSITY OF NEW HAMPSHIRE, Manchester, NH

#### **1988 B.S., Special Education**

BOSTON UNIVERSITY, Boston, MA

#### **2018, Certification Human Centered Designed**

LUMA INSTITUTE, Pittsburgh, PA

#### **2010 Lean Six Sigma Training (Green Belt)**

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, Worcester, MA

### PROFESSIONAL EXPERIENCE:

#### **2012-Present**

##### **Director, Patient and Family Engagement**

FOUNDATION FOR HEALTHY COMMUNITIES, Concord, NH

Direct Patient and Family Engagement initiatives statewide

Provide direct technical assistance to all New Hampshire Healthcare Systems

Develop statewide Patient and Family Engagement Trainings and online learning

Obtained and lead grant from the Foundation for Opioid Response Effort

Grant writing

Develop and lead Experience Co-Design Cycles: Strategy to involve all stakeholders process improvement

Present at state and national conferences

#### **2019 to Present**

##### **Director, Quality Improvement**

PEER SUPPORT COMMUNITY PARTNERS

Provide leadership in Participant Led Design strategies

Provide technical assistance for Peer Grief Helpers

Program design, implementation, and evaluation

#### **2018 to Present**

##### **Consultant, Research and Human Centered Design Lead**

ATW HEALTHCARE SOLUTIONS, Chicago IL

Provide leadership in using Human Centered Design strategies to engage all stakeholders in improvement

Patient Family Engagement Research

Patient Family Engagement and Safety trainings and workshops

#### **2018-Present**

##### **PEI QI: Health Care Disparities Faculty and Clinical Learning Environment Review Evaluation Committee**

ACCREDITATION COUNCIL for GRADUATE MEDICAL EDUCATION, Chicago, IL

**2013-2018**

**Patient/Family Engagement Subject Matter Expert**

AHA, HOSPITAL RESEARCH AND EDUCATIONAL TRUST Chicago, IL

Patient and Family Engagement Subject Matter Expert

Coach State Hospital Associations to promote and implement Patient and Family Engagement initiatives, within the Partnership for Patient grant hospitals, through in person workshops, keynotes, webinar and coaching

Authored HPOE/AHA Guide: Partnering to improve quality and safety: A framework for working with patient and family advisors.

Developed and implemented a Patient and Family Engagement Fellowship focused on using PFE strategies to improve Healthcare Associated Conditions

Developed and Implemented a Patient Advisor Program for the 2014 Quality & Patient Safety Roadmap and Health Forum and AHA Leadership Summit

**2014-2018**

**Patient Family Engagement and Safety Research Consultant**

CONSUMERS ADVANCING PATIENT SAFETY Chicago, IL

Consult on multiple federally funded programs including TCPI and Partnership for Patients designing educational materials, developing metrics and research.

**2012-Present**

**Cofounder and Creative Director**

THE GRIEF TOOLBOX, Nashua, NH

Develop and distribute grief education and support materials

Manage and create assets for Facebook, website and product development

Produce and edit grief educational videos

Manage variety of vendors, outside resources, web-design team

**2013-2016**

**Patient Safety Consultant**

MASS COALITION FOR THE PREVENTION OF MEDICAL ERRORS, Woburn, MA (2013-Present)

Developed educational materials for primary care practices with the PROMISES program, an AHRQ funded grant to reduce medical errors in ambulatory clinics. In collaboration with the Massachusetts Department of Public Health, Institute for Healthcare Improvement, Brigham and Women's Hospital

Developed resident and family educational materials regarding antibiotic resistance and the testing and treatment of Urinary Tract Infections in long term healthcare settings

**2012-2013**

**Patient Safety Consultant**

TUFTS MEDICAL CENTER, Boston, MA (2012-2013)

Facilitate Civility and Respect in the Workplace (CREW) groups for staff

Work with the Director of Quality and Patient Safety on grant writing, and improvement projects

**2014-2018**

**Adjunct Faculty**

SOUTHERN NEW HAMPSHIRE UNIVERSITY Manchester, NH (2014-Present)

Teach Quality Management in Healthcare

Subject Matter Expert

Course designer

**2010-2018**

**IHI Faculty**

INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI), Boston, MA

**2011-2012**

**Post-Doctoral Research Fellowship**

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, Worcester, MA

Research Topics include:

- Timing of antibiotic delivery in premature infants
- Sepsis treatment protocols in the Emergency Room and the Medical Surgical Floor
- Transitions of Care: Development of patient educational materials
- Writing, production of training DVD including patients and families
- Staff member of Patient Advisory Committee and Pediatric Parent Advisory Committee.

**2008-2011**

**Graduate Research Assistant**

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, Worcester, MA

- Created training materials and a literature review for implementation of a Mammography Reminder System.
- Reviewed and analyzed data regarding Sepsis admissions to general medical floors as part of Sepsis research project.
- Systematic Review on the Effectiveness of Rapid Response Systems
- Participated in the designed, implemented and evaluation of a Rapid Response System in two UMass hospitals.

**2007-2011**

**Radiology Research Assistant**

UNIVERSITY OF MASSACHUSETTS MEMORIAL MEDICAL CENTER, Worcester, MA

- Designed a study to determine how often incidental findings occur and how radiologists communicate those findings to primary care physicians.
- Reviewed all imaging studies including X-rays, CT scans, and physician notes to identify terms that would indicate incidental findings.
- Cross-referenced data with medical records to suggest possible follow-up care.
- Forwarded detailed report of findings, results, and opinions for 100 cases to medical center management.

**2007-2011**

**Grant Writer / Research Assistant**

THE MYERS INSTITUTE, Worcester, MA (2007)

- Assisted in writing a funded grant regarding probabilistic risk assessment involving outpatient adverse events.

**2006**

**Field Study**

SOUTHERN NEW HAMPSHIRE MEDICAL CENTER, Nashua, NH

- Designed and implemented a medical records review to evaluate form usage for response to critical lab results.
- Collaborated in development of an educational plan implemented system wide regarding the 2007 National Patient Safety goals.

**2005-2006**

**Intern**

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES,  
Concord, NH

- Designed and conducted a survey and record review at 25 New Hampshire hospitals involving standard of care for pregnant women during labor and delivery when HIV status is unknown.
- Prepared and presented findings of research results at partner and stakeholder meetings.

**RESEARCH**

**FUNDING:**

**2020** Foundation for Opioid Response Efforts, NY  
Using Experienced Based Co-Design methods to improve treatment for inpatients with a Substance Use Diagnosis in rural hospitals.

**2019** New Hampshire Charitable Foundation, NH  
Using Human Centered Design and Experience Based Co-Design strategies to determine the healthcare needs for pregnant women with a substance use disorder

**2018** Endowment for Health, NH  
Exploring the engagement needs across the healthcare continuum  
Develop and disseminate an online learning tool to develop engagement skills in staff and patients

**2009** Agency of Healthcare Quality Research  
Dissertation Grant

**TEACHING**

**EXPERIENCE:**

**2015-Present**

**Annual Guest Lecturer**  
The Dartmouth Institute  
Hanover, NH

**2015 – Present**

**Annual Guest Lecturer**  
Northwestern University Chicago, IL

**2014**

**Guest Lecturer**  
Tufts School of Medicine, Public Health Program

**2009-Present**

**Annual Guest Lecturer**  
University of Massachusetts Medical School

**PUBLICATIONS:**

Health Research & Educational Trust. Partnering to improve quality and safety: A framework for working with patient and family advisors. March 2015 Available at: [www.hpoe.org/pfaengagement](http://www.hpoe.org/pfaengagement)

Johnson, J, Haskell, H, Barach P, Case Studies in Patient Safety: Foundations for Core Competencies. 143-152.

Lord, T., Noah's Story: Please Listen; Patient Safety and Quality in Healthcare, April/May (2012)

**SELECTED**

**PRESENTATIONS:**

2019 ACGME, Teaching Cultural Humility to Residents

2019 Dallas Fort Worth Foundation, Leveraging the Lived Experience

2018 TIPQC Nashville, TN

2018 IDN Region 1 Patient Safety Conference

2017 Navigating the Intersection of PFE, Equity and Population Health, NHPHA Equity Symposium

2016-2018 Engaging Patients and Families, Citizens Health Initiative Annual Symposium, Concord NH

2017 Engaging Patients and Families to Improve Quality, Texas Hospital Association, West Virginia Hospital Association

2016 Including Patient Family Advisors in Critical Event Analysis, HIROC, Toronto, Canada

2016 Including Patient Family Advisors in Root Cause Analysis, Northern New England Risk Managers Association  
2016 Partnering for Safety North Carolina Quality Center, Keynote, PFE Symposium, Raleigh, NC  
2016 Schwartz Compassion Rounds Concord Hospital, Concord, NH  
2016 Including Patient and Family Advisors in Root Cause Analysis ASHRM, Indianapolis, IN  
2016 Engaging Patients and Families in the Primary Care Setting, Planetree Conference, Boston, MA  
2016 Co-Design, Institute for Healthcare Improvement National Forum, Orlando, FL  
2015 Patient Safety: Risk, Reliability and Resilience, The Dartmouth Institute, Hanover, NH  
2015 Learning From Your Patients to Improve Patient Safety, Beryl Institute Conference,  
2015 Engaging Patients Following an Adverse Event Wentworth Hospital, NH  
2014 Patients and Families making an Impact, Institute for Healthcare Improvement Forum  
2014 The Other Side of the Bedrail: Learning from Patient Stories, National Patient Safety Foundation  
2014 Accelerating Improvement to Eliminate Patient Harm, American Hospital Association  
2014 Noah's Story: Please Listen, Maine Hospital Association, Rockport, ME  
2014 Voice of the Patient: Developing and Enhancing your Patient Engagement Programs, New York State  
2014 Partnership for Patients, Syracuse and New York City  
2014 Schwartz Rounds, Lakes Region General Hospital, Laconia, NH  
2014 Partnering for Safety, Valley Regional Hospital, Claremont NH  
2014 Partnering for Safety, Portsmouth Hospital, Portsmouth, NH  
2014 Partnering for Safety, Monadnock Hospital, Monadnock, NH  
2014 Partnering for Safety, Exeter Hospital, Exeter, NH  
2014 What it Means to be a Patient/Family Advisor, St Joseph's Hospital, Nashua, NH  
2014 Partnering for Safety, Southern New Hampshire Medical Center, Nashua, NH.  
2014 Partnering for Safety, The Elliott Hospital, Manchester, NH.  
2014 HRET HEN Partnership for Patient NH kickoff. Concord, NH  
2014 Partnering for Safety Catholic Medical Center Patient Safety Symposium, Manchester, NH  
2013 Noah's Story: Are you Listening, Institute for Healthcare Improvement Open School Lesson  
2013 The Second Victim, ARIA Healthcare, Philadelphia, PA  
2013 Key Note speaker, Huntsville Hospital Patient Safety Symposium  
2012 Webinar "Noah's Story: Please Listen" QuantiaMD  
2012 Webinar "Noah's Story: Please Listen" Emergency Medicine Patient Safety Foundation  
2010 Poster on Rapid Response System, AcademyHealth Conference  
2010 Poster and Presentation, National Patient Safety Foundation Conference  
2008 Poster presenter, American Public Health Association Annual Conference

**AREAS OF  
EXPERTISE:**

Lean Improvement Theory (Green Belt)	Science of Improvement	Patient Family Engagement
Experience Based Co-Design	Grant Writing	Rapid Response Systems
Human Centered Design	Patient Safety Research	Data Collection/Analysis

## Carrie C. McFadden

Concord, NH 03301  
W(603) 225-0900

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### PROFESSIONAL EXPERIENCE

**Foundation for Healthy Communities**, 125 Airport Road, Concord, NH 03301

*Project Coordinator*

**May 2020-Present**

- Responsible for supporting the development and implementation of the Foundation for Healthy Communities project, *Improving Hospital Inpatient Management of Opioid Use Disorders in Rural Communities*. The project seeks to advance rural hospital inpatient and discharge management of patients with opioid use disorders creating a patient- and family-centered continuum of care.

**NH Training Institute on Addictive Disorders**, 130 Pembroke Road, Concord, NH 03301

*Training Director*

**November 2015-March 2020**

- Developed, coordinated and supported multiple workforce development training initiatives based on contract specific priorities. Oversaw registration platform, continuing education requirements, onsite coordination for events and event wrap-up.

**Maine Center for Disease Control**, 91 Camden St., Rockland, ME 04841

*Public Health District Liaison*

**September '13 – November 2015**

- Liaison for the Midcoast District covering Sagadahoc, Lincoln, Knox and Waldo counties. Oversaw public health unit located in Rockland including infectious disease epidemiology, public health nursing, health and water inspection. Served as the connecting point for the public and funded Healthy Maine Partnerships with the Maine CDC. Served on the Midcoast District Coordinating Council and oversaw the meeting planning and logistics. Contact for Public Health Emergency Preparedness in the Midcoast District and regularly participated in training and exercises.

**Athenahealth**, 3 Hatley Road, Belfast, ME 04949

*Enrollment Analyst*

**December '12 – September '13**

- Supported small physician group credentialing with payers nationwide. Researched, analyzed and implemented credentialing and contracting for physician groups and individual providers. Worked collaboratively with enrollment team members in information gathering, teaching and improving work processes.

**New England Institute of Addiction Studies**, 6 East Chestnut Street, Augusta, ME 04332

*Assistant Coordinator for Summer Programs*

**March '07 – December 2012**

- Supported multiple professional training and development events; the largest serving approximately 600 participants. Developed and implemented programs regionally and statewide based on identified workforce development priorities. Collected, analyzed and managed evaluation data for ongoing and continuous program improvement. Developed computer and manual based systems to support programs. Served as a primary contact for customer relations and faculty support. Developed and arranged for continuing education applications. Supervised on-site operations, registration and volunteers

**The Women's Project / PROP**, 510 Cumberland Ave., Portland, ME 04101

*Therapeutic Case Manager*

**October '07 – August '08**

- Offered support/networking for women dealing with an addiction, their own or others. Maintained records and appropriate documentation on clients. Performed an intake on all clients to identify barriers to treatment. Performed monthly check-ins with clients, worked with client's goals. Traveled to client's home.

*Program Coordinator, Fetal Alcohol Spectrum Disorders*

**January '05 – March '07**

- Developed and maintained strong working relationships with all sectors of the FASD continuum of prevention and treatment services. Provided coordination and support to FASD Task Force. Supported program planning and designed strategies to assure fulfillment of project goals. Ensured project activities were coordinated and focused

on project goals and objectives. Managed the development of reports to funding organizations. Participated in project sustainability activities.

**Medical Care Development, Inc.**, 11 Parkwood Drive, Augusta, ME 04333

*Project Director, Performance Improvement*

**November '02 - June '04**

- Developed, implemented and monitored the performance improvement program. Coordinated and developed process, policies and procedures for performance improvement. Coordinated the process of data collection, monitoring, analyzing and reporting of improvement activities. Facilitated the implementation of programmatic changes that result from improvement activities. Developed and coordinated the company Leadership Development Program.

*Project Director, Partnership For A Tobacco-Free Maine Network Initiative*

**January'01-October '02**

- Oversaw statewide partnership efforts in recruitment and networking for 31 Healthy Maine Partnerships. Administered statewide information line that distributed over 3,000 educational materials in addition to 80,000 promotional materials annually. Oversaw web site development and two statewide quarterly newsletters. Developed and coordinated Partnership For A Tobacco-Free Maine's Tobacco Education Clearinghouse. Assisted in creative development of statewide, multi-faceted media/marketing campaigns with marketing firm. Successfully developed and expanded Maine's first statewide anti-tobacco youth advocacy network.

**Sebasticook Valley Hospital**, 99 Grove St., Pittsfield, Maine 04967

**December 1998-2000**

*Quality Improvement Coordinator*

- Coordinated and oversaw hospital wide and medical staff QI program. Organized and maintained QI documentation and provided technical assistance on QI projects and data management techniques. Educated new employees, department managers, QI committee members and Board on QI process. Assisted hospital departments in preparation for state licensing survey. Prepared grant proposals for hospital programs as applicable.

**Office of Policy and Legal Analysis**, Maine State Legislature, Augusta, ME

**December 1996-1998**

*Legislative Analyst*

- Staffed the Joint Standing Committee on Business and Economic Development. Drafted legislation, amendments and legislative reports. Conducted policy research in the areas of business, professional and occupational regulation, economic development, health and human services, judiciary, and criminal justice. Prepared and presented policy and budget information for committee's decision making. Provided technical assistance on budgetary, program evaluation and rules review matters

*Researcher*

**October 1992-1996**

- Provided technical support for committees and study commissions of the Maine Legislature. Drafted, reviewed and summarized legislation.

## **EDUCATION**

**Yale School of Medicine**, Department of Epidemiology and Public Health, New Haven, CT. Master's in Public Health, 1992; concentration in Health Policy and Resources

**Trinity College**, Burlington, VT. Bachelor of Science; double concentration in Biology and Psychology, 1990, *Cum Laude*

## **WORK QUALITIES**

- Excellent communication skills
- Highly organized, task-oriented with excellent time management skills
- Strong interpersonal skills and professional demeanor in relating to diverse groups
- Work well independently with minimal supervision

**CONTRACTOR NAME**Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Daniel L. Andrus	Director, Substance Use Disorder Treatment Project	\$78,409	100	\$78,409
Tanya Lord	Director, Patient and Family Engagement	\$116,337	20	\$23,267
Carrie McFadden	Project Coordinator	\$65,342	20	\$13,068
Total				\$114,744

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Lori A. Shibiavette  
Commissioner

Katja S. Fox  
Director

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

129 PLEASANT STREET, CONCORD, NH 03301

603-271-9544 1-800-852-3345 Ext. 9544

Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

June 2, 2020

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend an existing **Sole Source** contract with Foundation for Healthy Communities (VC#154533-B001), 125 Airport Road, Concord, NH for the expansion of the State's capacity to provide Substance Use Disorder Treatment including the use of medications to New Hampshire residents experiencing addiction, by increasing the price limitation by \$1,056,000 from \$3,412,000 to \$4,468,000 and by extending the completion date from June 30, 2020 to June 30, 2021 effective upon Governor and Council approval. The original contract was approved by Governor and Council on July 13, 2016, item #6B and most recently amended with Governor and Council approval on May 15, 2019, item #17. 100% Other Funds (Governor's Commission Funds).

Funds are available in the following account for State Fiscal Year 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF COMM BASED CARE SVC, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (80% Federal, 20% General Funds)**

SFY	Class/ Account	Class Title	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2017	102- 500734	Contracts for Social Services	\$1,500,000	\$0	\$1,500,000
2018	102- 500734	Contracts for Social Services	\$300,000	\$0	\$300,000
		<b>Sub-Total</b>	<b>\$1,800,000</b>	<b>\$0</b>	<b>\$1,800,000</b>

**05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (80% Federal, 20% General Funds)**

SFY	Class/ Account	Class Title	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2018	102- 500734	Contracts for Social Services	\$500,000	\$0	\$500,000
		<b>Sub-Total</b>	<b>\$500,000</b>	<b>\$0</b>	<b>\$500,000</b>

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 2 of 3

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS  
DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS,  
Governor Commission Funds (100% Other Funds)**

SFY	Class/ Account	Class Title	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102- 500734	Contracts for Social Services	\$556,000	\$0	\$556,000
2020	102- 500734	Contracts for Social Services	\$556,000	\$0	\$556,000
2021	102- 500734	Contracts for Social Services	\$0	\$1,056,000	\$1,056,000
		<b>Sub-Total</b>	<b>\$1,112,000</b>	<b>\$1,056,000</b>	<b>\$2,168,000</b>
		<b>Contract Total</b>	<b>\$3,412,000</b>	<b>\$1,056,000</b>	<b>\$4,468,000</b>

**EXPLANATION**

This request is **Sole Source** because the vendor is uniquely qualified to provide the treatment services needed to address the opioid crisis. This vendor was selected because of its established professional relationships with all hospitals in New Hampshire and its proven ability to work effectively with New Hampshire hospitals and physician practices to implement new programs. As previously stated, the original contract was approved by Governor and Council on July 13, 2016, Item #6B. It was then subsequently amended with Governor and Council approval on March 7, 2018, Item #16; and on May 15, 2019, Item #17.

The purpose of this request is to increase the State's capacity to address substance use disorders in hospitals and their networked physician practices by initiating the provision of new services, including Medication Assisted Treatment, in Emergency Departments, acute care and outpatient services. Developing the capacity of medical professionals to recognize and address substance use disorders across the spectrum of hospital services will increase opportunities for persons with these disorders to initiate and maintain their recovery and allow for continuity of their treatment.

New Hampshire continues to have a significant number of individuals in need of services to address their misuse of opioids. The State continues to work with the substance use treatment system to develop and expand resources. It is anticipated that approximately 500 individuals will receive services supported by this program from July 1, 2020 through June 30, 2021. The overall investment in the project will develop systems to sustain capacity in the future and support the development of new programs to build long-term capacity.

The vendor will recruit, engage and provide training and other technical support to develop these services within subcontracted hospitals participating in the program, and monitor their compliance with best practices.

The Department will monitor contracted services using the following performance measures:

- Minimum of thirty (30) medical practices increasing capacity to provide Medication Assisted Treatment services.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 3 of 3

- Minimum of twelve (12) hospitals increasing their capacity to address substance use disorders in their Emergency Departments.
- Minimum of three (3) hospitals increasing their capacity to address substance use disorders for acute care patients with co-occurring medical conditions.

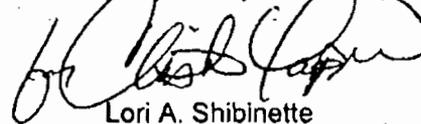
As referenced in Exhibit C-1, Revisions to General Provisions, Paragraph 3 of the original contract, the parties have the option to extend the agreement for up to three (3) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the one (1) years available.

Should the Governor and Council not authorize this request, the availability of these vital services will be limited and residents in some areas of the State may not receive appropriate treatment for their substance use disorders, resulting in a heightened risk from overdose, financial and emotional strains on families, and related economic and resource challenges in communities as affected individuals continue to struggle with their addictions.

Area served: Statewide

Source of Funds: 100% Other funds from Governor's Commission

Respectfully submitted,



Lori A. Shibinette  
Commissioner

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



**State of New Hampshire  
Department of Health and Human Services  
Amendment #3 to the Medication Assisted Services Contract**

This 3<sup>rd</sup> Amendment to the Medication Assisted Services contract (hereinafter referred to as "Amendment #3") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Foundation for Healthy Communities, (hereinafter referred to as "the Contractor"), a nonprofit with a place of business at 125 Airport Road, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 13, 2016, (Item #6B), as amended on March 7, 2018, (Item #16), and May 15, 2019, (Item #17), 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, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or 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 to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:  
June 30, 2021.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$4,468,000.
3. Add Exhibit A – Amendment #2, Section 4. Program Requirements, Subsection 4.1. to read:
  - 4.1. Inpatient Services.
    - 4.1.1. The Contractor shall recruit hospitals willing to increase their capacity to address SUDs of patients being treated for other medical conditions in their Inpatient Services.
    - 4.1.2. The Contractor shall contract with a minimum of three (3) identified hospitals to increase their ability to identify and address acute care patients' SUDs.
    - 4.1.3. The Contractor shall work with hospital personnel to develop a work plan for addressing SUDs in Inpatient services. Work plans shall include, but not be limited to:
      - 4.1.3.1. Committing a minimum of one (1) staff member or consultant to coordinate activities;
      - 4.1.3.2. Training hospital staff in basic understanding of addiction, recovery, harm reduction and resources;
      - 4.1.3.3. Establishing protocols and work flows for services, which shall include, but not be limited to:
        - 4.1.3.3.1. Identifying and evaluating patients with SUDs;
        - 4.1.3.3.2. Motivating patients to acknowledge and address their SUDs through effective bi-lateral communication;

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



- 4.1.3.3.2. Providing harm reduction services;
- 4.1.3.3.3. Providing or referring patients to behavioral health counseling and peer recovery support for SUD;
- 4.1.3.3.4. Initiating medical treatment for SUD, including MAT when indicated; and
- 4.1.3.3.5. Discharge planning with referrals for continuing SUD treatment and recovery support.
- 4.1.3.4. Initiating the implementation of services in Paragraph 4.1.3.
- 4.1.4. The Contractor shall monitor implementation of the work plans to ensure hospitals are achieving progress as listed in Paragraph 4.1.3.
- 4.1.5. The Contractor shall disburse funds to hospitals to operationalize work plans. Funds may be used for purposes including, but not limited to:
  - 4.1.5.1. Paying for the coordinator's service;
  - 4.1.5.2. Training;
  - 4.1.5.3. Modifications to the electronic health record (EHR) system; and
  - 4.1.5.4. Staff or processes identified in work plan with approval of the Department.
- 4.1.6. The Contractor shall ensure the availability of initial and on-going training and technical assistance to staff in hospitals.
- 4.1.7. The Contractor shall provide hospitals with options for available funds for sustainability of services outlined in Subsection 4.1.
- 4.2. Compliance and Reporting Requirements
  - 4.2.1 The Contractor shall submit a list of hospitals for subcontracting, subject to Department approval.
  - 4.2.2. The Contractor shall provide quarterly status reports to the Department that shall include, but not be limited to:
    - 4.2.2.1. Designated coordinators for each hospital;
    - 4.2.2.2. Training provided in basic understanding of addiction, recovery, harm reduction and resources;
    - 4.2.2.3. Protocols established and implemented;
    - 4.2.2.4. Training and technical assistance needed by hospital personnel; and
    - 4.2.2.5. Other progress in addressing SUDs in inpatient services to date.
  - 4.2.3. The Contractor shall submit a final report to the Department within forty-five (45) days of conclusion of the contract that shall include, but is not limited to:
    - 4.2.3.1. Designated coordinators for each hospital;
    - 4.2.3.2. Training provided to hospital personnel in a basic understanding of:
      - 4.2.3.2.1. Addiction;
      - 4.2.3.2.2. Recovery;
      - 4.2.3.2.3. Harm reduction; and

New Hampshire Department of Health and Human Services  
Medication Assisted Services



- 4.2.3.2.4. SUD recovery and treatment resources;
  - 4.2.3.3. Protocols established and implemented as described in 4.1.3.3.;
  - 4.2.3.4. Number of services provided for acute care patients with co-occurring SUDs; and
  - 4.2.3.4. Total number of acute care patients benefitting from this program and further delineated by:
    - 4.2.3.4.1. Number of patients with identified SUDs.
    - 4.2.3.4.2. Number of patients who received services provided by this program.
- 4.3. Performance Measures
- 4.3.1. The Contractor shall provide a baseline of the following metrics taken at the onset of this contract:
    - 4.3.1.1. The number of acute care patients with SUDs receiving the following services while hospitalized:
      - 4.3.1.1.1. Harm reduction;
      - 4.3.1.1.2. SUD Counseling;
      - 4.3.1.1.3. SUD medical treatment; and
      - 4.3.1.1.4. SUD recovery support services.
    - 4.3.1. The Contractor shall provide to the Department the following performance measures:
      - 4.3.1.1. A minimum of three (3) hospitals increasing their capacity to address SUDs in their Inpatient Services;
      - 4.3.1.2. A minimum of three (3) hospitals implementing improved protocols in their Inpatient services;
      - 4.3.1.3. An increased number of acute care patients with SUDs receiving the services listed in Subparagraph 4.3.1.1.; and
      - 4.3.1.4. An increased number of acute care patients with SUDs provided with referrals to services to address their SUDs post hospital discharge.
4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2., and delete in its entirety and replace with:
- This Agreement is funded with general, federal and other funds (Governor's Commission Funds). Department access to supporting funding for this project is dependent upon meeting the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (<https://www.cfda.gov>) #93.959 U.S. Department of Health and Human Services; Substance Abuse and Mental Health Services Administration; Block Grants for Prevention and Treatment of Substance Abuse; Substance Abuse Block Grant (SABG) and Other Funds from the Governor Commission Funds.
5. Add Exhibit B-5, Budget – Amendment #3, incorporated by reference and attached herein.

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



All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect. 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

Strober  
Date

[Signature]  
Name: *Katya S. Fox*  
Title: *Director* *Amended*  
*ASX - 001*

Foundations for Healthy Communities

5-18-20  
Date

[Signature]  
Name: *Peter Ames*  
Title: *Executive Director*

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

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

**OFFICE OF THE ATTORNEY GENERAL**

6/5/20  
Date

Catherine Pinos  
Name:  
Title: Catherine Pinos, 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 B-5, Budget - Amendment #3

Exhibit B-5, Budget - Amendment #3

New Hampshire Department of Health and Human Services

Bidder Name: Foundation for Healthy Communities

Budget for: MAT Healthy Communities

Budget Period: 7/1/20 - 6/30/21

Line Item	Direct	Indirect	Total
1. Total Salary/Wages	\$ 108,000.00	\$ 15,900.00	\$ 121,900.00
2. Employee Benefits	\$ 37,500.00	\$ 5,625.00	\$ 43,125.00
3. Consultants	\$ 4,000.00	\$ 600.00	\$ 4,600.00
4. Equipment:			
Rental			
Repair and Maintenance			
Purchase/Depreciation			
5. Supplies:			
Educational			
Lab			
Pharmacy			
Medical			
Office	\$ 402.00	\$ 60.30	\$ 462.30
6. Travel	\$ 4,800.00	\$ 720.00	\$ 5,520.00
7. Occupancy	\$ 3,120.00	\$ 468.00	\$ 3,588.00
8. Current Expenses			
Telephone	\$ 402.00	\$ 60.30	\$ 462.30
Postage	\$ 300.00	\$ 45.00	\$ 345.00
Subscriptions			
Audit and Legal	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00
Insurance			
Board Expenses			
9. Software			
10. Marketing/Communications			
11. Staff Education and Training	\$ 2,000.00	\$ 300.00	\$ 2,300.00
12. Subcontracts/Agreements	\$ 860,050.35		\$ 860,050.35
13. Other:	\$ 300.00	\$ 45.00	\$ 345.00
Printing	\$ 1,635.00	\$ 246.25	\$ 1,880.25
Computer Output Expenses	\$ 1,632.00	\$ 244.80	\$ 1,876.80
<b>TOTAL</b>	<b>\$ 1,030,441.35</b>	<b>\$ 26,668.65</b>	<b>\$ 1,056,000.00</b>

Foundation for Healthy Communities

SS-2017-BDAS-02-MATSE-01-A03

Page 1 of 1

Exhibit B-5, Budget - Amendment #3

Contractor Initials

*FA*

Date 5-18-20

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Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

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

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9544 1-800-852-3345 Ext. 9544  
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 16, 2019

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division for Behavioral Health, to exercise a renewal option and amend an existing **sole source** agreement with Foundation for Healthy Communities (Vendor #154533-B001), 125 Airport Road, Concord, NH 03301, for the purpose of expanding the State's capacity to provide Opiate Treatment including the use of medications to New Hampshire residents experiencing opioid addiction, by increasing the price limitation by \$556,000 from \$2,856,000 to an amount not to exceed \$3,412,000, and extending the completion date from June 30, 2019 to June 30, 2020, effective upon Governor and Executive Council approval. The additional funding is 100% Other Funds (Governor's Commission Funds).

This agreement was originally approved by the Governor and Executive Council on July 13, 2016 (Item#6B) and subsequently amendment on March 7, 2018 (Item#16).

Funds are anticipated to be available in the following accounts for State Fiscal Years 2020, upon the availability and continued appropriation of funds in the future operating budgets.

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS  
DEPT OF, HHS: DIV OF COMM BASED CARE SVC, BUREAU OF DRUG & ALCOHOL  
SVCS, CLINICAL SERVICES (80% Federal, 20% General Funds)**

SFY	Class/ Account	Class Title	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2017	102-500734	Contracts for Social Services	\$1,500,000	\$0	\$1,500,000
2018	102-500734	Contracts for Social Services	\$ 300,000	\$0	\$ 300,000
		<b>Sub-Total</b>	<b>\$1,800,000</b>	<b>\$0</b>	<b>\$1,800,000</b>

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 2 of 4

**05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (80% Federal, 20% General Funds)**

SFY	Class/ Account	Class Title	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2018	102-500734	Contracts for Social Services	\$ 500,000	\$0	\$ 500,000
		<i>Sub-Total</i>	<b>\$500,000</b>	<b>\$0</b>	<b>\$500,000</b>

**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, Governor Commission Funds (100% Other Funds)**

SFY	Class/ Account	Class Title	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
2019	102-500734	Contracts for Social Services	\$556,000	\$0	\$556,000
2020	102-500734	Contracts for Social Services	\$0	\$556,000	\$556,000
		<i>Sub-Total</i>	<b>\$556,000</b>	<b>\$556,000</b>	<b>\$1,112,000</b>
		<b>Contract Total</b>	<b>\$2,856,000</b>	<b>\$556,000</b>	<b>\$3,412,000</b>

### EXPLANATION

The original agreement was sole source due to the quickly escalating opioid crisis and the need to develop treatment services within the medical community. In addition, the Governor's Commission on Alcohol and Other Drugs recently approved its State Fiscal Year 2020 spending plan, which includes continuing the funding for this initiative through this contract. This vendor was selected because of its established professional relationships with all hospitals in New Hampshire and its proven ability to work effectively with New Hampshire hospitals and physician practices to implement new programs. The agreement with Foundation for Healthy Communities was approved to achieve two objectives:

- 1) Expand Medication Assisted Treatment in physician practices by increasing the number of hospital-networked physician practices that provide Medication Assisted Treatment and,
- 2) Increase the State's capacity to address substance use disorders in hospital Emergency Departments (EDs) by recruiting and contracting with hospitals to develop this capacity and to initiate the provision of new practices in Emergency Departments.

At the time that the Emergency Department resources were allocated, funding for the Medication Assisted Treatment services had not yet been identified. Medication Assisted Treatment contract deliverables regarding physician practices were identified for the duration of this contract but were subject to funds being available in the second year. The first amendment provided additional funds for the development necessary to provide Medication Assisted Treatment in physician practices. Amending this contract allows for the development work to continue and allows services to be implemented so individuals with substance use disorders in many regions of the state will have access to these life-saving practices. By extending the

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 3 of 4

contract through SFY20, hospitals currently in development will be able to fully integrate both the Medication Assisted Treatment and the work in the Emergency Departments into their normal workflow, and additional hospitals will develop these services.

To address the growing opioid crisis, providers must rapidly develop and expand the current substance use disorder treatment infrastructure in order to meet the public's need for services. The Foundation for Healthy Communities will recruit, engage and provide training and other technical support to subcontracted physician practices participating in the program, and monitor their program compliance.

The Department is satisfied with the vendor's performance to date. In fact, the vendor exceeded the requirements of the original contract by working with more community providers. The initial contract required the vendor to work with a minimum of ten (10) physician practices to increase the capacity to provide Medication Assisted Treatment. As of December 31, 2018, Foundation for Healthy Communities has sub-contracted with eleven (11) hospitals representing twenty-two (22) initial practices that are expanding their capacity. The contract also required the vendor to subcontract with a minimum of seven (7) hospitals to increase their capacity to address substance use disorders in their Emergency Departments and the vendor has subcontracted with seven (7) hospitals as of December 31, 2018. If approved, this amendment will continue to support some of those community providers and initiate work with additional Emergency Departments.

The original agreement included the option to extend contracted services for three (3) years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council. The previous amendment extended the agreement for one (1) year, leaving two (2) additional years of renewal remaining. The current amendment is requesting one (1) year of renewal, leaving (1) year remaining.

Approximately five hundred (500) individuals will receive services supported by this program from July 1, 2019 through June 30, 2020. However, the overall investment in the project will develop systems to sustain capacity in the future and support the development of new programs to build long term capacity.

Should the Governor and Executive Council not authorize this request, the availability of these vital services will be limited and residents in some areas of the State may not receive appropriate treatment for their opioid addiction. Lack of services could result in a heightened risk of death from overdose, financial and emotional strains on families, and related economic and resource challenges in communities as affected individuals continue to struggle with their addictions.

The geographic area to be served is statewide.

Source of Funds: 100% Other funds from Governor's Commission.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 4 of 4

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Jeffrey A. Meyers', written in a cursive style.

for Jeffrey A. Meyers  
Commissioner



Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

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**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION FOR BEHAVIORAL HEALTH**  
**BUREAU OF DRUG AND ALCOHOL SERVICES**

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-6110 1-800-852-3345 Ext. 6738  
Fax: 603-271-6105 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

February 9, 2018

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division for Behavioral Health, Bureau of Drug and Alcohol Services, to amend a sole source agreement with Foundation for Healthy Communities (Vendor #154533-B001), 125 Airport Road, Concord, NH 03301, for the purpose of expanding the State's capacity to provide office-based Opiate Treatment, including the use of medications to New Hampshire residents experiencing opioid addiction by increasing the price limitation by \$1,056,000 from \$1,800,000 to an amount not to exceed \$2,856,000, and extending the completion date from June 30, 2018 to June 30, 2019, effective upon Governor and Council approval. The agreement was originally approved by the Governor and Executive Council on July 13, 2016 (Item#6B). The additional funding is 80% Federal Funds, 20% General Funds.

Funds are available in the following accounts for State Fiscal Years 2018 and 2019, with authority to adjust amounts between state fiscal years through the Budget Office, without further approval from Governor and Executive Council, if needed and justified.

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV OF COMM BASED CARE SVC, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES**

SFY	Class/ Account	Class Title	Current Amount	Increase/ (Decrease)	New Amount
2017	102-500734	Contracts for Social Services	\$1,500,000	\$0	\$1,500,000
2018	102-500734	Contracts for Social Services	\$ 300,000	\$0	\$ 300,000
		<i>Sub-Total</i>	<b>\$1,800,000</b>	<b>\$0</b>	<b>\$1,800,000</b>

**05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES**

SFY	Class/ Account	Class Title	Current Amount	Increase/ (Decrease)	New Amount
2018	102-500734	Contracts for Social Services	\$0	\$ 500,000	\$ 500,000
2019	102-500734	Contracts for Social Services	\$0	\$556,000	\$556,000
		<i>Sub-Total</i>	<b>\$0</b>	<b>\$1,056,000</b>	<b>\$1,056,000</b>
		<b>Contract Total</b>	<b>\$1,800,000</b>	<b>\$1,056,000</b>	<b>\$2,856,000</b>

His Excellency, Governor Christopher T. Sununu  
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### EXPLANATION

The original agreement was sole source due to the quickly escalating opioid crisis and the need to develop treatment services within the medical community. This vendor was selected because of its established professional relationships with all hospitals in New Hampshire and its proven ability to work effectively with New Hampshire hospitals and physician practices to implement new programs. The agreement with Foundation for Healthy Communities was approved to achieve two objectives:

- 1) Expand Medication Assisted Treatment in physician practices by increasing the number of hospital-networked physician practices that provide Medication Assisted Treatment and,
- 2) Increase the State's capacity to address substance use disorders in hospital Emergency Departments (EDs) by recruiting and contracting with hospitals to develop this capacity and to initiate the provision of new practices in Emergency Departments.

At the time that the Emergency Department resources were allocated, funding for the Medicated Assisted Treatment services had not yet been identified. Medication Assisted Treatment contract deliverables regarding physician practices were identified for the duration of this contract but were subject to funds being available in the second year. This amendment provides additional funds to complete the development necessary to provide Medication Assisted Treatment in physician practices. Amending this contract allows for the development work to continue and allows services to be implemented so individuals with substance use disorders in many regions of the state will have access to these life-saving practices. By extending the contract through SYF19, both the Medication Assisted Treatment and the work in the Emergency Departments will be able to be fully integrated into their normal workflow, thus improving the sustainability of these vital services.

To address the growing opioid crisis, providers must rapidly develop and expand resources in addition to the current substance use disorder treatment infrastructure in order to meet the public's need for this important service. The Foundation for Healthy Communities will recruit, engage and provide training and other technical support to subcontracted physician practices participating in the program, and monitor their program compliance.

The Department is satisfied with the vendor's performance to date. In fact, the vendor exceeded the requirements of the original contract by working with more community providers. The contract required the vendor to work with a minimum of ten (10) physician practices increasing capacity to provide Medication Assisted Treatment. In the first year of this contract, Foundation for Healthy Communities has sub-contracted with eight (8) hospitals representing fifteen (15) initial practices that are expanding their capacity. The contract also required the vendor to subcontract with a minimum of four (4) hospitals to increase their capacity to address substance use disorders in their Emergency Departments and the vendor has subcontracted with seven (7) hospitals to date. If approved, this amendment will continue to support those community providers.

The original agreement includes the option to extend contracted services for three (3) years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council. We are exercising the option to extend the agreement for one (1) year with this amendment, leaving two (2) additional years of renewal remaining.

Should the Governor and Executive Council not authorize this request, the infrastructure development initiated in State Fiscal Year 2017 will not be completed and residents may not receive appropriate treatment for their opioid addiction resulting in a heightened risk of death from overdose, financial and emotional strains on families, and related economic and resource challenges in communities as affected individuals continue to struggle with their addictions.

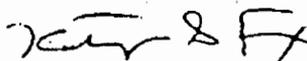
The geographic area to be served is statewide.

Source of Funds: 80% Federal Funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, CFDA #93.959, Federal Award Identification Number (FAIN) TI010035, and 20% General Funds.

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

Respectfully submitted,



Katja S. Fox  
Director

Approved by:



Jeffrey A. Meyers  
Commissioner



Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director of the Division of  
Behavioral Health

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH

Bureau of Drug and Alcohol Services

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-6738 1-800-804-0909  
Fax: 603-271-6105 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

June 28, 2016

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 to enter into a **SOLE SOURCE** Agreement with Foundation for Healthy Communities (Vendor #154533-B001), 125 Airport Road, Concord, NH 03301, for the purpose of expanding the State's capacity to provide Office-based Opiate Treatment, including the use of medications to New Hampshire residents experiencing opioid addiction in an amount not exceed \$1,800,000, with a completion date of June 30, 2018, effective July 1, 2016 or the date of Governor and Council approval, whichever is later. **75% Federal Funds, 25% General Funds.**

Funds are available in the following account for SFY 2017 and SFY 18 with authority to adjust amounts between state fiscal years through the Budget Office, without further approval from Governor and Executive Council, if needed and justified.

**05-95-49-491510-2990 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS  
DEPT OF, HHS: DIV OF COMM BASED CARE SVC, BUREAU OF DRUG & ALCOHOL  
SVCS, CLINICAL SERVICES**

Fiscal Year	Class/Account	Class Title	Amount
2017	102-500734	Contracts for Social Services	\$1,500,000
2018	102-500734	Contracts for Social Services	\$ 300,000
		Total	\$1,800,000

**EXPLANATION**

This request is submitted as a **SOLE SOURCE** request due to the urgent nature of the opioid crisis in New Hampshire and the impact and benefit of engaging physician practices in effectively addressing Substance Use Disorders (SUDs). The Medication Assisted Treatment (MAT) and Hospital Emergency Department (ED) programs supported by this Agreement are two of several addiction

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identification, overdose prevention and treatment activities proposed to expand New Hampshire's infrastructure capacity to treat affected residents. The Foundation for Healthy Communities will also facilitate expansion of community-based MAT programs statewide by recruiting and contracting with physician practices interested in developing or enhancing their capacity to deliver MAT services in their communities. The vendor will also address SUDs in Hospital EDs by recruiting and engaging hospitals in geographic regions with high rates of opioid overdoses to increase their capacity to address substance use disorders. This vendor was selected because of its established professional relationships with all hospitals in New Hampshire, and its proven ability to work effectively with New Hampshire hospitals and physician practices to implement new programs.

The need for both expanded MAT and increased capacity to address SUDs in the EDs is evident by the high rates of opioid use reflected in the sharp increase in emergency room visits, ambulance calls related to opioids, and by the 437 overdose deaths in 2015 (up from 325 in 2014).

In an effort to support MAT expansion, the Department convened a panel of practitioners from health care, behavioral health, substance use disorder (SUD) specialty treatment services, and the New Hampshire Medical Society to review existing practices in New Hampshire and other states. The panel identified key components and best practices from the American Society of Addiction Medicine (ASAM) and other nationally-recognized resources. Through this work a compendium of best practice recommendations and resources for implementing and delivering effective MAT was developed to support a variety of service settings to promote and assist with proper integration of MAT services.

Three core objectives were identified to expand MAT services in New Hampshire. They include:

1. Increase the number of waived buprenorphine prescribers;
2. Increase awareness of and access to extended-release injectable (depot) naltrexone and other medications by prescription; and
3. Increase office-based access to MAT programs through multiple settings, including primary care offices and clinics, specialty office-based (stand-alone) MAT programs, and traditional addiction treatment programs offering medication assistance.

To address the growing crisis, it is critical that providers rapidly develop and expand resources in addition to the current SUD treatment infrastructure in order to meet the public's need for this important service. It is the expectation of the Department that by issuing infrastructure expansion grants to facilitating organizations, like Foundation for Healthy Communities, the Department's core objectives will be achieved and result in a decreased number of overdose deaths, and reduced economic costs to the State. Through these community-based MAT infrastructure expansion programs, the Foundation for Healthy Communities will recruit, engage and provide training and other technical support to subcontracted physician practices participating in the program, and monitor their program compliance.

The performance of the MAT program will be measured by:

1. The contractor's submission of a work plan within 45 days of contract approval;
2. The contractor's submission of a proposed list of physician practices to the Department for subcontracting approval;
3. The contractor's submission of quarterly status reports based on work plan progress, including but not limited to:
  - Number and credentials of staff retained to support MAT

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- Number of physicians waived to prescribe buprenorphine
  - Policies and practices established
  - Changes made to the initial work plan
  - Training and technical assistance provided
  - Other progress to date
4. The contractor's submission of a final report, documenting the following:
- Minimum of 10 practices have increased capacity to provide MAT services
  - Minimum of 20 physicians became waived to prescribe buprenorphine
  - Minimum of 10 other providers are available to support MAT (e.g., clinicians, nurse practitioners)
  - Minimum of 10 practices have policies and procedures for providing MAT according to the Guidelines.
  - Minimum of 5 practices display accurate documentation of MAT in client records according to the Guidelines.
  - Number of trainings and technical assistance provided related to best practice implementation of MAT for Opiate Use Disorders.

People experiencing SUD emergencies may be more open to initiating treatment. Hospital EDs need to be prepared to address not only the medical sequelae of overdoses, but also to provide or refer for treatment of the SUD. To that end, the Foundation for Healthy Communities will also contract with identified hospitals to increase the ability of current staff to effectively connect patients with SUD emergencies to appropriate resources to comprehensively address their SUDs and to develop and implement long-term plans for effective care of patients with SUDs who come into the ED.

The performance of the ED program will be measured by increases to the baseline numbers determined at the beginning of the contract period, as follows:

- Minimum of four (4) hospitals increasing their capacity to address SUDs in their EDs.
- Minimum of four (4) hospitals implementing improved protocols in their EDs.
- Increased number (from baseline) of ED patients with SUDs accessing comprehensive services to address their SUDs post-discharge from ED.

If the contract is not granted, residents seeking recovery may not receive appropriate treatment for their opioid addiction, resulting in a heightened risk of death from accidental overdose, financial and emotional strains on families, and related economic and resource challenges in communities as affected individuals continue to struggle with their addictions.

As referenced in Exhibit C-1, Revisions to General Provisions, the Agreement has the option to extend for three (3) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

The geographic area to be served is statewide.

Source of Funds: 75% Federal Funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, CFDA #93.959, Federal Award Identification Number T1010035-15, and 25% General Funds.

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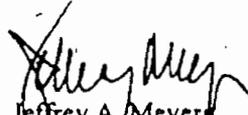
In the event that Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Katja S. Fox  
Director of the Division of  
Behavioral Health

Approved by:



Jeffrey A. Meyer  
Commissioner