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

Lori A. Shibinette
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June 11, 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 **Sole Source** amendments to existing contracts with the vendors listed below to provide community mental health services, including statewide mobile crisis services, by increasing the total price limitation by $24,517,006 from $27,852,901 to $52,369,907 and by extending the completion dates from June 30, 2021 to June 30, 2022, effective June 30, 2021, upon Governor and Council approval. 90% General Funds. 10% Federal Funds.

The individual contracts were approved by Governor and Council as specified in the table below.

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Northern Human Services	177222-B001	Conway	$2,354,431	$2,122,949	$4,477,380	O: 6/21/17, Late Item A A1: 6/19/19, #29 A2: 2/19/20, #12
West Central Services, Inc. DBA West Central Behavioral Health	177654-B001	Lebanon	$1,401,218	$1,599,988	$3,001,206	O: 6/21/17, Late Item A A1: 6/19/19, #29
Lakes Region Mental Health Center, Inc. DBA Genesis Behavioral Health	154480-B001	Laconia	$1,447,650	$1,840,164	$3,287,814	O: 6/21/17, Late Item A A1: 6/19/19, #29
Riverbend Community Mental Health, Inc.	177192-R001	Concord	$1,810,770	$2,717,609	$4,528,379	O: 6/21/17, Late Item A A1: 6/19/19, #29
Monadnock Family Services	177510-B005	Keene	$1,702,040	$1,566,943	$3,268,983	O: 6/21/17, Late Item A A1: 6/19/19, #29

Community Council of Nashua, NH DBA Greater Nashua Mental Health Center at Community Council	154112-B001	Nashua	$5,262,612	$4,434,642	$9,697,254	O: 6/21/17, Late Item A A1: 9/13/2019, #15. A2: 12/19/18 #19. A3: 6/19/19, #29
The Mental Health Center of Greater Manchester, Inc.	177184-B001	Manchester	$6,897,278	$3,869,734	$10,767,012	O: 6/21/17, Late Item A A1: 6/19/19, #29
Seacoast Mental Health Center, Inc.	174089-R001	Portsmouth	$3,668,718	$2,113,760	$5,782,478	O: 6/21/17, Late Item A A1: 6/19/19, #29
Behavioral Health & Developmental Svs of Strafford County, Inc. DBA Community Partners of Strafford County	177278-B002	Dover	$1,389,362	$2,293,625	$3,682,987	O: 6/21/17, Late Item A A1: 6/19/19, #29
The Mental Health Center for Southern New Hampshire DBA CLM Center for Life Management	174116-R001	Derry	$1,918,822	$1,957,592	$3,876,414	O: 6/21/17, Late Item A A1: 9/20/18, #21 A2: 6/19/19, #29
		Total:	**$27,852,901**	**$24,517,006**	**$52,369,907**	

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, 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.

EXPLANATION

This request is **Sole Source** because the Department is seeking to extend the contracts beyond the current completion dates and there are no renewal options available. The Department contracts for these services through the community mental health centers, which are designated by the Department to serve the towns and cities within a designated geographic region, as outlined in the NH Revised Statues Annotated (RSA) 135-C, and NH Administrative Rule He-M 403.

The purpose of this request is to continue providing and expand upon community mental health services for individuals in New Hampshire. Community mental health centers provide community-based mental health services to adults, children, and families to build resiliency, promote recovery, reduce inpatient hospital utilizations, and improve community tenure.

The populations served include children with Serious Emotional Disturbances and adults with Severe Mental Illness/Severe and Persistent Mental Illness, including individuals with Severe/Severe and Persistent Mental Illness with Low Service Utilization (LU) per He-M 401 Eligibility Determination and Individual Service Planning. Approximately 43,000 adults, children and families will be served from June 30, 2021 to June 30, 2022.

The Contractors will continue to provide Emergency Services, Individual and Group Psychotherapy, Targeted Case Management, Medication Services, Functional Support Services, Illness Management and Recovery, Evidenced Based Supported Employment, Assertive Community Treatment, Projects for Assistance in Transition from Homelessness, wraparound services for children, Community Residential Services, and Acute Care Services to individuals experiencing psychiatric emergencies while awaiting admission to a Designated Receiving Facility. All contracts include provisions for Mental Health Services required per NH RSA 135-C and with State Regulations applicable to the mental health system as outlined in He-M 400, as well as in compliance with the Community Mental Health Agreement (CMHA).

These services are provided to individuals enrolled in the State Medicaid plan as well as non-Medicaid and uninsured children, adults, and families. The Contractors will seek reimbursement for Medicaid services through agreements with the contracted Managed Care Organizations, through Medicaid fee-for-service and third part insurance payers. The contracts do not include funding for Medicaid reimbursement.

These amendments also included the following modifications to the scopes of services:

- Inclusion of statewide integrated mobile crisis response teams in crisis services. Currently only three regions (Regions 4, 6 & 7) operate mobile crisis response teams for adults with mental illness. All ten (10) community mental health centers will enhance their crisis services to ensure delivery of integrated mobile crisis response services to individuals experiencing a mental health and/or substance use crisis;
- Addition of six (6) supported housing beds in each region to expand the availability of supported housing options statewide;
- Expansion of First Episode Psychosis/Early Serious Mental Illness (FEP-ESMI) services. Currently only Region 6 holds provisions for FEP-ESMI programming. These programs provide evidence-based Coordinated Specialty Care for the treatment of FEP-ESMI utilizing early intervention for individuals age thirteen (13) to thirty-five (35) experiencing a first episode of mental illness. The expansion includes three (3) additional teams in Regions 5, 8, & 10;
- Expansion of deaf and hard of hearing services provided by Region 6, including increased opportunities for collaboration with other services providers statewide and the provision of consultative services in the treatment planning process for individuals who are deaf and/or hard of hearing;
- Addition of Statewide Work Incentives Counseling to include one (1) full-time equivalent Work Incentives Counselor in each of the ten (10) regions to support individuals in meeting employment related goals by providing comprehensive benefits counseling, supporting engagement in Supported Employment and improving collaboration with the Division of Vocational Rehabilitation;

- Inclusion of System of Care Activities with the Department of Education to develop a system of support for behavioral health within school districts in targeted regions;
- Inclusion of Pro-Health Services in Regions 6, 7 & 9. These services provide integrated medical and mental health services to individuals aged sixteen (16) through thirty-five (35) through FQHC primary care services co-located in the mental health center; and
- Inclusion of a specialty residential program in Region 9, which provides three (3) beds for individuals age eighteen (18) years and older who are dually diagnosed with a severe mental illness and developmental disability and/or acquired brain disorder.

The Department will monitor contracted services by:

- Ensuring quality assurance by conducting performance reviews and utilization reviews as determined to be necessary and appropriate based on applicable licensing, certifications and service provisions.
- Conducting quarterly meetings to review submitted quarterly data and reports to identify ongoing programmatic improvements.
- Reviewing monthly Financial Statements provided by the Contractors for ongoing evaluation of the programs fiscal integrity.

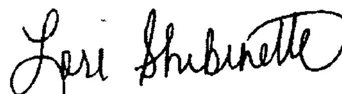
Should the Governor and Executive Council not authorize this request, approximately 43,000 adults, children and families in the state will not have access to critical community mental health services as required by NH RSA 135-C:13. As a result these individuals may experience an increase in symptoms causing them to seek more costly services at hospital emergency departments due to risk of harm to themselves or others and may have increased contact with law enforcement, correctional programs, or primary care physicians, none of which have the necessary services or supports available to provide necessary assistance. Lack of these services may also increase the likelihood of inpatient hospitalizations and death by suicide.

Area served: Statewide

Source of Funds: CFDA 93.778 FAIN #05-1505NHBIPP, CFDA 93.150 FAINX06SM083717-01, CFDA 93.958, FAINB09SM083816 and FAINB09SM083987, CFDA#93.243 FAINH79SM080245, CFDA#93.959 FAINTI083464

The Department will request General Funds in the event that Federal Funds are no longer available and services are still needed.

Respectfully submitted,



Lori A. Shibinette
Commissioner

Attachment A
Financial Details

05-95-92-922010-4117 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEATLH DIV, BUREAU OF MENTAL HEALTH SERVICES,CMH PROGRAM SUPPORT (100% General Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$379,249	$0	$379,249
2019	102-500731	Contracts for program services	92204117	$469,249	$0	$469,249
2020	102-500731	Contracts for program services	92204117	$645,304	$0	$645,304
2021	102-500731	Contracts for program services	92204117	$661,266	$87,180	$748,446
2022	102-500731	Contracts for program services	92204117	$0	$1,415,368	$1,415,368
			Subtotal	$2,155,068	$1,502,548	$3,657,616

West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$322,191	$0	$322,191
2019	102-500731	Contracts for program services	92204117	$412,191	$0	$412,191
2020	102-500731	Contracts for program services	92204117	$312,878	$0	$312,878
2021	102-500731	Contracts for program services	92204117	$312,878	$64,324	$377,202
2022	102-500731	Contracts for program services	92204117	$0	$1,121,563	$1,121,563
			Subtotal	$1,360,138	$1,185,887	$2,546,025

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$328,115	$0	$328,115
2019	102-500731	Contracts for program services	92204117	$418,115	$0	$418,115
2020	102-500731	Contracts for program services	92204117	$324,170	$0	$324,170
2021	102-500731	Contracts for program services	92204117	$324,170	$293,500	$617,670
2022	102-500731	Contracts for program services	92204117	$0	$1,126,563	$1,126,563
			Subtotal	$1,394,570	$1,420,063	$2,814,633

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$381,653	$0	$381,653
2019	102-500731	Contracts for program services	92204117	$471,653	$0	$471,653
2020	102-500731	Contracts for program services	92204117	$237,708	$0	$237,708
2021	102-500731	Contracts for program services	92204117	$237,708	$0	$237,708
2022	102-500731	Contracts for program services	92204117	$0	$1,616,551	$1,616,551
			Subtotal	$1,328,722	$1,616,551	$2,945,273

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$357,590	$0	$357,590
2019	102-500731	Contracts for program services	92204117	$447,590	$0	$447,590
2020	102-500731	Contracts for program services	92204117	$357,590	$0	$357,590
2021	102-500731	Contracts for program services	92204117	$357,590	$69,885	$427,475
2022	102-500731	Contracts for program services	92204117	$0	$999,625	$999,625
			Subtotal	$1,520,360	$1,069,510	$2,589,870

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$1,183,799	$0	$1,183,799
2019	102-500731	Contracts for program services	92204117	$1,273,799	$0	$1,273,799
2020	102-500731	Contracts for program services	92204117	$1,039,854	$0	$1,039,854
2021	102-500731	Contracts for program services	92204117	$1,039,854	$286,848	$1,326,702
2022	102-500731	Contracts for program services	92204117	$0	$2,364,495	$2,364,495
			Subtotal	$4,537,306	$2,651,343	$7,188,649

Attachment A
Financial Details

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$1,646,829	$0	$1,646,829
2019	102-500731	Contracts for program services	92204117	$1,736,829	$0	$1,736,829
2020	102-500731	Contracts for program services	92204117	$1,642,884	$0	$1,642,884
2021	102-500731	Contracts for program services	92204117	$1,642,884	$0	$1,642,884
2022	102-500731	Contracts for program services	92204117	$0	$2,588,551	$2,588,551
			Subtotal	$6,669,426	$2,588,551	$9,257,977

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$746,765	$0	$746,765
2019	102-500731	Contracts for program services	92204117	$836,765	$0	$836,765
2020	102-500731	Contracts for program services	92204117	$742,820	$0	$742,820
2021	102-500731	Contracts for program services	92204117	$742,820	$103,040	$845,860
2022	102-500731	Contracts for program services	92204117	$0	$1,139,625	$1,139,625
			Subtotal	$3,069,170	$1,242,665	$4,311,835

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$313,543	$0	$313,543
2019	102-500731	Contracts for program services	92204117	$403,543	$0	$403,543
2020	102-500731	Contracts for program services	92204117	$309,598	$0	$309,598
2021	102-500731	Contracts for program services	92204117	$309,598	$108,000	$417,598
2022	102-500731	Contracts for program services	92204117	$0	$1,297,096	$1,297,096
			Subtotal	$1,336,282	$1,405,096	$2,741,378

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$350,791	$0	$350,791
2019	102-500731	Contracts for program services	92204117	$440,791	$0	$440,791
2020	102-500731	Contracts for program services	92204117	$346,846	$0	$346,846
2021	102-500731	Contracts for program services	92204117	$346,846	$322,000	$668,846
2022	102-500731	Contracts for program services	92204117	$0	$999,625	$999,625
			Subtotal	$1,485,274	$1,321,625	$2,806,899
		Total CMH Program Support		**$24,856,316**	**$16,003,839**	**$40,860,155**

05-95-92-922010-4120 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH BLOCK GRANT (100% Federal Funds)

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92224120	$0	$0	$0
2019	102-500731	Contracts for program services	92224120	$0	$0	$0
2020	102-500731	Contracts for program services	92224120	$0	$0	$0
2021	102-500731	Contracts for program services	92224120	$0	$0	$0
2022	074-500585	Grants for Pub Asst and Relief	92224120 / 92244120	$0	$111,000	$111,000
			Subtotal	$0	$111,000	$111,000

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92224120	$84,000	$0	$84,000
2019	102-500731	Contracts for program services	92224120	$21,500	$0	$21,500
2020	102-500731	Contracts for program services	92224120	$61,162	$0	$61,162
2021	102-500731	Contracts for program services	92224120	$61,162	$0	$61,162
2022	074-500585	Grants for Pub Asst and Relief	92224120	$0	$60,000	$60,000
			Subtotal	$227,824	$60,000	$287,824

Attachment A
Financial Details

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92224120	$0	$0	$0
2019	102-500731	Contracts for program services	92224120	$0	$0	$0
2020	102-500731	Contracts for program services	92224120	$0	$0	$0
2021	102-500731	Contracts for program services	92224120	$0	$0	$0
2022	074-500585	Grants for Pub Asst and Relief	92224120 / 92244120	$0	$111,000	$111,000
			Subtotal	$0	$111,000	$111,000

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92224120	$0	$0	$0
2019	102-500731	Contracts for program services	92224120	$0	$0	$0
2020	102-500731	Contracts for program services	92224120	$0	$0	$0
2021	102-500731	Contracts for program services	92224120	$0	$0	$0
2022	074-500585	Grants for Pub Asst and Relief	92224120 / 92244120	$0	$118,600	$118,600
			Subtotal	$0	$118,600	$118,600
		Total Mental Health Block Grant		**$227,824**	**$400,600**	**$628,424**

05-95-92-922010-4121 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH DATA COLLECTION (100% Federal Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92204121	$0	$10,000	$10,000
			Subtotal	$20,000	$10,000	$30,000

West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92204121	$0	$10,000	$10,000
			Subtotal	$20,000	$10,000	$30,000

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92204121	$0	$10,000	$10,000
			Subtotal	$20,000	$10,000	$30,000

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92204121	$0	$10,000	$10,000
			Subtotal	$20,000	$10,000	$30,000

Attachment A
Financial Details

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92204121	$0	$10,000	$10,000
			Subtotal	$20,000	$10,000	$30,000

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92204121	$0	$10,000	$10,000
			Subtotal	$20,000	$10,000	$30,000

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92204121	$0	$10,000	$10,000
			Subtotal	$20,000	$10,000	$30,000

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92204121	$0	$10,000	$10,000
			Subtotal	$20,000	$10,000	$30,000

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92204121	$0	$10,000	$10,000
			Subtotal	$20,000	$10,000	$30,000

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92204121	$0	$10,000	$10,000
			Subtotal	$20,000	$10,000	$30,000
		Total Mental Health Data Collection		$200,000	$100,000	$300,000

05-95-92-921010-2053 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUR FOR CHILDRENS BEHAVRL HLTH, SYSTEM OF CARE (100% General Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2021	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2022	102-500731	Contracts for program services	92102053	$0	$605,091	$605,091
			Subtotal	$26,000	$605,091	$631,091

West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92102053	$0	$402,331	$402,331
			Subtotal	$14,000	$402,331	$416,331

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2021	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2022	102-500731	Contracts for program services	92102053	$0	$408,331	$408,331
			Subtotal	$26,000	$408,331	$434,331

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$151,000	$0	$151,000
2021	102-500731	Contracts for program services	92102053	$151,000	$0	$151,000
2022	102-500731	Contracts for program services	92102053	$0	$1,051,054	$1,051,054
			Subtotal	$306,000	$1,051,054	$1,357,054

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
2022	102-500731	Contracts for program services	92102053	$0	$341,363	$341,363
			Subtotal	$14,000	$341,363	$355,363

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Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$151,000	$0	$151,000
2021	102-500731	Contracts for program services	92102053	$151,000	$0	$151,000
2022	102-500731	Contracts for program services	92102053	$0	$1,051,054	$1,051,054
			Subtotal	$302,000	$1,051,054	$1,353,054

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2021	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2022	102-500731	Contracts for program services	92102053	$0	$653,326	$653,326
			Subtotal	$26,000	$653,326	$679,326

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2021	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2022	102-500731	Contracts for program services	92102053	$0	$605,091	$605,091
			Subtotal	$26,000	$605,091	$631,091

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2021	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2022	102-500731	Contracts for program services	92102053	$0	$408,331	$408,331
			Subtotal	$26,000	$408,331	$434,331

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92102053	$131,000	$0	$131,000
2021	102-500731	Contracts for program services	92102053	$131,000	$0	$131,000
2022	102-500731	Contracts for program services	92102053	$0	$467,363	$467,363
			Subtotal	$271,000	$467,363	$738,363
		Total System of Care		**$1,037,000**	**$5,993,335**	**$7,030,335**

05-95-42-421010-2958 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES (100% General Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$5,310	$0	$5,310
2019	550-500398	Assessment and Counseling	42105824	$5,310	$0	$5,310
2020	550-500398	Assessment and Counseling	42105824	$5,310	$0	$5,310
2021	550-500398	Assessment and Counseling	42105824	$5,310	$0	$5,310
2022	644-504195	SGFSER SGF SERVICES	42105876	$0	$5,310	$5,310
			Subtotal	$21,240	$5,310	$26,550

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West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2022	644-504195	SGFSER SGF SERVICES	42105876	$0	$1,770	$1,770
			Subtotal	$7,080	$1,770	$8,850

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2022	644-504195	SGFSER SGF SERVICES	42105876	$0	$1,770	$1,770
			Subtotal	$7,080	$1,770	$8,850

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2022	644-504195	SGFSER SGF SERVICES	42105876	$0	$1,770	$1,770
			Subtotal	$7,080	$1,770	$8,850

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2022	644-504195	SGFSER SGF SERVICES	42105876	$0	$1,770	$1,770
			Subtotal	$7,080	$1,770	$8,850

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2022	644-504195	SGFSER SGF SERVICES	42105876	$0	$1,770	$1,770
			Subtotal	$7,080	$1,770	$8,850

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$3,540	$0	$3,540
2019	550-500398	Assessment and Counseling	42105824	$3,540	$0	$3,540
2020	550-500398	Assessment and Counseling	42105824	$3,540	$0	$3,540
2021	550-500398	Assessment and Counseling	42105824	$3,540	$0	$3,540
2022	644-504195	SGFSER SGF SERVICES	42105876	$0	$3,540	$3,540
			Subtotal	$14,160	$3,540	$17,700

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Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2022	644-504195	SGFSER SGF SERVICES	42105876	$0	$1,770	$1,770
			Subtotal	$7,080	$1,770	$8,850

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2022	644-504195	SGFSER SGF SERVICES	42105876	$0	$1,770	$1,770
			Subtotal	$7,080	$1,770	$8,850

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2022	644-504195	SGFSER SGF SERVICES	42105876	$0	$1,770	$1,770
			Subtotal	$7,080	$1,770	$8,850
		Total Child - Family Services		**$92,040**	**$23,010**	**$115,050**

05-95-42-423010-7926 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES DIV, HOMELESS & HOUSING, PATH GRANT (100% Federal Funds)

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$36,250	$0	$36,250
2019	102-500731	Contracts for program services	42307150	$36,250	$0	$36,250
2020	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
2021	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
2022	102-500731	Contracts for program services	42307150	$0	$38,234	$38,234
			Subtotal	$148,968	$38,234	$187,202

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$37,000	$0	$37,000
2019	102-500731	Contracts for program services	42307150	$37,000	$0	$37,000
2020	102-500731	Contracts for program services	42307150	$33,300	$0	$33,300
2021	102-500731	Contracts for program services	42307150	$33,300	$0	$33,300
2022	102-500731	Contracts for program services	42307150	$0	$33,300	$33,300
			Subtotal	$140,600	$33,300	$173,900

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$40,300	$0	$40,300
2019	102-500731	Contracts for program services	42307150	$40,300	$0	$40,300
2020	102-500731	Contracts for program services	42307150	$43,901	$0	$43,901
2021	102-500731	Contracts for program services	42307150	$43,901	$0	$43,901
2022	102-500731	Contracts for program services	42307150	$0	$43,901	$43,901
			Subtotal	$168,402	$43,901	$212,303

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The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$40,121	$0	$40,121
2019	102-500731	Contracts for program services	42307150	$40,121	$0	$40,121
2020	102-500731	Contracts for program services	42307150	$43,725	$0	$43,725
2021	102-500731	Contracts for program services	42307150	$43,725	$0	$43,725
2022	102-500731	Contracts for program services	42307150	$0	$43,725	$43,725
			Subtotal	$167,692	$43,725	$211,417

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$25,000	$0	$25,000
2019	102-500731	Contracts for program services	42307150	$25,000	$0	$25,000
2020	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
2021	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
2022	102-500731	Contracts for program services	42307150	$0	$38,234	$38,234
			Subtotal	$126,468	$38,234	$164,702

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$29,500	$0	$29,500
2019	102-500731	Contracts for program services	42307150	$29,500	$0	$29,500
2020	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
2021	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
2022	102-500731	Contracts for program services	42307150	$0	$38,234	$38,234
			Subtotal	$135,468	$38,234	$173,702
		Total PATH GRANT		**$887,598**	**$235,628**	**$1,123,226**

05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SVCS, PREVENTION SERVICES (97% Federal Funds, 3% General Funds)

Seacoast Mental Health Center (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92056502	$70,000	$0	$70,000
2019	102-500731	Contracts for program services	92056502	$70,000	$0	$70,000
2020	102-500731	Contracts for program services	92057502	$70,000	$0	$70,000
2021	102-500731	Contracts for program services	92057502	$70,000	$0	$70,000
2022	102-500731	Contracts for program services	92057502	$0	$70,000	$70,000
			Subtotal	$280,000	$70,000	$350,000
		Total BDAS		**$280,000**	**$70,000**	**$350,000**

05-95-48-481010-8917 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY & ADULT SVCS DIV, GRANTS TO LOCALS, HEALTH PROMOTION CONTRACTS (100% Federal Funds)

Seacoast Mental Health Center (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	48108462	$35,000	$0	$35,000
2019	102-500731	Contracts for program services	48108462	$35,000	$0	$35,000
2020	102-500731	Contracts for program services	48108462	$35,000	$0	$35,000
2021	102-500731	Contracts for program services	48108462	$35,000	$0	$35,000
2022	102-500731	Contracts for program services	48108462	$0	$35,000	$35,000
			Subtotal	$140,000	$35,000	$175,000
		Total BEAS		**$140,000**	**$35,000**	**$175,000**

05-96-49-490510-2985 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: COMM-BASED CARE SVCS DIV, COMMUNITY BASED CARE SERVICES, BALANCE INCENTIVE PROGRAM BIP (100% Fadaral Funds)

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Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	49053316	$0	$0	$0
2019	102-500731	Contracts for program services	49053316	$0	$0	$0
2020	102-500731	Contracts for program services	49053316	$132,123	$0	$132,123
2021	102-500731	Contracts for program services	49053316	$0	$0	$0
2022	102-500731	Contracts for program services	49053316	$0	$0	$0
			Subtotal	$132,123	$0	$132,123
		Total Balance Incentive Program		**$132,123**	**$0**	**$132,123**

05-95-92-922010-2340 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEATLH DIV, BUREAU OF MENTAL HEALTH SERVICES, PROHEALTH NH GRANT (100% Federal Funds)

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92202340	$0	$0	$0
2019	102-500731	Contracts for program services	92202340	$0	$0	$0
2020	102-500731	Contracts for program services	92202340	$0	$0	$0
2021	102-500731	Contracts for program services	92202340	$0	$0	$0
2022	074-500585	Grants for Pub Asst and Relief	92202340	$0	$616,574	$616,574
			Subtotal	$0	$616,574	$616,574

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92202340	$0	$0	$0
2019	102-500731	Contracts for program services	92202340	$0	$0	$0
2020	102-500731	Contracts for program services	92202340	$0	$0	$0
2021	102-500731	Contracts for program services	92202340	$0	$0	$0
2022	074-500585	Grants for Pub Asst and Relief	92202340	$0	$570,592	$570,592
			Subtotal	$0	$570,592	$570,592

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92202340	$0	$0	$0
2019	102-500731	Contracts for program services	92202340	$0	$0	$0
2020	102-500731	Contracts for program services	92202340	$0	$0	$0
2021	102-500731	Contracts for program services	92202340	$0	$0	$0
2022	074-500585	Grants for Pub Asst and Relief	92202340	$0	$468,428	$468,428
			Subtotal	$0	$468,428	$468,428
		Total PROHEALTH NH GRANT		**$0**	**$1,655,594**	**$1,655,594**

Amendment Total Price for All Vendors	**$27,852,901**	**$24,517,006**	**$52,369,907**

State of New Hampshire
Department of Health and Human Services
Amendment #3

This Amendment to the Mental Health Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Northern Human Services ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017, (Late Item A), as amended on June 19, 2019 (Item #29), and February 19, 2020 (Item #12) 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, 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, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $4,477,380.

3. Modify Exhibit A, Amendment #2, Scope of Services and Exhibit A-1, Glencliff Home In-Reach Services by replacing them in their entirety with Exhibit A - Amendment #3, Scope of Services, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B, Amendment #3, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.

5. Add Exhibit K, DHHS Information Security Requirements, 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

6/14/2021

Date

DocuSigned by:
Katja Fox
ED9D05B04C63442...

Name: Katja Fox
Title: Director

Northern Human Services

6/11/2021

Date

DocuSigned by:
Eric Johnson
264F15CCBBD9416...

Name: Eric Johnson
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

6/14/2021

Date

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:

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 shall operate a Community Mental Health Center (CMHC) that provides services intended to promote recovery from mental illness for eligible residents in the State of New Hampshire (individuals) for Region 1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.

1.4. Prior to termination of this contract the parties will agree on a plan for transition and destruction of confidential data in accordance with Exhibit K.

1.5. The Contractor shall provide individualized, recovery based services and supports in the manner that best allows each individual to stay within their home and community providing current treatment and recovery options that are based on scientific research and evidence based practices (EBP).

1.6. The Contractor acknowledges the requirements of the Community Mental Health Agreement (CMHA) and shall demonstrate progress toward meeting the following terms in the CMHA: 1.) Assertive Community Treatment Teams; 2.) Evidence-Based Supported Employment; and 3.) Transition planning for individuals at New Hampshire Hospital and Glencliff Home and 4.) Supported Housing. Further, the Contractor shall participate in annual Quality Service Reviews (QSR) conducted under the terms of the CMHA.

1.7. The Contractor shall enter into a capitation model of contracting with all NH Managed Care Organizations to support the delivery and coordination of behavioral health services and supports for children, youth, transition-aged youth, young adults, and adults.

1.8. The Contractor shall support the integration of physical and behavioral health as a standard of practice; implementing the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Levels of Collaboration/Integration to the maximum extent feasible.

1.9. The Contractor shall ensure that clinical standards and operating procedures are consistent with trauma-informed models of care, as defined by SAMHSA.

The clinical standards and operating procedures must reflect a focus on wellness, recovery, and resiliency.

1.10. The Contractor shall engage in ongoing implementation, service improvements, and expansion efforts associated with New Hampshire's 10 Year Mental Health Plan.

1.11. For the purposes of this agreement, all references to days shall mean calendar days unless otherwise specified.

1.12. The Contractor shall provide individuals, caregivers and youth the opportunity for feedback and leadership within the agency to help improve services in a person-centered manner when applicable and appropriate.

1.13. The Contractor shall ensure rapid access to services is available to each individual by offering an appointment slot on the same or next calendar day of the initial contact.

2. System of Care for Children's Mental Health

2.1. The Contractor shall collaborate with the Department on the implementation of NH RSA 135-F, System of Care for Children's Mental Health.

2.2. The Contractor shall provide services for children, youth, and young adults with serious emotional disturbance (SED) in a manner that aligns with NH RSA 135-F. The Contractor shall ensure services are:

2.2.1. Family Driven - services and supports are provided in a manner that best meets the needs of the family and the family goals;

2.2.2. Youth Driven - services and supports are provided in a manner that best meets the needs of the child, youth or young adult and that supports their goals;

2.2.3. Community Based - services and supports are provided in a manner that best allow children, youth, and young adults to stay within their home and community; and

2.2.4. Cultural and Linguistic Competent - Services are provided in a manner that honors a child, youth, or young adult and their family-identified culture, beliefs, ethnicity, preferred language, gender and gender identity and sexual orientation.

2.3. The Contractor shall collaborate with the FAST Forward program, ensuring services are available for all children and youth enrolled in the program.

2.4. The Contractor shall make referrals to the FAST Forward program for any child, youth, or young adult that may be eligible.

3. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

3.1. The Contractor shall maintain appropriate levels of certification through a contract with the Judge Baker Center for Children.

3.2. The Contractor shall ensure new and incoming staff work towards meeting a goal of 70% of children and youth clients' needs with the evidence-based practice of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC).

3.3. The Contractor shall maintain a use of the Judge Baker's Center for Children (JBCC) TRAC system to support each case with MATCH-ADTC as the identified treatment modality.

3.4. The Contractor shall invoice BCBH through green sheets for:

3.4.1. The costs for both the certification of incoming therapists and the recertification of existing clinical staff, not to exceed the budgeted amount; and

3.4.2. The full cost of the annual fees paid to the JBCC for the use of their TRAC system to support MATCH-ADTC.

4. System of Care Grant (SoC) Activities with the New Hampshire Department of Education (NH DOE) (REGIONS 1)

4.1. The Contractor shall participate in local comprehensive planning processes with the NH DOE, on topics and tools that include, but are not limited to:

4.1.1. Needs assessment.

4.1.2. Environmental scan.

4.1.3. Gaps analysis.

4.1.4. Financial mapping.

4.1.5. Sustainability planning.

4.1.6. Cultural linguistic competence plan.

4.1.7. Strategic communications plan.

4.1.8. SoC grant project work plan.

4.2. The Contractor shall participate in ongoing development of a Multi-Tiered System of Support for Behavioral Health and Wellness (MTS-B) within participating school districts.

4.3. The Contractor shall utilize evidence based practices (EBPs) that respond to identified needs within the community including, but not limited to:

4.3.1. MATCH-ADTC.

4.3.2. All EBPs chosen for grant project work that support participating school districts' MTS-B.

4.4. The Contractor shall maintain and strengthen collaborative, working relationships with participating school districts within the region which includes, but is not limited to:

4.4.1. Developing and utilizing a facilitated referral process.

4.4.2. Co-hosting joint professional development opportunities.

4.4.3. Identifying and responding to barriers to access for local families and youth.

4.5. The Contractor shall maintain an appropriate full time equivalent (FTE) staff who is a full-time, year-round School and Community Liaison. The Contractor shall:

4.5.1. Ensure the FTE staff is engaging on a consistent basis with each of the participating schools in the region in person or by remote access to support program implementation.

4.5.2. Hire additional staff positions to ensure effective implementation of a System of Care.

4.5.3. Work with the identified school district, the Department and DOE to identify schools to be prioritized.

4.6. The Contractor shall provide appropriate supervisory, administrative and fiscal support to all project staff dedicated to SoC Grant Activities.

4.7. The Contractor shall designate staff to participate in locally convened District Community Leadership Team (DCLT) and all SoC Grant Activities-focused meetings, as deemed necessary by either NH DOE or the Department.

4.8. The Contractor shall actively participate in the SoC Grant Activities evaluation processes with the NH DOE, including collecting and disseminating qualitative and quantitative data, as requested by the Department.

4.9. The Contractor shall conduct National Outcomes Measures (NOMs) surveys on all applicable tier 3 supports and services to students and their families at the SoC grant project intervals, as determined by the Department.

4.10. The Contractor shall abide by all federal and state compliance measures and ensure SoC grant funds are expended on allowable activities and expenses, including, but not limited to a Marijuana (MJ) Attestation letter.

4.11. The Contractor shall maintain accurate records of all in-kind services from non-federal funds provided in support of SoC Grant Activities, in accordance with NH DOE guidance.

5. Renew Sustainability (Rehabilitation for Empowerment, Education, and Work)

5.1. The Contractor shall provide the Rehabilitation for Empowerment, Education and Work (RENEW) intervention with fidelity to transition-aged youth who qualify for state-supported community mental health services, in accordance

with the University of New Hampshire (UNH) -Institute On Disability (IOD) model.

5.2. The Contractor shall obtain support and coaching from the IOD at UNH to improve the competencies of implementation team members and agency coaches.

6. Division for Children, Youth and Families (DCYF)

6.1. The Contractor shall provide mental health consultation to staff at Division for Children, Youth and Families (DCYF) District Offices related to mental health assessments and/or ongoing treatment for children served by DCYF.

6.2. The Contractor shall provide Foster Care Mental Health Assessments for children and youth younger than eighteen (18) years of age who are entering foster care for the first time.

7. Crisis Services

7.1. If the Contractor has, or enters into, an agreement with a hospital to provide crisis services to individuals who are eligible, or presumed eligible in the emergency department, for Medicaid services, the Contractor may bill Medicaid according to fee schedules or MCO contracts for services rendered.

7.2. The Contractor shall document crisis services delivered in the emergency department setting as part of its Phoenix Submissions, in a format, and with content, completeness, and timelines specified by the Department, ensuring documented information includes screenings performed, diagnosis codes, and referrals made.

7.3. The Contractor shall provide documentation of each collaborative relationship with acute care hospitals in its region, at the request of the Department.

7.4. The Contractor shall provide emergency services as defined in NH Administrative Rule He-M 403.06 (a)(6) and NH Administrative Rule He-M 426.09.

7.5. As part of the crisis resolution, the Contractor shall screen each individual for Assertive Community Treatment (ACT). If clinically appropriate, the Contractor shall:

7.5.1. Refer the individual for an expedited ACT assessment and/or intake and treatment upon discharge; or

7.5.2. Inform the appropriate regional CMHC in order to expedite the ACT assessment and/or intake and treatment upon discharge from emergency department or inpatient psychiatric or medical care setting, if the individual resides in a region other than the region in which the individual is receiving crisis services.

7.6. The Contractor shall not refer an individual for hospitalization at New Hampshire Hospital (NHH) unless the Contractor has determined that NHH is

the least restrictive setting in which the individual's immediate psychiatric treatment needs can be met. The Contractor shall:

7.6.1. Make all reasonable efforts to ensure no other clinically appropriate bed is available at any other NH inpatient psychiatric unit, Designated Receiving Facility (DRF), Adult Psychiatric Residential Treatment Program (APRTP), Mobile Crisis apartments, or other step-up/step-down beds prior to referring an individual to NHH; and

7.6.2. Work collaboratively with the Department and contracted Managed Care Organizations for the implementation of the Zero Suicide within emergency departments.

7.7. The Contractor shall provide services to individuals experiencing a psychiatric and/or substance use related crisis through a rapid response team that includes, but is not limited to:

7.7.1. One (1) Master's level clinician.

7.7.2. One (1) peer support specialist as defined by HeM 426.13(d)(4).

7.7.2.1. Bachelor's level staff, or a Certified Recovery Support Worker (CRSW) may be substituted into the peer role up to 50% of FTE peer allocation

7.7.3. Access to telehealth, including tele-psychiatry, for additional capacity, as needed.

7.8. The Contractor shall ensure all staff have the necessary qualifications as defined under New Hampshire Administrative Rule He-M 400, Community Mental Health, Parts 403 and 426.

7.9. The Contractor shall develop an implementation and/or transition plan with a timeline for transforming crisis services for Department approval no later than 30 days from the contract effective date. The Contractor shall ensure the implementation and/or transition plan includes, but is not limited to:

7.9.1. The plan to educate current community partners and individuals on the use of the Access Point Number.

7.9.2. Staffing adjustments needed in order to meet the full crisis response scope and titrated up to meet the 24/7 nature of this crisis response.

7.9.3. The plan to meet each performance measure over time.

7.9.4. How data will be sent to the Access Point if calls are received directly at the center and are addressed by the center during the transition period.

7.10. The Contractor shall work in tandem with the designated vendor providing services through the Rapid Response Access Point contract as approved by the Governor and Executive Council.

7.11. The Contractor shall enter into a Memorandum of Understanding within 30 days of contract effective date with the Rapid Response Access Point, which provides the Regional Response Teams information regarding the nature of the crisis through verbal and/or electronic communication including but not limited to:

7.11.1. The location of the crisis.

7.11.2. The safety plan either developed over the phone or on record from prior contact(s).

7.11.3. Any accommodations needed.

7.11.4. Treatment history of the individual, if known.

7.12. The Contractor shall promote the use of the telephone number for the Rapid Response Access Point as the primary contact for crisis services, which utilizes Global Positioning System (GPS) enabled technology to identify the closest and available Regional Response Team.

7.13. The Contractor shall ensure all rapid response team members participate in a crisis response training, as designated by the Department, which follows the concepts and topics identified in the National Guidelines for Crisis Care Best Practice Toolkit published by the Substance Abuse and Mental health Services Administration (SAMHSA).

7.14. The Contractor shall provide the physical address of the physical location to the Rapid Response Access Point where the rapid response team may provide office-based urgent assessments.

7.15. The Contractor shall ensure a rapid response team is available twenty-four (24) hours per day, seven (7) days a week for deployment within their region and boarder regions, as directed by the Rapid Response Access Point.

7.16. The Contractor shall ensure the rapid response team is trained and available to provide crisis response services to avoid unnecessary hospitalization, incarceration or institutionalization. The Contractor shall ensure services include but are not limited to:

7.16.1. Face-to-face assessments.

7.16.2. Disposition and decision making.

7.16.3. Initial care and safety planning.

7.16.4. Post crisis and stabilization services. .

7.17. The Contractor may utilize presumptive eligibility when responding to individuals who are not connected to a CMHC or who may be considered low utilizers.

7.18. The Contractor shall ensure the rapid response team responds to all dispatches either face-to-face in the community or via telehealth, as appropriate, within one (1) hour of the request ensuring:

7.18.1. The response team includes a minimum of two (2) individuals for safety purposes, which includes a Master's level staff and a peer and/or BS and/or CRSW if occurring at locations based on individual and family choice that include but are not limited to:

7.18.1.1. In or at the individual's home.

7.18.1.2. In an individual's school setting.

7.18.1.3. Other natural environments of residence, including foster homes.

7.18.1.4. Community settings.

7.18.1.5. Peer run agencies

7.18.2. The response team includes a minimum of one (1) Master's level team member if occurring at safe, staffed sites or public service locations which may include, but are not limited to:

7.18.2.1. Schools.

7.18.2.2. Jails.

7.18.2.3. Police departments.

7.18.2.4. Emergency Departments.

7.18.3. A no-refusal policy upon triage and all requests for mobile response receive a response and assessment regardless of the individual's disposition, which may include current substance use.

7.18.4. Documented clinical rationale with administrative support when a mobile intervention is not provided.

7.18.5. Coordination with law enforcement personnel, if required, when responding to individuals in a mental health crisis presenting a safety concern or when active rescue is required. The Contractor shall:

7.18.5.1. Work in partnership with the Rapid Response Access Point and Department to establish protocols to ensure a bi-directional partnership with law enforcement.

7.18.6. A face-to-face lethality assessment as needed that includes, but is not limited to:

7.18.6.1. Obtaining a client's mental health history including, but not limited to:

7.18.6.1.1. Psychiatric, including recent inpatient hospitalizations and current treatment providers.

7.18.6.1.2. Substance misuse.

7.18.6.1.3. Social, familial and legal factors.

7.18.6.2. Understanding the client's presenting symptoms and onset of crisis.

7.18.6.3. Obtaining medication list, adherence to prescribed medications and brief medical history.

7.18.6.4. Conducting a mental status exam.

7.18.7. Developing a mutually agreed upon individualized safety plan and care disposition and decision making, with the client, which may include, but is not limited to:

7.18.7.1. Staying in place with:

7.18.7.1.1. Stabilization services;

7.18.7.1.2. A safety plan; and

7.18.7.1.3. Outpatient providers.

7.18.7.2. Stepping up to crisis stabilization services or apartments.

7.18.7.3. Admission to peer respite.

7.18.7.4. Voluntary hospitalization.

7.18.7.5. Initiation of Involuntary Emergency Admission (IEA).

7.18.7.6. Medical hospitalization.

7.19. The Contractor shall provide Crisis Stabilization Services, which are services and supports that are provided until the crisis episode subsides. The Contractor shall ensure:

7.19.1. Crisis Stabilization Services are delivered by the rapid response team for individuals who are in active treatment prior to the crisis in order to assist with stabilizing the individual and family as rapidly as possible.

7.19.2. Are provided in the individual and family home, as desired by the individual.

7.19.3. Stabilization services are implemented using methods that include, but are not limited to:

7.19.3.1. Involving peer support specialist(s) and/or Bachelor level crisis staff by providing follow up contact within forty-eight

(48) hours post-crisis for all face-to-face interventions, which may include, but are not limited to:

7.19.3.1.1. Promoting recovery.

7.19.3.1.2. Building upon life, social and other skills.

7.19.3.1.3. Offering support.

7.19.3.1.4. Facilitating referrals.

7.19.3.2. Providing warm hand offs for post-crisis support services, including connecting back to existing treatment providers and/or providing a referral for additional peer support specialist contacts.

7.19.3.3. Providing crisis stabilization services with a Master's level clinician through short-term, trauma informed approaches, which may include, but are not limited to:

7.19.3.3.1. Cognitive Behavior Therapy (CBT).

7.19.3.3.2. Dialectical Behavior Therapy (DBT).

7.19.3.3.3. Solution-focused therapy.

7.19.3.3.4. Developing concrete discharge plans.

7.19.3.3.5. Providing substance use disorder assessment and counseling techniques for dually diagnosed individuals.

7.19.4. Crisis stabilization in a Residential Treatment facility for children and youth are provided by a Department certified and approved Residential Treatment Provider.

7.20. The Contractor may provide Sub-Acute Care services for up to 30 days to individuals who are not connected to any treatment provider prior to contact with the regional rapid response team or Regional Response Access Point in order assist individuals with bridging the gap between the crisis event and ongoing treatment services. The Contractor shall:

7.20.1. Ensure sub-acute care services are provided by the CMHC region in which the individual is expected to receive long-term treatment.

7.20.2. Work with the Rapid Response Access Point to conduct educational and outreach activities within the local community and to institutional stakeholders in order to promote appropriate referrals to, and the utilization of, rapid response team resources.

7.20.3. Work with the Rapid Response Access Point to ensure the community is aware of, and is able to, access rapid response mobile crisis services and supports through the outreach and educational plan of

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the Rapid Response Access Point outreach and educational plan, which includes but is not limited to:

7.20.3.1. A website that prominently features the Rapid Response Access Point phone number and links with information about Rapid Response and connectivity to the Rapid Response Access Point.

7.20.3.2. All newly printed appointment cards that include the Rapid Response Access point crisis telephone number as a prominent feature.

7.20.3.3. Direct communications with partners to the Rapid Response Access Point for crisis services and deployment.

7.20.4. Work with the Rapid Response Access Point to change existing patterns of hospital emergency departments (ED) for crisis response in the region and collaborate by:

7.20.4.1. Meeting regularly with local police and first responders to discuss interface, procedures, and collaborations to understand challenges and improve outcomes for individuals in the community;

7.20.4.2. Educating partners, clients and families on all diversionary services available, by encouraging early intervention;

7.20.4.3. Maintaining and developing relationships with local hospitals and work together to promote the use of the Rapid Response Access Point number and rapid response services, in order to reduce ED use;

7.20.4.4. Coordinating with homeless outreach services; and

7.20.4.5. Conducting outreach to at-risk seniors programming.

7.21. The Contractor shall ensure that within ninety (90) days of the contract effective date:

7.21.1. Connection with the Rapid Response Access Point and the identified GPS system that enables transmission of information needed to:

7.21.1.1. Determine availability of the Regional Rapid Response Teams;

7.21.1.2. Facilitate response of dispatched teams; and

7.21.1.3. Resolve the crisis intervention.

7.21.2. Connection to the designated resource tracking system.

7.21.3. A bi-directional referral system is in place with electronic scheduling to support information sharing that facilitates closed loop referrals and transmission of clinical triage summaries, safety plans and shared care plans with community providers.

7.22. The Contractor shall submit reports relative to the rapid response services provided in this agreement. The Contractor shall:

7.22.1. Document all contacts in the medical record for both State eligible and non-eligible individuals who receive regional rapid response team services.

7.22.2. Provide monthly reports by the fifteenth (15th) day of each month, on a template provided by the Department which includes, but is not limited to:

7.22.2.1. Number of unique individuals who received services.

7.22.2.2. Date and time of mobile arrival.

7.22.3. Submit information through the Department's Phoenix System beginning no later than six (6) months from the contract effective date, unless otherwise instructed on a temporary basis by the Department:

7.22.3.1. Diversions from hospitalizations;

7.22.3.2. Diversions from Emergency Rooms;

7.22.3.3. Services provided;

7.22.3.4. Location where services were provided;

7.22.3.5. Length of time service or services provided;

7.22.3.6. Whether law enforcement was involved for safety reasons;

7.22.3.7. Whether law enforcement was involved for other reasons;

7.22.3.8. Identification of follow up with the individual by a member of the Contractor's regional rapid response team within 48 hours post face-to-face intervention;

7.22.3.9. Indication that referral for ongoing mental health services following the immediate crisis was provided; and

7.22.3.10. Outcome of service provided, which may include but is not limited to:

7.22.3.10.1. Remained in home.

7.22.3.10.2. Hospitalization.

7.22.3.10.3. Crisis stabilization services.

7.22.3.10.4. Crisis apartment.

7.22.3.10.5. Emergency department.

7.23. The Contractor's performance will be monitored by ensuring Contractor performance by ensuring seventy (70%) of clients receive a post-crisis follow up from a member of the Contractor's regional rapid response team within forty-eight (48) hours of a face-to- face intervention, as identified through Phoenix encounter data.

8. Adult Assertive Community Treatment (ACT) Teams

8.1. The Contractor shall maintain one (1) full Adult ACT Team in Carroll County and two (2) Mini Adult ACT Teams in the Berlin and Littleton locations that meet the SAMHSA Model and are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00 A.M. The Contractor shall ensure:

8.1.1. Adult ACT Teams deliver comprehensive, individualized, and flexible services, supports, targeted case management, treatment, and rehabilitation in a timely manner as needed, onsite in the individuals' homes and in other natural environments and community settings, or alternatively, via telephone where appropriate to meet the needs of the individual.

8.1.2. The Carroll County Adult ACT Team is composed of at least ten (10) dedicated professionals who make-up a multi-disciplinary team including, a psychiatrist, a nurse, a Masters-level clinician, or functional equivalent therapist, functional support worker and a full time equivalent certified peer specialist.

8.1.3. The Carroll County Adult ACT Team includes an individual trained to provide substance misuse support services including competency in providing co-occurring groups and individual sessions, and supported employment.

8.1.4. Caseloads for Carroll County Adult ACT Team serve no more than twelve (12) individuals per Carroll County Adult ACT Team member, excluding the psychiatrist who will have no more than seventy (70) people served per 0.5 FTE psychiatrist, unless otherwise approved by the Department.

8.1.5. Berlin Mini Adult ACT Team shall consist of 1: 6.49 or more dedicated staff

8.1.6. Littleton Mini Adult ACT Team shall consist of 1: 5.39 or more dedicated staff

8.2. The Contractor shall ensure ACT staff, with the exception of psychiatrist and nurse, receive:

8.2.1. A minimum of 15 hours in basic ACT training within one (1) year of hire date that is consistent with the ACT EBP SAMHSA toolkit approved by BMHS.

8.2.2. A minimum of 4 hours of advanced ACT training of co-occurring disorders within fifteen (15) months of hire date that is consistent with the ACT EBP SAMSHA toolkit and Integrated Dual Disorder Model approved by BMHS.

8.3. The Contractor shall ensure Adult ACT Teams do not have waitlists for screening purposes and/or admission to the ACT Team. The Contractor shall ensure:

8.3.1. Individuals do not wait longer than 30 days for either assessment or placement.

8.3.2. Work with the Department at identifying solutions and appropriate levels of care for any individual waiting for Adult ACT Team services for more than 30 days in order to meet the demand for services and implement the solutions within forty-five (45) days.

8.3.3. Individuals receiving services from Adult ACT Team members, if psychiatrically hospitalized, are offered a same day or next day appointment with any Adult ACT Team member upon date of discharge.

8.4. The Contractor shall report its level of compliance with the above listed requirements on a monthly basis at the staff level in the format, and with content, completeness, and timeliness as specified by the Department as part of the Phoenix submissions, which are due no later than the 15th of the month. The Department may waive this provision in whole or in part in lieu of an alternative reporting protocol, being provided under an agreement with Department contracted Medicaid Managed Care Organizations. The Contractor shall:

8.4.1. Ensure services provided by the Adult ACT Team are identified in the Phoenix submissions as part of the ACT cost center.

8.4.2. Screen for ACT per Administrative Rule He-M 426.08, Psychotherapeutic Services.

8.4.3. Report all ACT screenings with the outcome of the screening to indicate whether the individual is appropriate for ACT, as part of the Phoenix submissions, or in the format, content, completeness, and timelines as specified by the Department.

8.4.4. Make a referral for an ACT assessment within (7) days of:

8.4.4.1. A screening outcome that an individual may be appropriate to receive ACT services.

8.4.4.2. The Contractor shall complete such assessments for ACT services within seven (7) days of an individual being referred for an ACT assessment.

8.4.5. Report the outcome of ACT assessments to the Department as part of the Phoenix submissions, in the format, content, completeness, and timelines as specified by the Department.

8.4.6. Ensure, fall individuals assessed as appropriate for ACT services are admitted to the ACT team caseload and begin receiving ACT services within seven (7) days, with the exception of individuals who decline such services, or are not available to receive such services for reasons that may include, but are not limited to:

8.4.6.1. Extended hospitalization or incarceration.

8.4.6.2. Relocation of individuals out of the Contractor's designated community mental health region.

8.4.7. Ensure, in the event that admitting the individual to the ACT Team caseload causes the ACT Team to exceed the caseload size limitations specified above, consultation with the Department to seek approval:

8.4.7.1. To exceed caseload size requirements, or

8.4.7.2. To provide alternative services to the individual until the individual can be admitted to the ACT caseload.

9. Evidence-Based Supported Employment (EBSE)

9.1. The Contractor shall gather employment status for all adults with Severe Mental Illness (SMI)/Severe Persistent Mental Illness (SPMI) at intake and every quarter thereafter.

9.2. The Contractor shall report the employment status for all adults with SMI/SMPI to the Department in the format, content, completeness, and timelines specified by the Department for individuals indicating a need for EBSE.

9.3. The Contractor shall provide a referral for all individuals who express an interest in receiving Evidence-Based Supported Employment (EBSE) services to the Supported Employment (SE) team within seven (7) days.

9.4. The Contractor shall deemed the individual as waiting for SE services if the SE team cannot accommodate enrollment of SE services at which the individual will be added to the waitlist, which is reported to the Department, as specified by the Department.

9.5. The Contractor shall provide EBSE to eligible individuals in accordance with the SAMHSA and/or Dartmouth model.

9.6. The Contractor shall ensure EBSE services include, but are not limited to:

9.6.1. Job development.

9.6.2. Work incentive counseling.

9.6.3. Rapid job search.

9.6.4. Follow along supports for employed individuals.

9.6.5. Engagement with mental health treatment teams and local NH Vocational Rehabilitation services.

9.7. The Contractor shall ensure EBSE services do not have waitlists, ensuring individuals do not wait longer than 30 days for EBSE services. If waitlists are identified, Contractor shall:

9.7.1. Work with the Department to identify solutions to meet the demand for services; and

9.7.2. Implement such solutions within 45 days.

9.8. The Contractor shall maintain the penetration rate of individuals receiving EBSE at a minimum of 18.6 percent (18.6%) as per the CMHA agreement.

9.9. The Contractor shall ensure SE staff receive:

9.9.1. A minimum of 15 hours in basic training within one year of hire date as approved by the IPS Employment Center and approved by BMHS.

9.9.2. A minimum of 7 hours of advanced SE Job Development Training within 15 months of hire as approved by the IPS-SE Employment Center and BMHS.

10. Work Incentives Counselor Capacity Building

10.1. The Contractor shall employ a minimum of one FTE equivalent Work Incentive Counselor located onsite at the CMHC for a minimum of one (1) state fiscal year.

10.2. The Contractor shall ensure services provided by the Work Incentive Counselor include, but are not limited to:

10.2.1. Connecting individuals with, and assisting individuals with applying for, Vocational Rehabilitation services, ensuring a smooth referral transition.

10.2.2. Engaging individuals in supported employment (SE) and/or increased employment by providing work incentives counseling and planning.

10.2.3. Providing accurate and timely work incentives counseling for beneficiaries with mental illness who are pursuing SE and self-sufficiency.

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10.3. The Contractor shall develop a comprehensive plans for individuals that include visualization of the impact of two or three different levels of income on existing benefits and what specific work incentive options individuals might use to:

10.3.1. Increase financial independence;

10.3.2. Accept pay raises; or

10.3.3. Increase earned income.

10.4. The Contractor shall develop comprehensive documentation of all individual existing disability benefits programs including, but not limited to:

10.4.1. SSA disability programs;

10.4.2. SSI income programs;

10.4.3. Medicaid, Medicare;

10.4.4. Housing Programs; and

10.4.5. Food stamps and food subsidy programs.

10.5. The Contractor shall collect data to develop quarterly reports in a format requested by the Department, on employment outcomes and work incentives counseling benefits that includes but is not limited to:

10.5.1. The number of benefits orientation presentations provided to individuals.

10.5.2. The number of individuals referred to Vocational Rehabilitation who receive mental health services.

10.5.3. The number of individuals who engage in SE services, including:

10.5.3.1. The percentage of individuals seeking part-time employment.

10.5.3.2. The percentage of individuals seeking full-time employment.

10.5.3.3. The number of individuals who increase employment hours to part-time and full-time.

10.6. The Contractor shall ensure the Work Incentive Counselor staff are certified to provide Work Incentives Planning and Assistance (WIPA) through the no-cost training program offered by Virginia Commonwealth University.

10.7. The Contractor shall collaborate with the Vocational Rehabilitation providers to develop the Partnership Plus Model to identify how Social Security funding will be obtained to support the Work Incentives Counselor position after Vocational Rehabilitation funding ceases.

10.8. The Department will monitor Contractor performance by reviewing data to determine outcomes that include:

10.8.1. An increased engagement of individuals in supported employment based on the SE penetration rate.

10.8.2. An increase in Individual Placement in both part-time and full-time employment; and

10.8.3. Improved fidelity outcomes specifically targeting:

10.8.3.1. Work Incentives Planning; and

10.8.3.2. Collaboration between Employment Specialists & Vocational Rehab.

11. Coordination of Care from Residential or Psychiatric Treatment Facilities

11.1. The Contractor shall designate a member of its staff to serve as the primary liaison to New Hampshire Hospital (NHH) who works with the applicable NHH staff, payer(s), guardian(s), other community service providers, and the applicable individual, to assist with coordinating the seamless transition of care for individuals transitioning from NHH to community based services or transitioning to NHH from the community.

11.2. The Contractor shall not close the case of any individual who is admitted to NHH. Notwithstanding, the Contractor shall be deemed to be in compliance with all Administrative He-M 408, Clinical Records rules regarding documentation if it is noted in the record that the individual is an inpatient at NHH or another treatment facility. All documentation requirements as per He-M 408 will be required to resume upon re-engagement of services following the individual's discharge from inpatient care.

11.3. The Contractor shall participate in transitional and discharge planning within 24 hours of admission to an inpatient facility.

11.4. The Contractor shall work with the Department, payers and guardians (if applicable) to review cases of individuals that NHH, Transitional Housing, or alternative treatment facility or the Contractor, have indicated will have difficulty returning to the community to identify barriers to discharge, and to develop an appropriate plan to transition into the community.

11.5. The Contractor shall make a face-to-face appointment available to an individual leaving NHH, Transitional Housing or alternative residential setting who desires to reside in the region served by the Contractor within seven (7) calendar days of receipt of notification of the individual's discharge, or within seven (7) calendar days of the individual's discharge, whichever is later.

11.6. The Contractor shall ensure individuals who are discharged and are new to a CMHC have an intake appointment within seven (7) calendar days. If the individual declines to accept the appointment, declines services, or requests

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an appointment to be scheduled beyond the seven (7) calendar days, the Contractor may accommodate the individual's request provided the accommodation is clinically appropriate, and does not violate the terms of a conditional discharge. The Contractor's Adult ACT Team must see individuals who are on the ACT caseload and transitioning from NHH into the community within 24 hours of NHH discharge.

11.7. The Contractor shall make all reasonable efforts to ensure that no appropriate bed is available at any other inpatient psychiatric unit, Designated Receiving Facility (DRF) per NH RSA 135-C and NH Administrative Rule He-M 405, Designation of Receiving Facilities, Mobile Crisis Apartment, Peer Support Recovery Center, or Adult Psychiatric Residential Treatment Program (APRTP) prior to referring an individual to NHH.

11.8. The Contractor shall collaborate with NHH and Transitional Housing Services (THS) to develop and execute conditional discharges from NHH to THS in order to ensure that individuals receive treatment in the least restrictive environment. The Department will review the requirements of NH Administrative Rule He-M 609 to ensure obligations under this section allow CMHC delegation to the THS vendors for clients who reside there.

11.9. The Contractor shall have all necessary staff members available to receive, evaluate, and treat individuals discharged from NHH seven (7) days per week, consistent with the provisions in NH Administrative Rule He-M 403 and NH Administrative Rule He-M 426.

11.10. For individuals at NHH who formerly resided in the Contractor's designated community mental health region prior to NHH admission, who have been identified for transition planning to the Glencliff Home, the Contractor shall, at the request of the individual or guardian, or of NHH or Glencliff Home staff, participate in transition planning to determine if the individual can be supported in the Contractor's region with community based services and supports instead of transitioning to the Glencliff Home. In the event the individual would require supports from multiple funding sources or the Department's systems of care, the Contractor shall collaborate with additional Department staff at NHH's request, to address any barriers to discharge the individual to the community.

12. COORDINATED CARE AND INTEGRATED TREATMENT

12.1. Primary Care

12.1.1. The Contractor shall request written consent from each individual to allow the designated primary care provider to release information for the purpose of coordinating care regarding mental health services or substance misuse services or both.

12.1.2. The Contractor shall support each individual with linking to an available primary care provider, if the individual does not have an identified primary care provider, to:

12.1.2.1. Monitor health;

12.1.2.2. Provide medical treatment as necessary; and

12.1.2.3. Engage in preventive health screenings.

12.1.3. The Contractor shall consult with each primary care provider at least annually, or as necessary, to integrate care between mental and physical health for each individual, which may include the exchange of pertinent information including, but not limited to medication changes or changes in the individual's medical condition.

12.1.4. The Contractor shall document on the release of information form the reason(s) written consent to release information was refused in the event an individual refuses to provide consent to release information.

12.2. Substance Misuse Treatment, Care and/or Referral

12.2.1. The Contractor shall provide services and meet requirements to address substance misuse and to support recovery intervention implementation, which include, but are not limited to:

12.2.1.1. Screening no less than 95% of eligible individuals for substance misuse at the time of intake, and annually thereafter.

12.2.1.2. Conducting a full assessment for substance misuse disorder and associated impairments for each individual who screens positive for substance use.

12.2.1.3. Developing an individualized service plan for each eligible individual based on information from substance misuse screening.

12.2.2. The Contractor shall utilize the SAMSHA evidence-based models for Co-Occurring Disorders Treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model.

12.2.3. The Contractor shall make all appropriate referrals if the individual requires additional substance use disorder care utilizing the current New Hampshire system of care, and ensuring linkage to and coordination with resources.

12.3. Peer Supports

12.3.1. The Contractor shall promote recovery principles and integrate peer support services through the agency, which includes, but is not limited to:

12.3.1.1. Employing peers as integrated members of the CMHC treatment team(s) with the ability to deliver conventional interventions that include case management or psychotherapy, and interventions uniquely suited to the peer role that includes intentional peer support.

12.3.1.2. Supporting peer specialists to promote hope and resilience, facilitate the development and use of recovery-based goals and care plans, encourage treatment engagement and facilitate connections with natural supports.

12.3.1.3. Establishing working relationships with the local Peer Support Agencies, including any Peer Respite, step-up/step-down, and Clubhouse Centers and promote the availability of these services.

12.4. Transition of Care with MCO's

12.4.1. The Contractor shall ensure ongoing coordination occurs with the MCO Care Managers to support care coordination among and between services providers.

13. Supported Housing

13.1. The Contractor shall stand up a minimum of six (6) new supported housing beds including, but not limited to, transitional or community residential beds by December 31, 2021. The Contractor shall:

13.1.1. Submit a plan for expanding supported housing in the region including a budget to the Department for approval by August 15, 2021, that includes but is not limited to:

13.1.1.1. Type of supported housing beds.

13.1.1.2. Staffing plan.

13.1.1.3. Anticipated location.

13.1.1.4. Implementation timeline.

13.1.2. Provide reporting in the format and frequency requested by the Department that includes, but is not limited to:

13.1.2.1. Number of referrals received.

13.1.2.2. Number of individuals admitted.

13.1.2.3. Number of people transitioned into other local community residential settings.

14. CANS/ANSA or Other Approved Assessment

14.1. The Contractor shall ensure all clinicians providing community mental health services to individuals eligible for services in accordance with NH Administrative Rule He-M 426, are certified in the use of:

14.1.1. The New Hampshire version of the Child and Adolescent Needs and Strengths Assessment (CANS) if serving the child and youth population; and

14.1.2. The New Hampshire version of the Adult Needs and Strengths Assessment (ANSA), or other approved evidence based tool, if serving the adult population.

14.2. The Contractor shall ensure clinicians are maintain certification by through successful completion of a test provided by the Praed Foundation, annually.

14.3. The Contractor shall ensure ratings generated by the New Hampshire version of the CANS or ANSA assessment are:

14.3.1. Utilized to develop an individualized, person-centered treatment plan.

14.3.2. Utilized to document and review progress toward goals and objectives and to assess continued need for community mental health services.

14.3.3. Submitted to the database managed for the Department that allows client-level, regional, and statewide outcome reporting by the 15th of every month, in CANS/ANSA format.

14.3.4. Employed to assist in determining eligibility for State Psychiatric Rehabilitation services.

14.4. The Contractor shall complete documentation of re-assessments using the New Hampshire version of the CANS or ANSA 2.0 in accordance with NH Administrative Rule He-M 401.04-09 for eligibility determination and in accordance with NH Administrative Rule He-M 401.12-13 for periodic Individual Service Plan (ISP) reviews.

14.5. The Contractor may use an alternate evidence based, assessment tool that meets all ANSA 2.0 domains, subject to written Department approval. There is no alternate assessment tool allowed for the use of CANS. If an alternative tool is approved, monthly reporting of data generated by the Contractor must be in ANSA 2.0 format, to enable client-level, regional and statewide reporting.

14.6. The Contractor shall consult with the Medicaid Managed Care Organizations (MCO) to develop and implement a process that meets the MCOs' need to measure program effectiveness.

14.7. The Contractor shall correct all errors or complete all system corrections to ensure data is submitted in its entirety and completeness no later than six (6) months from contract effective date. Failure to complete all correction may result in withholding of funds until all corrections are completed.

15. Pre-Admission Screening and Resident Review

15.1. The Contractor shall assist the Department with Pre-Admission Screening and Resident Review (PASRR) to meet the requirements of the PASRR provisions of the Omnibus Budget Reconciliation Act of 1987.

15.2. Upon request by the Department, the Contractor shall:

15.2.1. Provide the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident; and

15.2.2. Conduct evaluations and examinations needed to provide the data to determine if an individual being screened or reviewed:

15.2.2.1. Requires nursing facility care; and

15.2.2.2. Has active treatment needs.

16. Application for Other Services

16.1. The Contractor shall assist eligible individuals in accordance with NH Administrative Rule He-M 401, with completing applications for all sources of financial, medical, and housing assistance, according to their respective rules, requirements and filing deadlines. The Contract shall assist with applications that may include, but are not limited to:

16.1.1. Medicaid.

16.1.2. Medicare.

16.1.3. Social Security Disability Income.

16.1.4. Veterans Benefits.

16.1.5. Public Housing.

16.1.6. Section 8 Subsidies.

17. Community Mental Health Program (CMHP) Status

17.1. The Contractor shall meet the approval requirements of NH Administrative Rule He-M 403 as a governmental or non-governmental non-profit agency, or the contract requirement of NH RSA 135-C:3 as an individual, partnership, association, public or private, for profit or nonprofit, agency or corporation to provide services in the state mental health services system.

17.2. The Contractor shall provide all applicable documentation, policies and procedures, and shall participate in an onsite compliance review, as requested by the Department, to determine compliance with NH Administrative Rule He-M 403 and NH RSA 135-C:3. Compliance reviews will be at times to be determined by the Department, and will occur no less than once every five (5) years.

18. Quality Improvement

18.1. The Contractor shall perform, or cooperate with the performance of, quality improvement and/or utilization review activities, as are determined to be necessary and appropriate by the Department within timeframes reasonably specified by the Department.

18.2. The Contractor shall cooperate with the Department-conducted individual satisfaction survey. The Contractor shall:

18.2.1. Furnish information necessary, within HIPAA regulations, to complete the survey.

18.2.2. Furnish complete and current contact information so that individuals may be contacted to participate in the survey.

18.2.3. Support the efforts of the Department to conduct the survey.

18.2.4. Encourage all individuals sampled to participate.

18.2.5. Display posters and other materials provided by the Department to explain the survey and otherwise support attempts by the Department to increase participation in the survey.

18.3. The Contractor shall demonstrate efforts to incorporate findings from their individual survey results into their Quality Improvement Plan goals.

18.4. The Contractor shall engage and comply with all aspects of fidelity reviews based on a model approved by the Department and on a schedule approved by the Department.

19. Maintenance of Fiscal Integrity

19.1. The Contractor shall submit to the Department the Balance Sheet, Profit and Loss Statement, and Cash Flow Statement for the Contractor and all related parties that are under the Parent Corporation of the mental health provider organization each month.

19.2. The Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. These statements shall be individualized by providers, as well as a consolidated (combined) statement that includes all subsidiary organizations.

19.3. Statements shall be submitted within thirty (30) calendar days after each month end, and shall include, but are not limited to:

19.3.1. Days of Cash on Hand:

19.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

19.3.1.2. Formula: Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

19.3.1.3. Performance Standard: The Contractor shall have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed.

19.3.2. Current Ratio:

19.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

19.3.2.2. Formula: Total current assets divided by total current liabilities.

19.3.2.3. Performance Standard: The Contractor shall maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

19.3.3. Debt Service Coverage Ratio:

19.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

19.3.3.2. Definition: The ratio of Net Income to the year to date debt service.

19.3.3.3. Formula: Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.

19.3.3.4. Source of Data: The Contractor's Monthly Financial Statements identifying current portion of long-term debt payments (principal and interest).

19.3.3.5. Performance Standard: The Contractor shall maintain a minimum standard of 1.2:1 with no variance allowed.

19.3.4. Net Assets to Total Assets:

19.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

19.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

19.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

19.3.4.4. Source of Data: The Contractor's Monthly Financial Statements.

19.3.4.5. Performance Standard: The Contractor shall maintain a minimum ratio of .30:1, with a 20% variance allowed.

19.4. In the event that the Contractor does not meet either:

19.4.1. The standard regarding Days of Cash on Hand and the standard regarding Current Ratio for two (2) consecutive months; or

19.4.2. Three (3) or more of any of the Maintenance of Fiscal Integrity standards for three (3) consecutive months:

19.4.2.1. The Department may require that the Contractor meet with Department staff to explain the reasons that the Contractor has not met the standards.

19.4.2.2. The Department may require the Contractor to submit a comprehensive corrective action plan within thirty (30) calendar days of notification and plan shall be updated at least every thirty (30) calendar days until compliance is achieved.

19.4.2.3. The Department may request additional information to assure continued access to services.

19.4.2.4. The Contractor shall provide requested information in a timeframe agreed upon by both parties.

19.5. The Contractor shall inform the Director of the Bureau of Mental Health Services (BMHS) by phone and by email within twenty-four (24) hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement

19.6. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement. These reports are due within thirty (30) calendar days after the end of each month.

19.7. The Contractor shall provide its Revenue and Expense Budget within twenty (20) calendar days of the contract effective date.

19.8. The Contractor shall complete the Fiscal Year Revenue and Expense Budget on a form supplied by the Department, which shall include but not be limited to, all the Contractor's cost centers. If the Contractor's cost centers are a combination of several local cost centers, the Contractor shall display them separately as long as the cost center code is unchanged.

19.9. The Contractor shall provide quarterly Revenue and Expense Reports (Budget Form A), within thirty (30) calendar days after the end of each fiscal quarter, defined as July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

20. Reduction or Suspension of Funding

20.1. In the event that the State funds designated as the Price Limitation in Form P-37, General Provisions, Block 1.8. of the General Provisions are materially reduced or suspended, the Department shall provide prompt written notification to the Contractor of such material reduction or suspension.

20.2. In the event that the reduction or suspension in federal or state funding shall prevent the Contractor from providing necessary services to individuals, the Contractor shall develop a service reduction plan, detailing which necessary services will no longer be available.

20.3. Any service reduction plan is subject to approval from the Department, and shall include, at a minimum, provisions that are acceptable to the Department, with services that include, but are not limited to:

20.3.1. Evaluation of and, if eligible, an individual service plan for all new applicants for services.

20.3.2. Emergency services for all individuals.

20.3.3. Services for individuals who meet the criteria for involuntary admission to a designated receiving facility.

20.3.4. Services to individuals who are on a conditional discharge pursuant to RSA 135-C:50 and NH Administrative Rule He-M 609.

21. Elimination of Programs and Services by Contractor

21.1. The Contractor shall provide a minimum thirty (30) calendar days written notice prior to any reductions in delivery of services, or notice as soon as possible if the Contactor is faced with a more sudden need to reduce delivery of services.

21.2. The Contractor shall consult and collaborate with the Department prior to elimination or reduction of services in order to reach a mutually agreeable solution as to the most effective way to provide necessary services.

21.3. The Department reserves the right to require the Contractor to participate in a mediation process with the Commissioner of the Department of Health and Human Services, and to invoke an additional thirty (30) calendar day extension in the event of a proposal to reduce or eliminate any contracted services.

21.4. If the parties are still unable to come to a mutual agreement within the thirty (30) calendar day extension, the Contractor may proceed with its proposed program change(s) so long as proper notification to eligible individuals is provided.

21.5. The Contractor shall not redirect funds allocated in the budget for the program or service that has been eliminated or substantially reduced to another program or service without the mutual agreement of both parties.

21.6. In the event that an agreement cannot be reached, the Department shall control the expenditure of the unspent funds.

22. Data Reporting

22.1. The Contractor shall submit any data needed to comply with federal or other reporting requirements to the Department or contractor designated by the Department.

22.2. The Contractor shall submit all required data elements via the Phoenix system except for the CANS/ANSA and Projects for Assistance in Transition from Homelessness program (PATH) data, as specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

22.3. The Contractor shall submit individual demographic and encounter data, including data on non-billable individual-specific services and rendering staff providers on all encounters, to the Department's Phoenix system, or its successors, in the format, content, completeness, frequency, method and timeliness as specified by the Department. Individual data must include a Medicaid ID number for individuals who are enrolled in Medicaid.

22.4. The Contractor shall include client eligibility with all Phoenix services in alignment with current reporting specifications. For an individual's services to be considered BMHS eligible, SPMI, SMI, Low Utilizer (LU), SED, and Severe Emotional Disturbance Interagency (SEDIA) are acceptable.

22.5. The Contractor shall meet the general requirements for the Phoenix system which include, but are not limited to:

22.5.1. Agreeing that all data collected in the Phoenix system, which is Confidential Data as defined by Exhibit K, is the property of the Department to use as it deems necessary.

22.5.2. Ensuring data files and records are consistent with file specification and specification of the format and content requirements of those files.

22.5.3. Ensuring that errors in data returned to the Contractor are corrected and resubmitted to the Department within ten (10) business days.

22.5.4. Ensuring data is current and updated in the Contractor's systems as required for federal reporting and other reporting requirements and as specified by the Department.

22.5.5. Implementing review procedures to validate data submitted to the Department to confirm:

22.5.5.1. All data is formatted in accordance with the file specifications;

22.5.5.2. No records will reject due to illegal characters or invalid formatting; and

22.5.5.3. The Department's tabular summaries of data submitted by the Contractor match the data in the Contractor's system.

22.6. The Contractor shall meet the following standards:

22.6.1. Timeliness: monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data unless otherwise approved by the Department, and the Contractor shall review the Department's tabular summaries within five (5) business days.

22.6.2. Completeness: submitted data must represent at least ninety-eight percent (98%) of billable services provided, and ninety-eight percent (98%) individuals served by the Contractor.

22.6.3. Accuracy: submitted service and member data shall conform to submission requirements for at least ninety-eight percent (98%) of the records, and one-hundred percent One–hundred percent (100%) of unique member identifiers shall be accurate and valid.

22.7. The Department may waive requirements for fields in Phoenix on a case by case basis through a written waiver communication that specifies the items being waived. In all circumstances:

22.7.1. The waiver length shall not exceed 180 days.

22.7.2. Where the Contractor fails to meet standards, the Contractor shall submit a corrective action plan within thirty (30) calendar days of being notified of an issue.

22.7.3. After approval of the corrective action plan, the Contractor shall implement the plan.

22.7.4. Failure of the Contractor to implement the plan may require:

22.7.4.1. Another plan; or

22.7.4.2. Other remedies, as specified by the Department.

23. Behavioral Health Services Information System (BHSIS)

23.1. The Contractor may receive funding for data infrastructure projects or activities, depending upon the receipt of federal funds and the criteria for use of those funds, as specified by the federal government. The Contractor shall ensure funding-specific activities include:

23.2. Identification of costs associated with client-level Phoenix and CANS/ANSA databases including, but not limited to:

23.2.1. Rewrites to database and/or submittal routines.

23.2.2. Information Technology (IT) staff time used for re-writing, testing or validating data.

23.2.3. Software and/or training purchased to improve data collection.

23.2.4. Staff training for collecting new data elements.

23.2.5. Development of any other BMHS-requested data reporting system.

23.3. Progress Reports from the Contractor that:

23.3.1. Outline activities related to Phoenix database;

23.3.2. Include any costs for software, scheduled staff trainings; and

23.3.3. Include progress to meet anticipated deadlines as specified.

24. Specialty Housing Provisions

24.1. The Contractor shall continue providing intensive residential treatment services for individuals at high risk of admission to NHH within the Northern Human Services catchment area to support the Housing and Urban Development (HUD) requirement of the Gilpin Community Residence to move from the provision of transitional housing to permanent supported housing.

24.2. The Contractor shall ensure funds are applied to support the staffing costs at the Gilpin Community Residence, 145 High Street, Littleton, NH and to the extent possible, the Kearsarge Community Residence, 138 Kearsarge Street, North Conway, NH to enhance staffing support.

24.3. The Contractor shall submit data to the Department, as requested.

24.4. Reimbursements will be based on costs in accordance with Exhibit B Amendment #3.

25. Deaf Services

25.1. The Contractor shall work with the Deaf Services Team, employed by Region 6, for all individuals seeking services who would benefit from receiving treatment in American Sign Language (ASL) or from staff who are specially trained to work with the deaf and hard of hearing population.

25.2. The Contractor shall work with the Deaf Services Team in Region 6 for consultation for disposition and treatment planning, as appropriate.

25.3. The Contractor shall ensure treatment plans take the importance of access to culturally and linguistically appropriate services on treatment outcomes into consideration.

25.4. The Contractor shall ensure services are client-directed, which may result in:

25.4.1. Clients being seen only by the Deaf Services Team through CMHC Region 6;

25.4.2. Care being shared across the regions; or

25.4.3. The individual's local CMHC providing care after consultation with the Deaf Services Team.

26. Glencliff Home In-Reach Liaison

26.1. The Contractor shall ensure In-Reach services are available to residents at the Glencliff Home through an In-Reach Liaison who:

26.1.1. Assists residents with exploring options for living in the community;

26.1.2. Provides information to residents relative to community-based opportunities;

26.1.3. Assists residents with acquiring skills to be active members of the community; and

26.1.4. Offers support to enable individuals to venture out and participate in community-based re-engagement opportunities.

26.2. The Contractor shall ensure the In-Reach Liaison coordinates access to Glencliff Home residents; scheduling and transportation; and other services with the Department-designated Glencliff Home staff.

26.3. The Contractor shall ensure the In-Reach Liaison abides by Glencliff Home policies and practices identified as applicable to the In-Reach Liaison by the Department.

26.4. The Contractor shall ensure the In-Reach Liaison prioritizes In-Reach service delivery to residents identified by Department-designated Glencliff Home staff, as most appropriate and in need of In-Reach services.

26.5. The Contractor shall ensure the In-Reach Liaison collaborates with the resident, Glencliff Home staff, and community providers to achieve the goals identified in the resident's transition plan.

26.6. The Contractor shall ensure the In-Reach Liaison works in partnership with residents, staff at Glencliff Home, guardians, if applicable, and community-based providers and agencies to assist residents with their planning and transition process.

26.7. The Contractor shall ensure the In-Reach Liaison:

26.7.1. Supports case coordination and transition planning efforts currently in place at Glencliff Home.

26.7.2. Engages in shared learning with Glencliff Home residents regarding the values of integrated community-based living.

26.7.3. Provides information, testimonials, and resources, though group educational sessions and individual consultations, on the array of services and supports available to assist residents successfully return to community-based living.

26.7.4. Addresses residents' regional and cultural preferences; special medical needs; behavioral health-related issues; and similar concerns that may arise.

26.8. The Contractor shall ensure the In-Reach Liaison provides an array of support services that may include, but are not limited to:

26.8.1. Meeting with residents to discuss placement options and assist with application submissions, which include follow-ups, as necessary, to facilitate timely placements that meet residents' goals, needs, and preferences.

26.8.2. Developing working relationships with community providers, property management entities, realtors, and other community resources as needed, to identify additional community placement partners interested in creating residential options to meet residents' transition needs.

26.8.3. Participating in transition planning meetings and working with the applicable team to identify opportunities and resolve barriers in order to facilitate timely and successful transitions.

26.8.4. Arranging, facilitating, and transporting residents to engage in community-based opportunities that may include, but are not limited to visiting community providers and agencies as well as housing options.

26.9. The Contractor shall submit monthly reports that include information to determine the achievement of anticipated performance outcomes associated with the In-Reach services provided during the previous month.

26.10. The Contractor shall ensure monthly reporting demonstrates:

26.10.1. Residents have a better awareness of the benefits of community-based living, as evidenced by:

26.10.1.1. Attending group presentations provided or facilitated by the In-Reach Liaison that include information, testimonials, and resources about the broad array of services and supports available to help residents successfully return to community-based living.

26.10.1.2. Meeting with the In-Reach Liaison to discuss the service array of community mental health services for which the resident may benefit from receiving if the resident transitioned to community living, which may include, but are not limited to:

26.10.1.2.1.1. Assertive Community Treatment (ACT).

26.10.1.2.1.2. Supported Housing.

26.10.1.2.1.3. Supported Employment.

26.10.1.2.1.4. Residential placement options.

26.10.2. Residents are better prepared to return to community-based living, as evidenced by:

26.10.2.1. Engaging in shared learning activities with the In-Reach Liaison around the values of integrated community-based living.

26.10.2.2. Meeting with the In-Reach Liaison and, when applicable, family members, guardian, Glencliff Home staff, and other specified supports to identify concerns or reservations regarding community-based living and developing strategies to address or resolve such concerns and reservations.

26.10.2.3. Community stakeholders, who are potential service and housing providers for Glencliff Home residents upon re-entry to the community, are better prepared to participate and collaborate in transition planning activities and to provide needed community-based services as well as housing opportunities to residents, as evidenced by:

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26.10.2.3.1. Participating in resident-specific transition discussions, with the In-Reach Liaison, to identify the potential appropriateness and ability of stakeholders to provide services to the resident upon return to community-based living and, when applicable, identify barriers that need to be addressed; and

26.10.2.3.2. Meeting with the In-Reach Liaison, the resident, and applicable family members or guardian, as applicable, to introduce and orient the resident to the potential service provision or placement site opportunities the stakeholder may be able to provide to the resident should the resident return to community-based living.

26.11. The Contractor shall, within thirty (30) days of hiring the In-Reach Liaison, collaborate with the Department to finalize the data elements to be captured and reported on a monthly basis to demonstrate the degree to which performance outcomes specified above are achieved.

26.12. All reporting is subject to Department approval.

Method and Conditions Precedent to Payment

1. This Agreement is funded by:
   1.1. 96.15% General funds.
   1.2. 0.61% Other funds. Behavioral Health Services Information System (BHSIS), U.S. Department of Health and Human Services
   1.3. 3.24% Balancing Incentive Program (BIP) as awarded on 3/1/2012, by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) CFDA 93.778, FAIN#05-1505NHBIPP.
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The State shall pay the Contractor an amount not to exceed the Price Limitation, specified in Form P-37, General Provisions, Block 1.8 for the services provided by the Contractor pursuant to Exhibit A, Amendment #3 Scope of Services.
4. The Contractor agrees to provide the services in Exhibit A, Amendment #3 Scope of Services in compliance with funding requirements.
5. The Contractor shall provide a Revenue and Expense Budget on a Department-provided template, within twenty (20) business days from the contract effective date, for Department approval.
6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:
   7.1. For Medicaid enrolled individuals:
      7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
      7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
   7.2. For individuals with other insurance or payors:
      7.2.1. The Contractor shall directly bill the other insurance or payors.
8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the below table define how many units to report or bill.

Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit
23-37 minutes	2 units

38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:

9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program to be Funded	**SFY2018 Amount**	**SFY2019 Amount**	**SFY2020 Amount**	**SFY2021 Amount**	**SFY2022 Amount**
Div. for Children Youth and Families (DCYF) Consultation	$ 5,310	$ 5,310	$ 5,310	$ 5,310	$ 5,310
Emergency Services	$ 98,304	$ 98,304	$ 98,304	$ 98,304	$ 98,304
Crisis Service Transformation Including Mobile Crisis (effective SFY 22)		-	-		$ 894,884
Assertive Community Treatment Team (ACT) - Adults	$ 255,000	$ 255,000	$ 480,000	$ 480,000	$ 480,000
ACT Enhancement Payments		$ 25,000	-	-	$ 12,500
Behavioral Health Services Information System (BHSIS)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 10,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)	$ 4,000	-	$ 5,000	$ 5,000	$ 5,000
Rehabilitation for Empowerment, Education and Work (RENEW)	$ 3,945	$ 3,945	$ 6,000	$ 6,000	$ 6,000
Housing Bridge Start Up Funding		$ 25,000		-	-
Specialty Residential Services Funding			$ 45,000	$ 45,000	$ 45,000
Alternative and Crisis Housing Subsidy	$ 22,000	$ 22,000	$ 22,000	$ 22,000	$ 22,000
General Training Funding		$ 10,000	-	-	$ 5,000
System Upgrade Funding		$ 30,000	-	-	$ 15,000
Glencliff Home In-Reach Services		-	$ 132,122	$ 15,963	$ 93,743
VR Work Incentives		-	-	-	$ 80,000
System of Care 2.0		-	-	-	$ 263,028
Total	**$393,559**	**$ 479,559**	**$ 798,736**	**$ 682,577**	**$ 2,035,769**

9.2. Payment for each contracted service in the above table shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the Department approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of the Department, result in financial penalties not greater than the amount of the directed expenditure.

9.4. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each Department-approved invoice for Contractor services provided pursuant to this Agreement.

9.6. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of ***$73.75*** per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Amendment #3 Scope of Services, Division for Children, Youth, and Families (DCYF).

9.7. Emergency Services: The Department shall reimburse the Contractor only for those Emergency Services provided to clients as defined in Exhibit A, Amendment #3 Scope of Services, Provision of Crisis Services. Effective July 1, 2021, the Contractor shall bill and seek reimbursement for mobile crisis services provided to individuals pursuant to this Agreement as follows:

9.7.1. For Medicaid enrolled individuals through the Department Medicaid Fee for Service program in accordance with the current, publically posted Fee for Service (FFS) schedule located at NHMMIS.NH.gov.

9.7.2. For Managed Care Organization enrolled individuals the Contractor shall be reimbursed pursuant to the Contractor's agreement with the applicable Managed Care Organization for such services.

9.7.3. For individuals with other health insurance or other coverage for the services received, the Contractor shall directly bill the other insurance or payors.

9.7.4. For individuals without health insurance or other coverage for the services received, and for operational costs contained in Exhibits B, Amendment #3 Method and Conditions Precedent to Payment or which the Contractor cannot otherwise seek reimbursement from an insurance or third-party payer, the Contractor shall directly bill the Department to access contract funds provided through this Agreement.

9.7.4.1. Invoices of this nature shall include general ledger detail indicating the Department is only being invoiced for net expenses, shall only be reimbursed up to the current Medicaid rate for the services provided and contain the following items for each client and line item of service:

9.7.4.1.1. First and last name of client.

9.7.4.1.2. Date of birth.

9.7.4.1.3. Medicaid ID Number.

9.7.4.1.4. Date of Service identifying date, units, and any possible third party reimbursement received.

9.7.5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in the Department-approved budget.

9.7.5.1. The Contractor shall provide a Mobile Crisis Budget within twenty (20) business days from the contract effective date on a Department-provided template for Department approval.

9.7.5.2. Law enforcement is not an authorized expense.

9.8. Crisis Services Transformation Including Mobile Crisis: Funding is subject to the transformation of crisis services as evidenced by achieving milestones identified in the transition plan in Exhibit A, Amendment #3 Scope of Services, and subject to the terms as outlined above.

9.9. Crisis Transformation Startup Funds: Payment for start-up period expenses incurred by the Contractor shall be made by the Department based on the start-up amount of ***$87,180***; the total of all such payments shall not exceed the specified start-up amount total and shall not exceed the total expenses actually incurred by the Contractor for the start-up period. All Department payments to the Contractor for the start-up period shall be made on a cost reimbursement basis.

Startup Cost	Total Cost
Recruitment Startup	$50,000.00
IT Equipment, Supplies, & Consultation	$27,840.00
Indirect Cost Limit at 12%	$9,340

9.10. Assertive Community Treatment Team (ACT) Adults: The Contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A, Amendment #3 Scope of Services, Adult Assertive Community Treatment (ACT) Teams.

ACT Costs	INVOICE TYPE	TOTAL COST
Invoice based payments on invoice	Programmatic costs as outlined on invoice by month	$480,000
ACT Enhancements	Agencies may choose one of the following for a total of five (5) one (1) time payments of $5,000.00. Each item may only be reported on one (1) time for payment. 1. Agency employs a minimum of .5 Psychiatrist on Team based on SFY 19 and 20 Fidelity Review. 2. Agency receives a four (4) or higher score on their SFY 19 and 20 Fidelity Review for Consumer on Team, Nurse on Team, SAS on Team, SE on Team, or Responsibility for crisis services. ACT Incentives may be drawn down upon completion of the CMHC FY22 Fidelity Review. $6,250 may be drawn down for each incentive to include; intensity and frequency of individualized client care to total $12,500. Intensity of services must be measured between 50-84 minutes of services per client per week on average.	$25,000 in SFY 2019, $12,500 per SFY for 2022

	Frequency of service for an individual must be between 2-3 times per client per week.	

9.11. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A, Amendment #3 Scope of Services.

9.12. MATCH: Funds to be used to support services and trainings outlined in Exhibit A, Amendment #3 Scope of Services. The breakdown of this funding per SFY, effective SFY 2020 is outlined below.

TRAC COSTS	CERTIFICATION/RECERTIFICATION	TOTAL COST
$2,500	$250/Person X 10 People = $2,500	$5,000

9.13. RENEW Sustainability Continuation: The Department shall reimburse the Contractor for RENEW activities outlined in Exhibit A Amendment #2, RENEW Sustainability. RENEW costs will be billed on green sheets and will have detailed information regarding the expense associated with each of the following items, not to exceed ***$6,000*** annually. Funding can be used for training of new facilitators; training for an internal coach; coaching Institute on Disability IOD for facilitators, coach, and implementation teams; and travel costs.

9.14. Housing Support Services including Bridge: The Contractor shall be paid based on an activity and general payment as outlined below. Funds to be used for the provision of services as outlined in Exhibit A, Amendment #3 Scope of Services, in SFY 2019.

Housing Services Costs	INVOICE TYPE	TOTAL COST
Hire of a designated housing support staff	One-time payment	$15,000
Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A – Amendment #1	One-time payment	$10,000

9.15. Specialty Residential Funding: Funding to support housing services as outlined in Exhibit A, Amendment #3, Scope of Services.

9.16. Alternative and Crisis Housing Subsidy: Funding to support staffing and building maintenance as outlined in Exhibit A, Amendment #3 Scope of Services.

9.17. General Training Funding: Funds are available in SFY 2019and SFY2022 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.18. System Upgrade Funding: Funds are available in SFY 2019 and SFY2022 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Data Reporting. Funds may also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B, Amendment #3 Method and Conditions Precedent to Payment, ensuring invoices specify purposes for use of funds.

9.19. Glencliff Home In-Reach Services: Funding to support staffing and services as outlined in Exhibit A, Amendment #3 Scope of Services.

9.20. System of Care 2.0: Funds are available in SFY 2022 to support a School Liaison position and associated program expenses as outlined in the below budget table.

School Liaison and Supervisory Positions & Benefits	$130,000
Program Staff Travel	$12,075
Program Office Supplies, Copying and Postage	$8,700
Implementation Science and MATCH-ADTC Training for CMHC staff	$7,500
Professional development for CMHC staff in support of grant goals and deliverables	$30,000
Expenses incurred in the delivery of services not supported by Medicaid, private insurance, or other source	$60,000
Indirect Costs (not to exceed 6%)	$14,753
Total	**$263,028**

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

New Hampshire Department of Health and Human Services

Exhibit K, Amendment #3

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

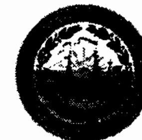
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all non-public information owned, managed, created, received for or on behalf of, the Department that is protected by information security, privacy or confidentiality rules, Agreement and state and federal laws or policy. This information may include but is not limited to, derivative data, Protected Health Information (PHI), Personally Identifiable Information (PII), Substance Use Disorder Information (SUD), Federal Tax Information, Social Security Administration, and CJIS (Criminal Justice Information Services) data, including the copy of information submitted known as the Phoenix Data. Confidential Information or Confidential Data shall not include medical records produced and maintained by the contractor in the course of their practice or information owned by the patient/client. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the contractor

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives Confidential Data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.



7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or Confidential data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

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

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that Confidential Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees Confidential Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the Confidential Data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting Confidential Data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to

access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the Confidential Data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. If it is infeasible to return or destroy the Confidential Data, protections pursuant to this Information Security Requirements Exhibit survive this contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process Confidential Data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.
6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting

infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such Confidential Data upon request or contract termination; and will obtain written certification for any State of New Hampshire Confidential Data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire Confidential Data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the Confidential Data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate Confidential Data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the Confidential Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to

contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. Omitted.

10. The Contractor will not store, knowingly or unknowingly, any Confidential Data or State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the

level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:
    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
    b. safeguard this information at all times.
    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
    e. limit disclosure of the Confidential Information to the extent permitted by law.
    f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
    g. only authorized End Users may transmit the Confidential Data, including any

derivative files containing personally identifiable information, and in all cases, such Confidential Data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

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VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

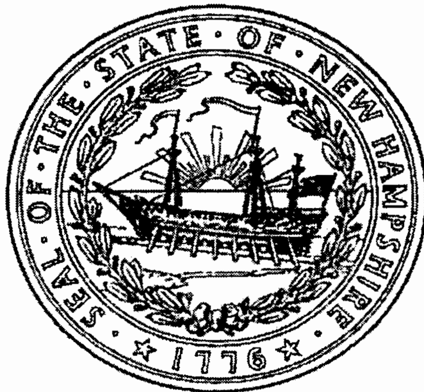
DocuSign Envelope ID: 1127C787-3176-4B76-84C6-25BA0EF6F18B

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 NORTHERN HUMAN SERVICES is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 03, 1971. 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: **62362**
Certificate Number : **0005348730**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this **5th** day of **April** A.D. **2021**.

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Madelene Costello, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Northern Human Services.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January 25, 2021, at which a quorum of the Directors/shareholders were present and voting.
(Date)

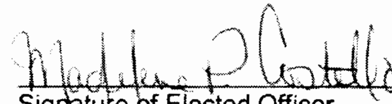
VOTED: That Eric Johnson, CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Northern Human Services to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 6/11/20



Signature of Elected Officer
Name: Madelene Costello
Title: President

NORTHHUM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/01/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
USI Insurance Services LLC
3 Executive Park Drive, Suite 300
Bedford, NH 03110
855 874-0123

CONTACT NAME: Christine.skehan
PHONE (A/C, No, Ext): 855 874-0123 | FAX (A/C, No):
E-MAIL ADDRESS: Christine.skehan@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Insurance Company	32204
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Northern Human Services, Inc.
87 Washington Street
Conway, NH 03818-6044

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PHPK2255726	03/31/2021	03/31/2022	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE / X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	X POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			PHPK2255722	03/31/2021	03/31/2022	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB / X OCCUR			PHUB761993	03/31/2021	03/31/2022	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$10,000,000
	DED / X RETENTION $10000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Profession Liab			PHPK2255726	03/31/2021	03/31/2022	$1,000,000/$3,000,000	
A	Physician Prof			PHPK2255726	03/31/2021	03/31/2022	$1,000,000/$3,000,000	

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

CERTIFICATE HOLDER
State of NH Department of Health
and Human Services (DHHS)
129 Pleasant St
Concord, NH 03301

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

AUTHORIZED REPRESENTATIVE

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Client#: 1010836 NORTHHUM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/06/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
USI Insurance Services LLC
3 Executive Park Drive, Suite 300
Bedford, NH 03110
855 874-0123

CONTACT NAME: Christine.Skehan
PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No):
E-MAIL ADDRESS: Christine.Skehan@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : NH Employers Insurance Company	13083
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Northern Human Services, Inc.
87 Washington Street
Conway, NH 03818-6044

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY; CLAIMS-MADE; OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: POLICY; PRO-JECT; LOC; OTHER:						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY; ANY AUTO; OWNED AUTOS ONLY; SCHEDULED AUTOS; HIRED AUTOS ONLY; NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB; OCCUR; EXCESS LIAB; CLAIMS-MADE; DED; RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N; (Mandatory in NH); If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		ECC60040004322020A	09/30/2020	09/30/2021	PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$500,000
							E.L. DISEASE - EA EMPLOYEE	$500,000
							E.L. DISEASE - POLICY LIMIT	$500,000

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

CERTIFICATE HOLDER
State of NH Department of Health
and Human Services (DHHS)
129 Pleasant St
Concord, NH 03301

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

AUTHORIZED REPRESENTATIVE
[signature]

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Statement of Mission

"To assist and advocate for people affected by mental illness, developmental disabilities and related disorders in living meaningful lives."

Statement of Vision

Everyone who truly needs our services can receive them, as we strive to meet ever-changing needs through advocacy, innovation, collaboration and skill.

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Financial Statements

NORTHERN HUMAN SERVICES, INC.

FOR THE YEARS ENDED JUNE 30, 2019 AND 2018
AND
INDEPENDENT AUDITORS' REPORT

Leone, McDonnell & Roberts
PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS

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NORTHERN HUMAN SERVICES, INC.

JUNE 30, 2019 AND 2018

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Leone, McDonnell & Roberts
Professional Association
CERTIFIED PUBLIC ACCOUNTANTS
WOLFEBORO • NORTH CONWAY
DOVER • CONCORD
STRATHAM

To the Board of Directors of
Northern Human Services, Inc.
Conway, New Hampshire

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements of Northern Human Services, Inc. (a New Hampshire nonprofit organization), which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statements of cash flows, and notes to the financial statements for the years then ended, and the related statements of activities and functional expenses for the year ended June 30, 2019.

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

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

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

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

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Northern Human Services, Inc. as of June 30, 2019 and 2018, and its cash flows for the years then ended, and the changes in its net assets for the year ended June 30, 2019 in accordance with accounting principles generally accepted in the United States of America.

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Report on Summarized Comparative Information

We have previously audited Northern Human Services, Inc.'s June 30, 2018 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated October 16, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional revenues and expenses on pages 26 - 34 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Leone, McDonnell & Roberts
Professional Association

October 22, 2019
North Conway, New Hampshire

NORTHERN HUMAN SERVICES, INC.

STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2019 AND 2018

ASSETS

	2019	2018
CURRENT ASSETS		
Cash and cash equivalents, undesignated	$ 11,282,632	$ 10,319,006
Cash and cash equivalents, board designated	318,202	318,202
Accounts receivable, less allowance of $328,000 and $291,000 for 2019 and 2018, respectively	1,965,991	1,431,724
Grants receivable	227,519	103,744
Assets, limited use	501,911	619,951
Prepaid expenses and deposits	295,077	294,263
Total current assets	14,591,332	13,086,890
PROPERTY AND EQUIPMENT, NET	364,455	527,343
OTHER ASSETS		
Investments	1,966,886	1,880,097
Cash value of life insurance	432,585	413,777
Total other assets	2,399,471	2,293,874
Total assets	$ 17,355,258	$ 15,908,107

LIABILITIES AND NET ASSETS

	2019	2018
CURRENT LIABILITIES		
Accounts payable and accrued expenses	$ 490,183	$ 370,452
Accrued payroll and related liabilities	1,506,716	1,711,570
Compensated absences payable	743,136	704,026
Other grants payable	112,182	69,801
Refundable advances	197,017	337,926
Deferred revenue	431,341	115,685
Refundable advances, maintenance of effort	391,458	971,522
Client funds held in trust	169,364	294,867
Due to related party	48,423	44,689
Total liabilities	4,089,820	4,620,538
NET ASSETS		
Net assets without donor restrictions		
Undesignated	12,691,772	10,713,605
Board designated	318,202	318,202
Total net assets without donor restrictions	13,009,974	11,031,807
Net assets with donor restrictions	255,464	255,762
Total net assets	13,265,438	11,287,569
Total liabilities and net assets	$ 17,355,258	$ 15,908,107

See Notes to Financial Statements

NORTHERN HUMAN SERVICES, INC.

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Without Donor Restrictions	With Donor Restrictions	2019 Total	2018 Summarized
PUBLIC SUPPORT				
State and federal grants	$ 1,131,728	$ -	$ 1,131,728	$ 927,662
Other public support	603,307	-	603,307	553,387
Local and county support	442,733	-	442,733	306,732
Donations	26,990	-	26,990	24,296
Total public support	2,204,758	-	2,204,758	1,812,077
REVENUES				
Program service fees	38,997,170	-	38,997,170	37,962,172
Production income	456,617	-	456,617	437,758
Other revenues	382,737	-	382,737	261,640
Total revenues	39,836,524	-	39,836,524	38,661,570
Total public support and revenues	42,041,282	-	42,041,282	40,473,647
EXPENSES				
Program Services				
Mental health	11,010,994	-	11,010,994	10,914,180
Developmental services	24,129,392	-	24,129,392	23,962,509
Total program services	35,140,386	-	35,140,386	34,876,689
General management	5,128,004	-	5,128,004	4,774,159
Total expenses	40,268,390	-	40,268,390	39,650,848
EXCESS OF PUBLIC SUPPORT AND REVENUES OVER EXPENSES	1,772,892	-	1,772,892	822,799
NON-OPERATING INCOME (LOSS)				
Investment return	93,900	-	93,900	139,759
Change in cash value of life insurance	18,808	-	18,808	18,447
Interest income	90,782	1,487	92,269	10,590
Net assets released from restrictions	1,785	(1,785)	-	-
Total non-operating income (loss)	205,275	(298)	204,977	168,796
Change in net assets	1,978,167	(298)	1,977,869	991,595
NET ASSETS, BEGINNING OF YEAR	11,031,807	255,762	11,287,569	10,295,974
NET ASSETS, END OF YEAR	$ 13,009,974	$ 255,464	$ 13,265,438	$ 11,287,569

See Notes to Financial Statements

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NORTHERN HUMAN SERVICES, INC.

STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 1,977,869	$ 991,595
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation	203,721	194,292
Unrealized (gain) loss on investments	30,002	(82,953)
Realized gain on investments	(81,524)	(23,391)
Change in cash value of life insurance	(6,129)	(5,977)
(Increase) decrease in assets:		
Accounts receivable	(534,267)	64,419
Grants receivable	(123,775)	(45,884)
Assets, limited use	118,040	(18,198)
Due from related party	-	202,643
Prepaid expenses and deposits	(814)	(45,341)
Increase (decrease) in liabilities:		
Accounts payable and accrued expenses	119,731	40,601
Wages payable	(204,854)	163,371
Compensated absences payable	39,110	2,701
Other grants payable	42,381	56,667
Refundable advances	(140,909)	38,615
Deferred revenue	315,656	67,885
Refundable advances, maintenance of effort	(580,064)	939,469
Client funds held in trust	(125,503)	18,530
Due to related party	3,734	44,689
NET CASH PROVIDED BY OPERATING ACTIVITIES	1,052,405	2,603,733
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property	(40,833)	(221,468)
Purchases of investments	(449,908)	(219,532)
Proceeds from sales of investments	457,019	232,472
Reinvested dividends	(42,378)	(33,415)
Change in cash value of life insurance	(12,679)	(12,470)
NET CASH USED IN INVESTING ACTIVITIES	(88,779)	(254,413)
NET INCREASE IN CASH AND CASH EQUIVALENTS	963,626	2,349,320
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	10,637,208	8,287,888
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 11,600,834	$ 10,637,208

See Notes to Financial Statements

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NORTHERN HUMAN SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES
TOTALS FOR ALL PROGRAMS

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Mental Health	Developmental Services	Subtotals	General Management	2019 Total	2018 Summarized
EXPENSES						
Salaries and wages	$ 6,877,783	$ 8,271,846	$ 15,149,629	$ 3,354,596	$ 18,504,225	$ 17,799,659
Employee benefits	1,347,375	1,938,195	3,285,570	745,586	4,031,156	3,875,004
Payroll taxes	485,191	586,023	1,071,214	226,363	1,297,577	1,261,414
Client wages	126,389	139,906	266,295	-	266,295	283,437
Professional fees	232,781	10,927,612	11,160,393	267,669	11,428,062	11,708,365
Staff development and training	25,417	20,925	46,342	23,460	69,802	58,612
Occupancy costs	534,882	570,870	1,105,752	200,598	1,306,350	1,272,697
Consumable supplies	210,246	236,626	446,872	64,549	511,421	493,036
Equipment expenses	108,075	159,725	267,800	35,132	302,932	290,688
Communications	124,747	120,583	245,330	42,123	287,453	320,836
Travel and transportation	248,647	809,689	1,058,336	42,405	1,100,741	1,114,976
Assistance to individuals	3,676	108,288	111,964	1,174	113,138	110,821
Insurance	53,176	72,670	125,846	24,641	150,487	147,775
Membership dues	27,022	18,036	45,058	82,136	127,194	106,475
Bad debt expense	604,579	145,916	750,495	-	750,495	777,333
Other expenses	1,008	2,482	3,490	17,572	21,062	29,720
Total expenses	$ 11,010,994	$ 24,129,392	$ 35,140,386	$ 5,128,004	$ 40,268,390	$ 39,650,848

See Notes to Financial Statements

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NORTHERN HUMAN SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES
MENTAL HEALTH

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Non-Specialized Outpatient	State Eligible Adult Outpatient	Outpatient Contracts	Children and Adolescents
EXPENSES				
Salaries and wages	$ 345,971	$ 859,932	$ 303,860	$ 710,018
Employee benefits	42,395	93,060	63,915	122,397
Payroll taxes	24,250	57,358	21,057	49,685
Client wages	-	-	-	-
Professional fees	16,503	20,167	6,356	31,106
Staff development and training	1,161	6,226	925	4,197
Occupancy costs	45,353	64,859	20,793	53,759
Consumable supplies	16,795	10,620	2,941	11,550
Equipment expenses	7,401	9,264	2,536	7,579
Communications	18,557	14,291	2,265	10,570
Travel and transportation	290	838	5,192	25,980
Assistance to individuals	-	75	-	904
Insurance	3,523	7,557	2,351	6,433
Membership dues	2,199	5,354	1,905	3,466
Bad debt expense	75,727	77,150	32	19,663
Other expenses	67	47	73	45
Total expenses	$ 600,192	$ 1,226,798	$ 434,201	$ 1,057,352

See Notes to Financial Statements

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NORTHERN HUMAN SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES
MENTAL HEALTH

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Emergency Services	Other Non-BBH	Integrated Health Grant	Bureau of Drug & Alcohol Services
EXPENSES				
Salaries and wages	$ 472,575	$ 238,497	$ 65,498	$ 66,972
Employee benefits	63,054	64,127	11,418	19,949
Payroll taxes	32,829	16,677	4,684	4,836
Client wages	-	-	-	-
Professional fees	11,749	7,799	8,102	1,241
Staff development and training	538	3,121	-	1,386
Occupancy costs	35,218	16,969	-	4,923
Consumable supplies	5,601	3,479	10,215	663
Equipment expenses	6,916	2,816	154	637
Communications	25,442	2,310	1,026	478
Travel and transportation	660	10,105	918	668
Assistance to individuals	-	2	-	-
Insurance	4,256	1,875	-	555
Membership dues	1,701	1,322	5	862
Bad debt expense	53,857	183	-	7,411
Other expenses	26	401	-	3
Total expenses	$ 714,422	$ 369,683	$ 102,020	$ 110,584

See Notes to Financial Statements

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Continued

NORTHERN HUMAN SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES
MENTAL HEALTH

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Drug Court	Vocational Services	Restorative Partial Hospital	Case Management
EXPENSES				
Salaries and wages	$ 220,696	$ 149,992	$ 56,038	$ 764,670
Employee benefits	59,284	43,017	12,122	146,735
Payroll taxes	14,821	14,444	4,028	54,548
Client wages	-	54,064	-	-
Professional fees	8,182	2,906	959	18,302
Staff development and training	42	855	164	1,735
Occupancy costs	-	13,058	4,477	50,724
Consumable supplies	3,192	3,898	27,757	12,467
Equipment expenses	3,969	7,774	720	8,574
Communications	2,583	1,152	234	12,304
Travel and transportation	8,792	17,094	-	49,227
Assistance to individuals	-	-	-	-
Insurance	-	1,369	488	6,812
Membership dues	-	447	150	2,238
Bad debt expense	179	2,505	8,505	168,045
Other expenses	-	10	148	51
	$ 321,740	$ 312,585	$ 115,790	$ 1,296,432

See Notes to Financial Statements

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NORTHERN HUMAN SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES
MENTAL HEALTH

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Supportive Living	Community Residences	Disaster Behavioral Health (DBHRT)	Victims of Crime Act Program
EXPENSES				
Salaries and wages	$ 726,054	$ 816,886	$ -	$ 362,184
Employee benefits	186,922	209,151	-	63,399
Payroll taxes	51,316	57,079	-	24,804
Client wages	-	-	-	-
Professional fees	14,835	5,268	-	8,873
Staff development and training	751	35	-	1,724
Occupancy costs	46,687	44,241	-	27,375
Consumable supplies	18,427	25,974	-	3,771
Equipment expenses	8,721	14,379	-	3,861
Communications	7,047	8,591	-	3,252
Travel and transportation	59,066	10,383	-	13,358
Assistance to individuals	1,610	988	-	-
Insurance	6,907	2,147	-	3,306
Membership dues	2,605	658	-	1,361
Bad debt expense	46,838	14,124	-	5,396
Other expenses	50	41	-	22
Total expenses	$ 1,177,836	$ 1,209,945	$ -	$ 522,686

See Notes to Financial Statements

Continued

NORTHERN HUMAN SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES
MENTAL HEALTH

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	ACT Team	IDN Grant	Other Mental Health Programs	Total Mental Health Programs	2018 Summarized
EXPENSES					
Salaries and wages	$ 655,740	$ 22,499	$ 39,701	$ 6,877,783	$ 6,663,485
Employee benefits	131,849	7,030	7,551	1,347,375	1,354,024
Payroll taxes	43,668	1,475	7,632	485,191	466,978
Client wages	3,605	-	68,720	126,389	119,425
Professional fees	68,233	-	2,200	232,781	230,888
Staff development and training	1,315	-	1,242	25,417	27,418
Occupancy costs	83,191	-	23,255	534,882	542,490
Consumable supplies	9,005	-	43,891	210,246	205,410
Equipment expenses	7,019	4,711	11,044	108,075	115,737
Communications	5,688	2,175	6,782	124,747	142,581
Travel and transportation	36,959	33	9,084	248,647	254,925
Assistance to individuals	97	-	-	3,676	9,573
Insurance	5,312	-	285	53,176	58,206
Membership dues	2,025	-	724	27,022	27,788
Bad debt expense	124,964	-	-	604,579	693,320
Other expenses	22	-	2	1,008	1,932
Total expenses	$ 1,178,692	$ 37,923	$ 222,113	$ 11,010,994	$ 10,914,180

See Notes to Financial Statements

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NORTHERN HUMAN SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES
DEVELOPMENTAL SERVICES

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Service Coordination	School District Contracts	Day Programs	Early Supports & Services	Independent Living Services
EXPENSES					
Salaries and wages	$ 687,068	$ 57,206	$ 3,450,025	$ 499,489	$ 109,857
Employee benefits	183,609	8,461	955,352	76,066	23,113
Payroll taxes	47,486	4,277	252,686	36,019	8,124
Client wages	-	1	121,436	-	-
Professional fees	21,817	291	69,540	223,084	18,805
Staff development and training	555	9	4,281	7,665	141
Occupancy costs	59,292	2,670	256,472	6,725	6,308
Consumable supplies	14,005	792	70,438	9,333	1,225
Equipment expenses	6,837	457	106,191	3,939	1,204
Communications	5,079	295	43,599	15,828	629
Travel and transportation	24,385	2,578	543,093	91,951	5,690
Assistance to individuals	520	-	38,805	-	244
Insurance	5,825	492	30,544	4,271	1,247
Membership dues	77	3	11,673	189	3
Bad debt expense	-	-	5,956	134,349	5,611
Other expenses	235	4	1,776	25	7
Total expenses	$ 1,056,790	$ 77,536	$ 5,961,867	$ 1,108,933	$ 182,208

See Notes to Financial Statements

Continued

NORTHERN HUMAN SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES
DEVELOPMENTAL SERVICES

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Family Residence	Combined Day/ Residential Vendor	Individual Supported Living	Consolidated Services	Combined Day/ Residential Services
EXPENSES					
Salaries and wages	$ 1,892,153	$ -	$ 213,575	$ 940,246	$ 32,884
Employee benefits	404,997	-	54,218	155,379	4,736
Payroll taxes	137,778	-	14,982	53,982	2,459
Client wages	18,172	-	297	-	-
Professional fees	3,190,569	1,879,591	56,690	1,138,668	1,418,954
Staff development and training	4,250	-	392	1,578	55
Occupancy costs	161,837	-	48,188	11,998	1,567
Consumable supplies	104,350	-	9,564	5,219	9,960
Equipment expenses	29,331	-	1,715	6,523	386
Communications	32,570	-	3,418	15,486	195
Travel and transportation	63,967	-	5,017	58,063	-
Assistance to individuals	1,730	-	874	32,960	180
Insurance	16,532	-	2,152	7,410	360
Membership dues	378	-	4	5,701	-
Bad debt expense	-	-	-	-	-
Other expenses	329	-	13	54	2
Total expenses	$ 6,058,943	$ 1,879,591	$ 411,099	$ 2,433,267	$ 1,471,738

See Notes to Financial Statements

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NORTHERN HUMAN SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES
DEVELOPMENTAL SERVICES

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Acquired Brain Disorder	Other Developmental Services Programs	Total Developmental Services Programs	2018 Summarized
EXPENSES				
Salaries and wages	$ 29,770	$ 359,573	$ 8,271,846	$ 8,051,232
Employee benefits	9,815	62,449	1,938,195	1,813,646
Payroll taxes	2,075	26,155	586,023	584,666
Client wages	-	-	139,906	164,012
Professional fees	207,851	2,701,752	10,927,612	11,202,974
Staff development and training	44	1,955	20,925	15,681
Occupancy costs	1,051	14,762	570,870	534,222
Consumable supplies	317	11,423	236,626	227,095
Equipment expenses	289	2,853	159,725	149,865
Communications	163	3,321	120,583	122,787
Travel and transportation	1,024	13,921	809,689	816,535
Assistance to individuals	-	32,975	108,288	98,239
Insurance	271	3,566	72,670	73,980
Membership dues	1	7	18,036	22,327
Bad debt expense	-	-	145,916	84,013
Other expenses	2	35	2,482	1,235
Total expenses	$ 252,673	$ 3,234,747	$ 24,129,392	$ 23,962,509

See Notes to Financial Statements

NORTHERN HUMAN SERVICES, INC.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General

Northern Human Services, Inc. (the Organization), is a New Hampshire nonprofit corporation, and was created to develop and provide a comprehensive program of mental health, developmental disabilities, and rehabilitative care to the residents of Northern New Hampshire.

Basis of Accounting

The financial statements of Northern Human Services, Inc. have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables and other liabilities.

Basis of Presentation

The Organization is required to report information regarding its financial position and activities according to the following net asset classifications. The classes of net assets are determined by the presence or absence of donor 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 Organization. These net assets may be used at the discretion of the Organization's management and board of directors.
>
> 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 Organization. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

As of June 30, 2019 and 2018, the Organization had net assets with donor restrictions and net assets without donor restrictions.

Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Contributions

All contributions are considered to be available for use without donor restrictions unless specifically restricted by the donor. Amounts received that are restricted by the donor for future periods or for specific purposes are reported as support with donor restrictions, depending on the nature of the restrictions. However, if a restriction is fulfilled in the same period in which the contribution is received, the Organization reports the support as without donor restrictions.

Cash Equivalents

The Organization considers all highly liquid financial instruments with original maturities of three months or less to be cash equivalents.

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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 activities and a credit to a valuation allowance based on historical account write-off patterns by the payor, adjusted as necessary to reflect current conditions. 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. The Organization has no policy for charging interest on overdue accounts nor are its accounts receivable pledged as collateral.

It is the policy of the Organization to provide services to all eligible residents of Northern New Hampshire without regard to ability to pay. As a result of this policy, all charity care write-offs are recorded as reductions of revenue in the period in which services are provided. The accounts receivable allowance includes the estimated amount of charity care and contractual allowances included in the accounts receivable balances. The computation of the contractual allowance is based on historical ratios of fees charged to amounts collected.

Property and Depreciation
Property and equipment are recorded at cost or, if contributed, at estimated fair value at the date of contribution. Material assets with a useful life in excess of one year are capitalized. Depreciation is provided for using the straight-line method in amounts designed to amortize the cost of the assets over their estimated useful lives as follows:

Vehicles	5 – 10 years
Equipment	3 – 10 years

Costs for repairs and maintenance are expensed when incurred and betterments are capitalized. Assets sold or otherwise disposed of are removed from the accounts, along with the related accumulated depreciation, and any gain or loss is recognized.

Investments
Investments consist of mutual funds and interest-bearing investments and are stated at fair value on the statements of financial position based on quoted market prices. The Organization's investments are subject to various risks, such as interest rate, credit and overall market volatility, which may substantially impact the fair value of such investments at any given time.

Accrued Earned Time
The Organization has accrued a liability for future compensated absences that its employees have earned and which is vested with the employees.

Refundable Advances
Grants received in advance are recorded as refundable advances and recognized as revenue in the period in which the related services are provided or costs are incurred.

Program Service Fee Revenue
The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. Payment arrangements include reimbursed costs, discounted charges, and per diem payments. Program service fee revenue is reported at the estimated net realizable amounts from clients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with the third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Advertising
The Organization expenses advertising costs as incurred.

Summarized Financial Information
The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2018, from which the summarized information was derived.

Functional Allocation of Expenses
The costs of providing the various programs and other activities have been summarized on a functional basis. Natural expenses are defined by their nature, such as salaries, rent, supplies, etc. Functional expenses are classified by the type of activity for which expenses are incurred, such as management and general and direct program costs. Expenses are allocated by function using a reasonable and consistent approach that is primarily based on function and use. The costs of providing certain program and supporting services have been directly charged.

Income Taxes
The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(a) and has been classified as an organization that is not a private foundation.

FASB ASC 740, Accounting for Income Taxes, establishes the minimum threshold for recognizing, and a system for measuring, the benefits of tax return positions in financial statements, and is effective for Northern Human Services' current year. Management has analyzed Northern Human Services' tax positions taken on its information returns for all open tax years (tax years ending June 30, 2017 – 2019), and has concluded that no additional provision for income tax is required in Northern Human Services' financial statements.

New Accounting Pronouncement
On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Organization has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

2. AVAILABILITY AND LIQUIDITY
The following represents the Organization's financial assets as of June 30, 2019 and 2018:

	2019	2018
Financial assets at year end:		
Cash and cash equivalents	$ 11,600,834	$ 10,637,208
Accounts receivable, net	1,965,991	1,431,724
Grants receivable	227,519	103,744
Assets, limited use	501,911	619,951
Investments	1,966,886	1,880,097
Cash value of life insurance	432,585	413,777
Total financial assets	16,695,726	15,086,501

Less amounts not available to be used within one year:		
Cash and cash equivalents, designated	318,202	318,202
Client funds held in trust	170,366	294,867
Net assets with donor restrictions	255,464	255,762
Total amounts not available within one year	744,032	868,831
Financial assets available to meet general expenditures over the next twelve months	$ 15,951,694	$ 14,217,670

The Organization's goal is generally to maintain financial assets to meet 120 days of operating expenses (approximately $13,423,131).

3. ASSETS, LIMITED USE

As of June 30, 2019 and 2018, assets, limited use consisted of the following:

	2019	2018
Donor restricted cash	$ 255,464	$ 255,762
Client funds held in trust	170,366	294,867
Employee benefits	76,081	69,322
Total assets, limited use	$ 501,911	$ 619,951

4. PROPERTY AND DEPRECIATION

As of June 30, 2019 and 2018, property and equipment consisted of the following:

	2019	2018
Vehicles	$ 647,048	$ 652,964
Equipment	2,696,501	3,231,824
Total property and equipment	3,343,549	3,884,788
Less accumulated depreciation	2,979,094	3,357,445
Property and equipment, net	$ 364,455	$ 527,343

Depreciation expense totaled $203,721 and $194,292 for the years ended June 30, 2019 and 2018, respectively.

5. INVESTMENTS

The Organization's investments are presented in the financial statements in the aggregate at fair value and consisted of the following as of June 30, 2019 and 2018:

	2019		2018	
	Fair Value	Cost	Fair Value	Cost
Money Market Funds	$ 19,601	$ 19,601	$ 15,340	$ 15,340
Mutual Funds:				
Domestic equity funds	690,460	599,516	802,467	669,110
International equity funds	302,374	289,349	361,346	333,154
Fixed income funds	901,146	882,426	634,134	649,092
Other mutual funds	53,305	58,506	66,810	72,266
Total	$ 1,966,886	$ 1,849,398	$ 1,880,097	$ 1,738,962

Investments in common stock and U.S. government securities are valued at the closing price reported in the active market in which the securities are traded. Management considers all investments to be long term in nature.

Components of Investment Return:	2019	2018
Interest and dividends	$ 42,378	$ 33,415
Unrealized gains (losses) on investments	(30,002)	82,953
Realized gains on investments	81,524	23,391
	$ 93,900	$ 139,759

Investment management fees for the years ended June 30, 2019 and 2018 were $14,064 and $12,940, respectively.

6. FAIR VALUE MEASUREMENTS

FASB ASC Topic No. 820-10 provides a definition of fair value which focuses on an exit price rather than an entry price, establishes a framework in generally accepted accounting principles for measuring fair value which emphasizes that fair value is a market-based measurement, not an entity-specific measurement, and requires expanded disclosures about fair value measurements. In accordance with *FASB ASC 820-10*, the Organization may use valuation techniques consistent with market, income and cost approaches to measure fair value. As a basis for considering market participant assumptions in fair value measurements, *ASC Topic 820* establishes a fair value hierarchy, which prioritizes the inputs used in measuring fair values. The hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. The three levels of the fair value hierarchy under *ASC Topic 820* are described as follows:

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

The Organization's financial instruments consist of cash, short-term receivables and payables, and refundable advances. The carrying value for all such instruments, considering the terms, approximates fair value at June 30, 2019 and 2018.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2019 and 2018.

Mutual Funds: All actively traded mutual funds are valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. All mutual funds held by the Organization are open-end mutual funds that are registered with the Securities and Exchange Commission.

Life Insurance: The surrender value of life insurance is valued at the cash value guaranteed to policyowner upon cancellation of the life insurance policy. The surrender value is the value of investments less any surrender charges.

The table below segregates all financial assets and liabilities as of June 30, 2019 and 2018 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on the inputs used to determine the fair value at the measurement date:

	2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Money Market Funds	$ 19,601	$ -	$ -	$ 19,601
Mutual Funds				
Domestic equity funds	690,460	-	-	690,460
International equity funds	302,374	-	-	302,374
Fixed income funds	901,146	-	-	901,146
Other funds	53,305	-	-	53,305
Cash Value of Life Insurance	-	432,585	-	432,585
Total investments at fair value	$ 1,966,886	$ 432,585	$ -	$ 2,399,471

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	2018			
	Level 1	**Level 2**	**Level 3**	**Total**
Money Market Funds	$ 15,340	$ -	$ -	$ 15,340
Mutual Funds				
Domestic equity funds	802,467	-	-	802,467
International equity funds	361,346	-	-	361,346
Fixed income funds	634,134	-	-	634,134
Other funds	66,810	-	-	66,810
Cash Value of Life Insurance	-	413,777	-	413,777
Total investments at fair value	$ 1,880,097	$ 413,777	$ -	$ 2,293,874

7. RETIREMENT PLAN

The Organization maintains a retirement plan for all eligible employees. Under the plan employees can make voluntary contributions to the plan of up to 100% of pretax or after tax annual compensation up to the maximum annual limit provided by the Internal Revenue Service. All employees who work one thousand hours per year are eligible to participate after one year of employment, as defined by the plan. During the year ended June 30, 2015, the Organization implemented a 2% discretionary contribution allocated each pay period. During the year ended June 30, 2020 the Organization will increase the discretionary contribution from 2% to 3%. Contributions by the organization totaled $276,510 and $270,725 for the years ended June 30, 2019 and 2018, respectively.

8. CONCENTRATION OF CREDIT RISK

The Organization maintains cash balances that, at times, may exceed federally insured limits. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 for the years ended June 30, 2019 and 2018. At June 30, 2019 and 2018, cash balances in excess of FDIC coverage aggregated $11,239,183 and $10,301,484, respectively. In addition to FDIC coverage, the Organization maintains a tri-party collateralization agreement with its primary financial institution and a trustee. The trustee maintains mortgage-backed collateralization of 102% of the Organization's deposits at its financial institution. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant risk with respect to these accounts.

9. CONCENTRATION OF RISK

For the years ended June 30, 2019 and 2018, approximately 87% and 88% of the total revenue was derived from Medicaid, respectively. The future existence of the Organization is dependent upon continued support from Medicaid.

In order for the Organization to receive Medicaid funding, they must be formally approved by the State of New Hampshire, Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, and Bureau of Developmental Services as the provider of services for individuals with mental health illnesses and developmentally disabled individuals, for that region. During the year ended June 30, 2017, the Organization was reapproved as a provider of mental health services with the Bureau of Behavioral Health through August 2021.

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Medicaid receivables comprise approximately 75% and 65% of the total accounts receivable balances at June 30, 2019 and 2018, respectively.

10. LEASE COMMITMENTS

The Organization has entered into various operating lease agreements to rent certain facilities and office equipment. The terms of these leases range from one to five years. Rent expense under these agreements aggregated $901,993 and $897,369 for the years ended June 30, 2019 and 2018, respectively.

The approximate future minimum lease payments on the above leases as of June 30, 2019 is as follows:

Year Ending June 30	Amount
2020	$ 932,540
2021	38,336
2022	38,973
Total	$ 1,009,849

See Note 11 for information regarding lease agreements with a related party.

11. RELATED PARTY TRANSACTIONS

The Organization is related to the nonprofit corporation Shallow River Properties, Inc. (Shallow River) as a result of common board membership. Shallow River was incorporated under the laws of the State of New Hampshire on September 13, 1988, for the purpose of owning, maintaining, managing, selling, and leasing real property associated with the provision of residential, treatment, and administrative services for the clients and staff of the Organization.

The Organization has transactions with Shallow River during its normal course of operations. The significant related party transactions are as follows:

Due to/from Related Party

At June 30, 2019 and 2018, the Organization had a due to Shallow River balance in the amount of $48,423 and $44,689, respectively.

Rental Expense

The Organization leases various properties, including office space, and properties occupied by the Organization's clients from Shallow River under the terms of tenant at will agreements. The Organization has the perpetual right to extend the leases. Total rental expense paid under the terms of the leases was $766,575 and $728,529 for the years ended June 30, 2019 and 2018, respectively. The Organization also leases space from a board member for $1,000 per month.

Management Fee

The Organization charges Shallow River for administrative expenses incurred on its behalf. Management fee revenue aggregated $74,649 for each of the years ended June 30, 2019 and 2018.

Donation

Although not required by agreement between Shallow River and the Organization, Shallow River generally donates the excess of its revenues over expenses to the Organization in order to maintain its 501(c)(2) tax-exempt status with the Internal Revenue Service. At June 30, 2019 and 2018, Shallow River did not make a donation to the Organization but retained its surplus of $246,624 and $264,560, respectively, due to the purchase of a new building and for use in future renovation projects and maintenance costs.

12. REFUNDABLE ADVANCES, MAINTENANCE OF EFFORT

The Organization maintains contracted arrangements with multiple Medicaid managed care organizations (MCOs) that provide a set per member per month payment for health care services provided. This system helps manage costs, utilization, and quality of services. The Organization is paid prior to services being provided each month and is required to maintain certain levels of performance. A reconciliation is calculated at year end between the Organization and the MCOs to determine if the Organization has been overpaid compared to actual utilization and services performed, which the Organization would then be required to repay. At June 30, 2019 and 2018, the outstanding capitated payment liability totaled $391,458 and $971,522, respectively.

13. COMMITMENTS AND CONTINGENCIES

The Organization receives funding under various state and federal grants. Under the terms of these grants, the Organization is required to use the money within the grant period for purposes specified in the grant proposal. If expenditures for the grant were found not to have been made in compliance with the proposal, the Organization may be required to repay the grantor's funds.

Excess funds generated from state and/or Medicaid funded programs may be expended, at the Organization's discretion, to increase or improve service delivery within the program. The excess funds may not be used to increase spending for personnel, professional fees, fringe benefits, or capital expenditures without prior written approval of the State of New Hampshire.

The Organization has contracts with certain third-party payors requiring specific performance to supervise and document certain events relating to client treatment. These agencies periodically audit the performance of the Organization in fulfilling these requirements. If the payments were found not to have been made in compliance with the contracts, the Organization may be required to repay the funds received under the contract.

The Organization insures its medical malpractice risks on a claims-made basis under a policy, which covers all of its employees. The Organization intends to renew coverage on a claims-made basis and anticipates that such coverage will be available.

Contracts with the State of New Hampshire and various federal agencies require that the properties supported be used for certain programs and/or to serve specified client populations. If Shallow River or the Organization should stop using the property to provide services acceptable to these grantors, the grantors would be entitled to all or part of the proceeds from the disposition of the property. These stipulations affect substantially all of the properties owned by Shallow River. The affected amount and the disposition are determined by negotiation with the granting authority at the time the property is sold.

14. NET ASSETS WITH DONOR RESTRICTIONS

At June 30, 2019 and 2018, net assets with donor restrictions consisted of the following:

	2019	2018
Certificates of Deposit – Memorial Fund	$ 252,417	$ 252,417
Dream Team Fund	2,832	2,924
Income earned on the Memorial Fund	215	421
Total net assets with donor restrictions	$ 255,464	$ 255,762

15. ENDOWMENT FUND AND NET ASSETS WITH DONOR RESTRICTIONS

As a result of the June 30, 2006 merger of The Center of Hope for Developmental Disabilities, Inc. (Center of Hope), with and into the Organization, the Organization assumed responsibility for certain assets of Center of Hope that are subject to charitable restrictions and designated for particular purposes, namely the Memorial Fund (the Fund).

The Fund was created by the Center of Hope in 1989 for the purpose of seeking out and funding experiences that make life more interesting and full for people with disabilities. In or around 1992, additional funds were added to the Fund as a result of a testamentary bequest of Dorothy M. Walters, for the purpose of providing "maintenance funds" for programs for individuals with mental and developmental disabilities. The Center of Hope interpreted the terms of this bequest as consistent with the purpose of the Fund, and the bequest meets the definition of an endowment fund.

The Not-for-Profit Entities Topic of the *FASB ASC (ASC 958-205* and subsections) intends to improve the quality of consistency of financial reporting of endowments held by not-for-profit organizations. This Topic provides guidance on classifying the net assets associated with donor-restricted endowment funds held by organizations that are subject to an enacted version of the Uniform Prudent Management Institutional Funds Act (UPMIFA). New Hampshire has adopted UPMIFA. The Topic also requires additional financial statement disclosures on endowments and related net assets.

The Organization has followed an investment and spending policy to ensure a total return (income plus capital change) necessary to preserve the principal of the fund and at the same time, provide a dependable source of support for life-enhancing activities of eligible individuals. The Organization will only distribute income generated by the fund, leaving the original corpus intact.

In recognition of the prudence required of fiduciaries, the Organization only invests the fund in certificates of deposits, which ensures that a majority of the balance of the Fund is covered by the FDIC. The Organization has taken a risk adverse approach to managing the Fund in order to mitigate financial market risk such as interest rate, credit and overall market volatility, which could substantially impact the fair value of the Fund at any given time.

As of June 30, 2019 and 2018, the endowment was entirely composed of net assets with donor restrictions.

Changes in endowment net assets (at fair value) as of June 30, 2019 and June 30, 2018 were as follows:

	2019	2018
Certificates of deposit, beginning of year	$ 252,417	$ 252,417
Interest income	555	505
Withdrawals	(555)	(505)
Certificates of deposit end of year	$ 252,417	$ 252,417

16. RECLASSIFICATION

Certain amounts and accounts from the prior year's financial statements were reclassified to enhance comparability with the current year's financial statements.

17. SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Nonrecognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date, but arose after that date. Management has evaluated subsequent events through October 22, 2019, the date the June 30, 2019 financial statements were available for issuance.

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NORTHERN HUMAN SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES
TOTALS FOR ALL PROGRAMS

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Mental Health	Developmental Services	Subtotals	General Management	2019 Total	2018 Summarized
REVENUES						
Program service fees:						
Client fees	$ 700,461	$ 77,790	$ 778,251	$ -	$ 778,251	$ 716,997
Residential fees	69,379	253,324	322,703	-	322,703	322,343
Blue Cross	186,499	26,825	213,324	-	213,324	252,148
Medicaid	11,890,220	24,838,754	36,728,974	-	36,728,974	35,567,982
Medicare	491,840	-	491,840	-	491,840	575,847
Other insurance	248,966	72,940	321,906	-	321,906	354,880
Local educational authorities	-	130,058	130,058	-	130,058	157,808
Vocational rehabilitation	1,863	7,111	8,974	-	8,974	11,011
Other program fees	1,140	-	1,140	-	1,140	3,156
Production/service income	253,865	202,752	456,617	-	456,617	437,758
Public support:						
Local/county government	440,833	1,900	442,733	-	442,733	306,732
Donations/contributions	5,573	19,786	25,359	1,631	26,990	24,296
Other public support	343,307	-	343,307	-	343,307	333,880
Bureau of Developmental Services and Bureau of Behavioral Health	523,328	325,125	848,453	-	848,453	620,079
Other federal and state funding:						
HUD	129,535	-	129,535	-	129,535	129,530
Other	150,121	-	150,121	3,619	153,740	178,053
Private foundation grants	220,000	-	220,000	40,000	260,000	219,507
Other revenues	68,661	66,068	134,729	248,008	382,737	261,640
Total revenues	15,725,591	26,022,433	41,748,024	293,258	42,041,282	40,473,647
EXPENSES						
Salaries and wages	$ 6,877,783	$ 8,271,846	$ 15,149,629	$ 3,354,596	$ 18,504,225	$ 17,799,659
Employee benefits	1,347,375	1,938,195	3,285,570	745,586	4,031,156	3,875,004
Payroll taxes	485,191	586,023	1,071,214	226,363	1,297,577	1,261,414
Client wages	126,389	139,906	266,295	-	266,295	283,437
Professional fees	232,781	10,927,612	11,160,393	267,669	11,428,062	11,708,365
Staff development and training	25,417	20,925	46,342	23,460	69,802	58,612
Occupancy costs	534,882	570,870	1,105,752	200,598	1,306,350	1,272,697
Consumable supplies	210,246	236,626	446,872	64,549	511,421	493,036
Equipment expenses	108,075	159,725	267,800	35,132	302,932	290,688
Communications	124,747	120,583	245,330	42,123	287,453	320,836
Travel and transportation	248,647	809,689	1,058,336	42,405	1,100,741	1,114,976
Assistance to individuals	3,676	108,288	111,964	1,174	113,138	110,821
Insurance	53,176	72,670	125,846	24,641	150,487	147,775
Membership dues	27,022	18,036	45,058	82,136	127,194	106,475
Bad debt expense	604,579	145,916	750,495	-	750,495	777,333
Other expenses	1,008	2,482	3,490	17,572	21,062	29,720
Total expenses	11,010,994	24,129,392	35,140,386	5,128,004	40,268,390	39,650,848
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 4,714,597	$ 1,893,041	$ 6,607,638	$ (4,834,746)	$ 1,772,892	$ 822,799

NORTHERN HUMAN SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES
MENTAL HEALTH

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Non-Specialized Outpatient	State Eligible Audit Outpatient	Outpatient Contracts	Children and Adolescents
REVENUES				
Program service fees:				
Client fees	$ 55,479	$ 114,127	$ -	$ 39,917
Residential fees	-	-	-	-
Blue Cross	48,392	82,231	-	38,196
Medicaid	102,889	1,207,184	679,651	2,437,517
Medicare	106,433	303,723	-	-
Other insurance	68,196	100,097	-	39,075
Local educational authorities	-	-	-	-
Vocational rehabilitation	-	-	150	-
Other program fees	-	-	570	-
Production/service income	-	-	-	-
Public support:				
Local/county government	116,236	-	-	-
Donations/contributions	5,573	-	-	-
Other public support	-	-	25,569	-
Bureau of Developmental Services and Bureau of Behavioral Health	148,024	-	-	-
Other federal and state funding:				
HUD	-	-	-	-
Other	-	7	2,560	-
Private foundation grants	10,000	-	-	-
Other revenues	4,697	-	-	3,840
Total revenues	665,919	1,807,369	708,500	2,558,545
EXPENSES				
Salaries and wages	$ 345,971	$ 859,932	$ 303,860	$ 710,018
Employee benefits	42,395	93,060	63,915	122,397
Payroll taxes	24,250	57,358	21,057	49,685
Client wages	-	-	-	-
Professional fees	16,503	20,167	6,356	31,106
Staff development and training	1,161	6,226	925	4,197
Occupancy costs	45,353	64,859	20,793	53,759
Consumable supplies	16,795	10,620	2,941	11,550
Equipment expenses	7,401	9,264	2,536	7,579
Communications	18,557	14,291	2,265	10,570
Travel and transportation	290	838	5,192	25,980
Assistance to individuals	-	75	-	904
Insurance	3,523	7,557	2,351	6,433
Membership dues	2,199	5,354	1,905	3,466
Bad debt expense	75,727	77,150	32	19,663
Other expenses	67	47	73	45
Total expenses	600,192	1,226,798	434,201	1,057,352
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 65,727	$ 580,571	$ 274,299	$ 1,501,193

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NORTHERN HUMAN SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES
MENTAL HEALTH

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Emergency Services	Other Non-BBH	Integrated Health Grant	Bureau of Drug & Alcohol Services
REVENUES				
Program service fees:				
Client fees	$ 44,232	$ 1,650	$ -	$ 6,299
Residential fees	-	-	-	-
Blue Cross	7,463	-	-	6,789
Medicaid	106,570	377,991	-	28,890
Medicare	7,256	-	-	8,358
Other insurance	17,031	1,164	-	11,654
Local educational authorities	-	-	-	-
Vocational rehabilitation	-	-	-	-
Other program fees	-	-	-	-
Production/service income	-	-	-	-
Public support:				
Local/county government	-	-	-	-
Donations/contributions	-	-	-	-
Other public support	-	-	-	-
Bureau of Developmental Services and Bureau of Behavioral Health	98,304	-	-	-
Other federal and state funding:				
HUD	-	-	-	-
Other	-	-	110,354	-
Private foundation grants	-	210,000	-	-
Other revenues	-	-	-	-
Total revenues	280,856	590,805	110,354	61,990
EXPENSES				
Salaries and wages	$ 472,575	$ 238,497	$ 65,498	$ 66,972
Employee benefits	63,054	64,127	11,418	19,949
Payroll taxes	32,829	16,677	4,684	4,836
Client wages	-	-	-	-
Professional fees	11,749	7,799	8,102	1,241
Staff development and training	538	3,121	-	1,386
Occupancy costs	35,218	16,969	-	4,923
Consumable supplies	5,601	3,479	10,215	663
Equipment expenses	6,916	2,816	154	637
Communications	25,442	2,310	1,026	478
Travel and transportation	660	10,105	918	668
Assistance to individuals	-	2	-	-
Insurance	4,256	1,875	-	555
Membership dues	1,701	1,322	5	862
Bad debt expense	53,857	183	-	7,411
Other expenses	26	401	-	3
Total expenses	714,422	369,683	102,020	110,584
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ (433,566)	$ 221,122	$ 8,334	$ (48,594)

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NORTHERN HUMAN SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES
MENTAL HEALTH

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Drug Court	Vocational Services	Restorative Partial Hospital	Case Management
REVENUES				
Program service fees:				
Client fees	$ 1,370	$ 2,713	$ 10,372	$ 193,728
Residential fees	-	-	-	-
Blue Cross	-	-	-	-
Medicaid	18,425	204,485	306,073	1,449,878
Medicare	-	-	-	3,561
Other insurance	-	-	-	3,049
Local educational authorities	-	-	-	-
Vocational rehabilitation	-	1,713	-	-
Other program fees	570	-	-	-
Production/service income	-	47,206	-	-
Public support:				
Local/county government	324,597	-	-	-
Donations/contributions	-	-	-	-
Other public support	-	-	-	-
Bureau of Developmental Services and Bureau of Behavioral Health	-	-	-	-
Other federal and state funding:				
HUD	-	-	-	-
Other	-	-	-	-
Private foundation grants	-	-	-	-
Other revenues	32,345	-	-	24,768
Total revenues	377,307	256,117	316,445	1,674,984
EXPENSES				
Salaries and wages	$ 220,696	$ 149,992	$ 56,038	$ 764,670
Employee benefits	59,284	43,017	12,122	146,735
Payroll taxes	14,821	14,444	4,028	54,548
Client wages	-	54,064	-	-
Professional fees	8,182	2,906	959	18,302
Staff development and training	42	855	164	1,735
Occupancy costs	-	13,058	4,477	50,724
Consumable supplies	3,192	3,898	27,757	12,467
Equipment expenses	3,969	7,774	720	8,574
Communications	2,583	1,152	234	12,304
Travel and transportation	8,792	17,094	-	49,227
Assistance to individuals	-	-	-	-
Insurance	-	1,369	488	6,812
Membership dues	-	447	150	2,238
Bad debt expense	179	2,505	8,505	168,045
Other expenses	-	10	148	51
Total expenses	321,740	312,585	115,790	1,296,432
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 55,567	$ (56,468)	$ 200,655	$ 378,552

Continued

NORTHERN HUMAN SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES
MENTAL HEALTH

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Supportive Living	Community Residences	Disaster Behavioral	Victims of Crime Act
REVENUES				
Program service fees:				
Client fees	$ 63,257	$ 13,911	$ -	$ 9,607
Residential fees	-	54,909	-	-
Blue Cross	-	-	-	3,053
Medicaid	2,367,163	1,162,641	-	144,433
Medicare	215	-	-	16,346
Other insurance	328	-	-	7,887
Local educational authorities	-	-	-	-
Vocational rehabilitation	-	-	-	-
Other program fees	-	-	-	-
Production/service income	-	-	-	-
Public support:				
Local/county government	-	-	-	-
Donations/contributions	-	-	-	-
Other public support	-	-	-	317,738
Bureau of Developmental Services and Bureau of Behavioral Health	-	-	-	-
Other federal and state funding:				
HUD	-	129,535	-	-
Other	-	-	400	-
Private foundation grants	-	-	-	-
Other revenues	23	188	-	-
Total revenues	2,430,986	1,361,184	400	499,064
EXPENSES				
Salaries and wages	$ 726,054	$ 816,886	$ -	$ 362,184
Employee benefits	186,922	209,151	-	63,399
Payroll taxes	51,316	57,079	-	24,804
Client wages	-	-	-	-
Professional fees	14,835	5,268	-	8,873
Staff development and training	751	35	-	1,724
Occupancy costs	46,687	44,241	-	27,375
Consumable supplies	18,427	25,974	-	3,771
Equipment expenses	8,721	14,379	-	3,861
Communications	7,047	8,591	-	3,252
Travel and transportation	59,066	10,383	-	13,358
Assistance to individuals	1,610	988	-	-
Insurance	6,907	2,147	-	3,306
Membership dues	2,605	658	-	1,361
Bad debt expense	46,838	14,124	-	5,396
Other expenses	50	41	-	22
Total expenses	1,177,836	1,209,945	-	522,686
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 1,253,150	$ 151,239	$ 400	$ (23,622)

Continued

NORTHERN HUMAN SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES
MENTAL HEALTH

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	ACT Team	IDN Grant	Other Mental Health Programs	Total Mental Health Programs	2018 Summarized
REVENUES					
Program service fees:					
Client fees	$ 143,799	$ -	$ -	$ 700,461	$ 676,504
Residential fees	14,470	-	-	69,379	70,500
Blue Cross	375	-	-	186,499	217,556
Medicaid	1,296,430	-	-	11,890,220	11,596,955
Medicare	45,948	-	-	491,840	575,847
Other insurance	485	-	-	248,966	287,550
Local educational authorities	-	-	-	-	-
Vocational rehabilitation	-	-	-	1,863	5,917
Other program fees	-	-	-	1,140	58
Production/service income	-	-	206,659	253,865	222,560
Public support:				-	
Local/county government	-	-	-	440,833	287,832
Donations/contributions	-	-	-	5,573	4,403
Other public support	-	-	-	343,307	333,880
Bureau of Developmental Services				-	
and Bureau of Behavioral Health	277,000	-	-	523,328	379,308
Other federal and state funding:				-	
HUD	-	-	-	129,535	129,530
Other	-	36,800	-	150,121	170,477
Private foundation grants	-	-	-	220,000	219,507
Other revenues	921	-	1,879	68,661	47,724
Total revenues	1,779,428	36,800	208,538	15,725,591	15,226,108
EXPENSES					
Salaries and wages	$ 655,740	$ 22,499	$ 39,701	$ 6,877,783	$ 6,663,485
Employee benefits	131,849	7,030	7,551	1,347,375	1,354,024
Payroll taxes	43,668	1,475	7,632	485,191	466,978
Client wages	3,605	-	68,720	126,389	119,425
Professional fees	68,233	-	2,200	232,781	230,888
Staff development and training	1,315	-	1,242	25,417	27,418
Occupancy costs	83,191	-	23,255	534,882	542,490
Consumable supplies	9,005	-	43,891	210,246	205,410
Equipment expenses	7,019	4,711	11,044	108,075	115,737
Communications	5,688	2,175	6,782	124,747	142,581
Travel and transportation	36,959	33	9,084	248,647	254,925
Assistance to individuals	97	-	-	3,676	9,573
Insurance	5,312	-	285	53,176	58,206
Membership dues	2,025	-	724	27,022	27,788
Bad debt expense	124,964	-	-	604,579	693,320
Other expenses	22	-	2	1,008	1,932
Total expenses	1,178,692	37,923	222,113	11,010,994	10,914,180
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 600,736	$ (1,123)	$ (13,575)	$ 4,714,597	$ 4,311,928

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NORTHERN HUMAN SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES
DEVELOPMENTAL SERVICES

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Service Coordination	School District Contracts	Day Programs	Early Supports & Services	Independent Living Services
REVENUES					
Program service fees:					
Client fees	$ -	$ -	$ -	$ 77,790	$ -
Residential fees	-	-	-	-	-
Blue Cross	-	-	-	26,825	-
Medicaid	975,912	-	4,603,410	1,118,540	373,404
Medicare	-	-	-	-	-
Other insurance	-	-	-	72,940	-
Local educational authorities	-	130,058	-	-	-
Vocational rehabilitation	-	-	7,111	-	-
Other program fees	-	-	-	-	-
Production/service income	-	-	175,819	-	-
Public support:					
Local/county government	-	-	1,900	-	-
Donations/contributions	-	-	19,786	-	-
Other public support	-	-	-	-	-
Bureau of Developmental Services and Bureau of Behavioral Health	-	-	-	104,498	-
Other federal and state funding:					
HUD	-	-	-	-	-
Other	-	-	-	-	-
Private foundation grants	-	-	-	-	-
Other revenues	41,122	-	5,662	1,713	-
Total revenues	1,017,034	130,058	4,813,688	1,402,306	373,404
EXPENSES					
Salaries and wages	$ 687,068	$ 57,206	$ 3,450,025	$ 499,489	$ 109,857
Employee benefits	183,609	8,461	955,352	76,066	23,113
Payroll taxes	47,486	4,277	252,686	36,019	8,124
Client wages	-	1	121,436	-	-
Professional fees	21,817	291	69,540	223,084	18,805
Staff development and training	555	9	4,281	7,665	141
Occupancy costs	59,292	2,670	256,472	6,725	6,308
Consumable supplies	14,005	792	70,438	9,333	1,225
Equipment expenses	6,837	457	106,191	3,939	1,204
Communications	5,079	295	43,599	15,828	629
Travel and transportation	24,385	2,578	543,093	91,951	5,690
Assistance to individuals	520	-	38,805	-	244
Insurance	5,825	492	30,544	4,271	1,247
Membership dues	77	3	11,673	189	3
Bad debt expense	-	-	5,956	134,349	5,611
Other expenses	235	4	1,776	25	7
Total expenses	1,056,790	77,536	5,961,867	1,108,933	182,208
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ (39,756)	$ 52,522	$ (1,148,179)	$ 293,373	$ 191,196

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NORTHERN HUMAN SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES
DEVELOPMENTAL SERVICES

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Family Residence	Combined Day/ Residential Vendor	Individual Supported Living	Consolidated Services	Combined Day/ Residential Services
REVENUES					
Program service fees:					
Client fees	$ -	$ -	$ -	$ -	$ -
Residential fees	207,811	-	37,950	-	-
Blue Cross	-	-	-	-	-
Medicaid	7,438,382	1,969,301	332,928	2,700,710	1,589,858
Medicare	-	-	-	-	-
Other insurance	-	-	-	-	-
Local educational authorities	-	-	-	-	-
Vocational rehabilitation	-	-	-	-	-
Other program fees	-	-	-	-	-
Production/service income	24,443	-	564	-	-
Public support:					
Local/county government	-	-	-	-	-
Donations/contributions	-	-	-	-	-
Other public support	-	-	-	-	-
Bureau of Developmental Services and Bureau of Behavioral Health	-	-	-	-	-
Other federal and state funding:					
HUD	-	-	-	-	-
Other	-	-	-	-	-
Private foundation grants	-	-	-	-	-
Other revenues	12,465	-	335	-	-
Total revenues	7,683,101	1,969,301	371,777	2,700,710	1,589,858
EXPENSES					
Salaries and wages	$ 1,892,153	$ -	$ 213,575	$ 940,246	$ 32,884
Employee benefits	404,997	-	54,218	155,379	4,736
Payroll taxes	137,778	-	14,982	53,982	2,459
Client wages	18,172	-	297	-	-
Professional fees	3,190,569	1,879,591	56,690	1,138,668	1,418,954
Staff development and training	4,250	-	392	1,578	55
Occupancy costs	161,837	-	48,188	11,998	1,567
Consumable supplies	104,350	-	9,564	5,219	9,960
Equipment expenses	29,331	-	1,715	6,523	386
Communications	32,570	-	3,418	15,486	195
Travel and transportation	63,967	-	5,017	58,063	-
Assistance to individuals	1,730	-	874	32,960	180
Insurance	16,532	-	2,152	7,410	360
Membership dues	378	-	4	5,701	-
Bad debt expense	-	-	-	-	-
Other expenses	329	-	13	54	2
Total expenses	6,058,943	1,879,591	411,099	2,433,267	1,471,738
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 1,624,158	$ 89,710	$ (39,322)	$ 267,443	$ 118,120

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NORTHERN HUMAN SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES
DEVELOPMENTAL SERVICES

FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Acquired Brain Disorder	Other Developmental Services Programs	Total Developmental Services Programs	2018 Summarized
REVENUES				
Program service fees:				
Client fees	$ -	$ -	$ 77,790	$ 40,493
Residential fees	-	7,563	253,324	251,843
Blue Cross	-	-	26,825	34,592
Medicaid	472,909	3,263,400	24,838,754	23,971,027
Medicare	-	-	-	-
Other insurance	-	-	72,940	67,330
Local educational authorities	-	-	130,058	157,808
Vocational rehabilitation	-	-	7,111	5,094
Other program fees	-	-	-	3,098
Production/service income	-	1,926	202,752	215,198
Public support:				
Local/county government	-	-	1,900	18,900
Donations/contributions	-	-	19,786	17,983
Other public support	-	-	-	-
Bureau of Developmental Services and Bureau of Behavioral Health	-	220,627	325,125	240,771
Other federal and state funding:				
HUD	-	-	-	-
Other	-	-	-	-
Private foundation grants	-	-	-	-
Other revenues	-	4,771	66,068	85,099
Total revenues	472,909	3,498,287	26,022,433	25,109,236
EXPENSES				
Salaries and wages	$ 29,770	$ 359,573	$ 8,271,846	$ 8,051,232
Employee benefits	9,815	62,449	1,938,195	1,813,646
Payroll taxes	2,075	26,155	586,023	584,666
Client wages	-	-	139,906	164,012
Professional fees	207,851	2,701,752	10,927,612	11,202,974
Staff development and training	44	1,955	20,925	15,681
Occupancy costs	1,051	14,762	570,870	534,222
Consumable supplies	317	11,423	236,626	227,095
Equipment expenses	289	2,853	159,725	149,865
Communications	163	3,321	120,583	122,787
Travel and transportation	1,024	13,921	809,689	816,535
Assistance to individuals	-	32,975	108,288	98,239
Insurance	271	3,566	72,670	73,980
Membership dues	1	7	18,036	22,327
Bad debt expense	-	-	145,916	84,013
Other expenses	2	35	2,482	1,235
Total expenses	252,673	3,234,747	24,129,392	23,962,509
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 220,236	$ 263,540	$ 1,893,041	$ 1,146,727

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NORTHERN HUMAN SERVICES BOARD OF DIRECTORS

			Office	Home	Term
Officers:	Madelene Costello, President				10.20 - 10.22
	Dorothy Borchers, Vice President				10.20 - 10.22
	James Salmon, Treasurer				10.17 - 10.21
	TBA, Secretary				
Staff:	Eric Johnson, CEO		447-3347		
	Dale Heon, CFO		447-3347		
	Susan Wiggin, CEO Assistant		447-3347		
	Suzanne Gaetjens-Olsen, MH Reg Administrator		444-5358		
	Liz Charles, DD Reg Administrator		447-3347		
	The Mental Health Center	Kassie Eafrati	752-7404		
	3 Twelfth St., Berlin 03570	Director of BH			
Term	Community Services Center	Lynn Johnson	752-1005		
Expires	69 Willard St., Berlin 03570	Director of DS			
'22	Margaret McClellan,				
'23	*Stephen Michaud, 1				
'23	*Dorothy Borchers, 7				
	The Mental Health Center	Valeda Cerasale	447-2111		
	25 W. Main St., Conway 03818	Director of BH			
	70 Bay St., Wolfeboro 03894		569-1884		
	New Horizons (also Tamworth)	Shanon Mason	356-6310		
	626 Eastman Rd., Ctr. Conway 03813	Director of DS			
'21	*Maddie Costello,				
'23	*Carrie Duran,				
'21	James Salmon,				
	The Mental Health Center	James Michaels	237-4955		
	55 Colby St., Colebrook 03576	Director of BH			
	69 Brooklyn St., Groveton 03582		636-2555		
	Vershire Center	Lynn Johnson	237-5721		
	24 Depot Street, Colebrook, NH 03576	Director of DS			
'23	Georgia Caron,				
	White Mountain Mental Health	Amy Finkle	444-8501		
	29 Maple St., Box 599, Littleton 03561	Director of BH			
	Common Ground (also Littleton, Woodsville)	Mark Vincent	837-9547		
	24 Lancaster Rd., Whitefield 03584	Director of DS			
'23	Annette Carbonneau,				

Executive Committee: S. Michaud, M. McClellan, J. Salmon, M. Costello, D. Borchers, E. Johnson
Finance Committee J. Salmon, M. McClellan, S. Michaud, D. Borchers, M. Costello, D. Heon
Program Committee: M. McClellan, M. Costello, G. Caron, C. Duran, S. Gaetjens-Olsen, L. Charles
Development Committee: C. Duran, D. Borchers, M. McClellan, M. Costello, K. Blake, S. Mason, S. Gaetjens-Olsen, S. Wiggin

*Member representing consumer with developmental disability / **NOTE:** Bylaws state that a minimum of 7 meetings, including the Annual Business Meeting, must be held.

Last revised: 12/19, 4/20, 5/20, 9/20, 10/20, 11/20, 2/21

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DALE HEON

EMPLOYMENT HISTORY:

Apr. 2007 - Present
NORTHERN HUMAN SERVICES INC., Conway, NH
Job Title: Chief Financial Officer

Provide strategic management of the accounting and finance functions of a private non-profit corporation.

Lead and supervise Controller, Accounting and Payroll staff. Direct accounting policies, procedures and internal controls. Recommend and implement improvements to ensure the integrity of the company's financial information.

Budget preparation and submission to State of NH Department of Health and Human Services. Quarterly reporting to State of NH of budget vs. actual expenses and revenue. Oversee financial system implementations and upgrades. Federal and State grant management and accounting.

Lead and supervise Director of Information Technology and collaborate on technology decisions. Computer network encompasses multiple sites in rural northern locations.

Manage relationships with banking, investment institutions, and outside audit firm. Identify and manage business risks and insurance requirements. Present monthly financial data to the Finance Committee of the Board of Directors.

Jan. 2007 – Apr. 2007
Robert Half International, Manchester, NH
Job Title: Interim Chief Financial Officer (client)

Worked exclusively at client location (Northern Human Services Inc). See list of duties and responsibilities above. Hired directly by Northern after successful completion of budget submission to State of New Hampshire.

Jul. 1999 - Oct. 2006
BRANDPARTNERS INC. (formerly Willey Brothers, Inc.), Rochester, NH
Job Title: Controller

Helped grow a new division (commercial construction management) from $5 million in revenue per year in 1999 to over $30 million in 2006. Total company revenue estimated to be over $50 million in 2006.

Instrumental in successful implementation of new project accounting software during period of high growth.

Responsible for revenue recognition and accruing all work-in-process costs each month using the percentage of completion method. Full profit & loss report responsibility.

Balance sheet account reconciliation, A/P, A/R including collections, revenue forecasting, budgeting, and exposure to SEC reporting 10Q/10-K. Reviewed and signed off on SEC reporting related to my division.

Prepared corporate cash flow forecasting, prepared and entered monthly journal entries, helped create customized detailed profitability analysis report by job.

Produced pro-forma income statements for new endeavors or potential acquisitions. Interfaced with outside auditors at quarter-end and year-end for financial statement verification.

Dec 1995 - July 1999

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CABLETRON SYSTEMS, INC., Rochester, NH
Job Title: Senior Credit Analyst

Collected commercial overdue accounts receivable for this $1+ Billion revenue high tech company. Collection territory consisted mostly of government resellers; leasing companies and averaged $12-$15 million per month.

Set-up and maintained Escrow Agreements between banks and 8A or minority owned businesses to ensure payment on multi-million dollar government contracts.

Prepared journal entries for reconciliation of customer accounts; prepared short-term rental quotes for customers.

Acted as liaison between our sales force, outside leasing companies (GE Capital Etc.) and our customers. Managed multi-million dollar stocking orders-including billing, collections, and inventory management.

Recruited, supervised, and trained college interns.

Oct. 1989 to Dec 1995
WILLEY BROTHERS, INC., Rochester, NH
Job Title: Assistant Financial Manager

As part of the Senior Management Team, maintained all accounting systems for this $11m manufacturing company: G/L, A/R including collections, A/P, fixed assets, payroll, Personnel/Human Resources, state sales taxes, cash flow analysis and projection, financial report generation, and budgets.

Responsible for computer network, all telecommunication needs, maintain rental property - collect rent, building maintenance and upkeep, negotiate and prepare lease agreements.

EDUCATION:

1996-1999:
PLYMOUTH STATE UNIVERSITY, Plymouth, NH - Master of Business Administration Program
M.B.A. - Graduated with Honors -GPA 3.88/4.00; Member of Delta Mu Delta - National Honor Society

1987 - 1991:
UNIVERSITY OF NEW HAMPSHIRE, Durham, NH - Whittemore School of Business and Economics
B.S. in Business Administration

SOFTWARE RESOURCES:

Microsoft Great Plains Dynamics ERP (Project Accounting, A/R, A/P, Sales Order Processing); SAP ERP (Credit Management, A/R, Order Entry); Solomon Accounting; Microsoft Excel, Word, and PowerPoint; Lotus 1-2-3; Dbase IV.

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ERIC M. JOHNSON

SENIOR MANAGEMENT EXECUTIVE

Cross-Functional Experience & Cross System Expertise

2013 – Present CEO

Responsible for the management of a $37 million mental health and developmental service organization. Assuring the delivery and quality of essential services to individuals living in a rural environment. Northern Human Services serves over 5,000 individuals and employs over 600 employees.

Highly qualified Executive Manager offering more than 25 years of non-profit management and diverse program leadership experience within human service delivery systems. Results-focused and effectual leader with proven ability to provide stability in business despite unpredictable external forces. Talent for proactively identifying and resolving problems – reversing negative financial results, controlling costs, maximizing productivity, and delivering positive results. Strength and direct experience in:

*Contract Development & Monitoring
*Budget Development
*Consumer Rights Protection
*Policy Development
*Inter-Agency Collaboration
*Corporate Compliance
*Quality Assurance
*Program Development
*Grant Writing
*Personnel Management

PROFESSIONAL EXPERIENCE

Northern Human Services - Conway, NH **1984 – Present**

- CHIEF OF OPERATIONS (1997 - Present)
- ASSOCIATE DIRECTOR OF DEVELOPMENTAL SERVICES (1996 – 1997)
- AREA DIRECTOR (1994 – 1996)
- REGIONAL COORDINATOR (1987 - 1995)

Recruited initially as a Case Manager in 1984 to provide service coordination to individuals with long term mental illness and developmental disabilities. Promoted to Team Leader/Supervisor within first year of employment. Promoted again within two years to assume region-wide responsibilities, including the supervision of Program Managers in regional offices.
Appointed Area Director in 1994 for a declining operation that had experienced major staff turnover and financial losses over several years. Successfully stabilized the business and program functions and turned around financial losses. Advanced quickly to role as Associate Director of Developmental Services overseeing a budget of $8 million. Promoted again in 1997 to Chief of Operations, which included absorbing the roles of two former full-time Associate Directors.

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CURRENTLY: Direct all operations of the agency and maintain compliance with three major State contracts totaling more than $34 million dollars. Provide leadership for a 500-person workforce and hold full responsibility for the day to day management of the agency. Oversee Area Directors, Quality Assurance/Corporate Compliance, Human Resources, specific Developmental Services program functions and client complaint resolution processes. Also have provided coverage for the CEO and other Management Team staff vacancies on an ongoing basis as needed.

Examples of Leadership:

- Led agency's consolidation with the former organization known as The Center of Hope, which entailed hiring 200 employees and the integration of an $8 million dollar operations budget.
- Successfully managed through the turnover of three previous Chief Financial Officers; oriented and supported each of the new CFO hires in annual budget development as they learned the complexities of the job.
- Provided interim leadership and supported program operations of both New Horizons and the Mental Health Center in Conway while recruiting for new Area Directors on four separate occasions.
- Have maintained strong collaborative relationships with all of the State Bureau's and various funding sources over entire career with the agency.
- Have led multiple agency projects by mentoring and supervising staff who were charged with specific outcomes; this included the Tele-psychiatry Project, the recent Electronic Medical Record initiative, the Columbia House Residential Treatment Program, the Family Support Program, and numerous other program initiatives.
- Have represented the agency at state-level meetings when the CEO has been unavailable. This has included meetings with several DHHS Commissioners, all Bureau Chiefs and the Governor of NH.

Northern NH Council on Alcoholism - Dummer, NH **1983 -1985**

- DRUG AND ALCOHOL COUNSELOR

NH Office of Alcohol and Drug Abuse & Prevention – Concord, NH **1982 - 1983**

- VISTA VOLUNTEER

EDUCATION

Masters of Human Service Administration (MSHSA)
Springfield College – Springfield, MA

Bachelor of Arts (BA)
University of NH – Durham, NH

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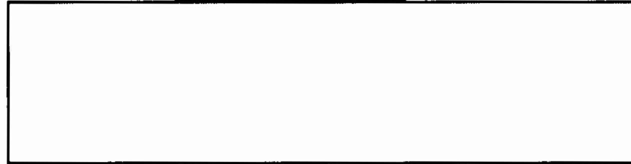
Suzanne Gaetjens-Oleson, MACP, LCMHC



Educational History:

Bachelor of Arts, Psychology Major, Hampshire College, Amherst, MA, 1993

Master of Counseling Psychology, Antioch New England Graduate School, Keene, NH, 1996

Employment History:

Regional Mental Health Administrator, Northern Human Services, May 2013-present Direct the regional management, operations and provision of services to individuals with mental illness and substance abuse in accordance with Agency Policy, federal and state laws and regulations. Responsible for overseeing compliance efforts in the Agency, supervising the Medical Records Auditor and the members of the Quality Improvement and Compliance Team. Responsible for overseeing the Electronic Medical Record team and leading the agencies efforts to comply with Meaningful Use Requirements.

Director, Quality Improvement/Compliance, Northern Human Services, February 2012-May 2013, Responsibility for Corporate Compliance and Quality Improvement functions such as assisting management with the ongoing review and amendment of administrative and treatment policies; investigating and acting on matters related to compliance, including management of internal reports of concern, leading and coordinating the preparation for reviews of the Agency by external entities, maintaining quality improvement processes that measure outcomes of services delivered, using data from information technology systems to analyze, create and disseminate reports that summarize service utilization and trends; coordinating regional planning processes and developing plan documents for funding sources as required. Coordinate, synthesize and provide summary reports of quality indicators to MC on a regular basis. Provide necessary compliance trainings to staff.

Director of Children's Services, June 2000-February 2012 Northern Human Services, White Mountain Mental Health, June 2000 to present. Responsible for the supervision and management of the "children's team", represent Northern Human Services at Children's Director's state team meeting, writing small grants, developing and sustaining positive collaborative relationships with other child serving systems, maintain children's charts to Medicaid and federal standards, maintain clinical caseload.

Clinician, White Mountain Mental Health and Developmental Services, May 1996-June 2000. Assessment and ongoing counseling with children and families. Daytime emergency service coverage.

Emergency Service Clinician, White Mountain Mental Health and Development Services, April 1995-May 1996. Day and night coverage of emergency services to psychiatric patients including psychosocial assessments and emergency evaluations and interventions.

Charge Counselor, Northern New Hampshire Youth Services, and Bethlehem NH. May 1993-November 1994. Conducted psychosocial assessments, emergency evaluations, provided direct counseling services and staff supervision at this group home for emotionally disturbed adolescent females. (This home has changed ownership since I was employed there and is now part of the NFI system.)

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Continuing Education Experiences:

-Two intensive weeklong seminars with Daniel Hughes, which focused on work with children who have suffered trauma, loss, and disrupted attachment.

-Seminars required for License (total 65 continuing education credits during every two-year license period, including six ethics credits)

-Trauma Focused Cognitive Behavioral Therapy--trained with Dartmouth, received weekly supervision with Craig Donnelly, MD and Sarah Sterns, PhD.

Helping the Non-compliant Child-trained with Dartmouth, received weekly supervision with Sarah Sterns, PhD.

Goal: To continue working in a capacity that supports people affected by mental illness and promotes their ability to be positive contributors and participants in their communities.

References Available Upon Request

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Eric Johnson	CEO	$170669	0%	
Dale Heon	CFO	$92,587	0%	
Suzanne Gaetjens-Oleson	MH Regional Administrator	$80,995	0%	

State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Mental Health Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and West Central Services, Inc. d/b/a West Central Behavioral Health ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017, (Late Item A) as amended on June 19, 2019, (Item #29), 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, 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, 2022

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $3,001,206.

3. Modify Exhibit A, Amendment #1, Scope of Services by replacing in its entirety with Exhibit A Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment in its entirety and replace with Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment.
5. Add Exhibit K, DHHS Information Security Requirements, 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

6/11/2021

Date

DocuSigned by:
Katja Fox
ED9D05B04C63442...

Name: Katja Fox
Title: Director

West Central Services, Inc. d/b/a
West Central Behavioral Health

6/10/2021

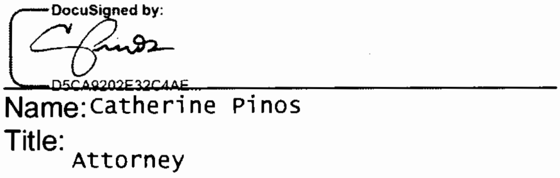
Date

DocuSigned by:
Roger W. Osmun, Ph.D.
0ABDB54CB432473...

Name: Roger W. Osmun, Ph.D.
Title: President and CEO

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

OFFICE OF THE ATTORNEY GENERAL



6/11/2021

Date

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:

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 shall operate a Community Mental Health Center (CMHC) that provides services intended to promote recovery from mental illness for eligible residents in the State of New Hampshire (individuals) for Region 2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.

1.4. Prior to termination of this contract the parties will agree on a plan for transition and destruction of confidential data in accordance with Exhibit K.

1.5. The Contractor shall provide individualized, recovery based services and supports in the manner that best allows each individual to stay within their home and community providing current treatment and recovery options that are based on scientific research and evidence based practices (EBP).

1.6. The Contractor acknowledges the requirements of the Community Mental Health Agreement (CMHA) and shall demonstrate progress toward meeting the following terms in the CMHA: 1.) Assertive Community Treatment Teams; 2.) Evidence-Based Supported Employment; and 3.) Transition planning for individuals at New Hampshire Hospital and Glencliff Home and 4.) Supported Housing. Further, the Contractor shall participate in annual Quality Service Reviews (QSR) conducted under the terms of the CMHA.

1.7. The Contractor shall enter into a capitation model of contracting with all NH Managed Care Organizations to support the delivery and coordination of behavioral health services and supports for children, youth, transition-aged youth, young adults, and adults.

1.8. The Contractor shall support the integration of physical and behavioral health as a standard of practice; implementing the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Levels of Collaboration/Integration to the maximum extent feasible.

1.9. The Contractor shall ensure that clinical standards and operating procedures are consistent with trauma-informed models of care, as defined by SAMHSA.

The clinical standards and operating procedures must reflect a focus on wellness, recovery, and resiliency.

1.10. The Contractor shall engage in ongoing implementation, service improvements, and expansion efforts associated with New Hampshire's 10 Year Mental Health Plan.

1.11. For the purposes of this agreement, all references to days shall mean calendar days unless otherwise specified.

1.12. The Contractor shall provide individuals, caregivers and youth the opportunity for feedback and leadership within the agency to help improve services in a person-centered manner when applicable and appropriate.

1.13. The Contractor shall ensure rapid access to services is available to each individual by offering an appointment slot on the same or next calendar day of the initial contact.

2. System of Care for Children's Mental Health

2.1. The Contractor shall collaborate with the Department on the implementation of NH RSA 135-F, System of Care for Children's Mental Health.

2.2. The Contractor shall provide services for children, youth, and young adults with serious emotional disturbance (SED) in a manner that aligns with NH RSA 135-F. The Contractor shall ensure services are:

2.2.1. Family Driven - services and supports are provided in a manner that best meets the needs of the family and the family goals;

2.2.2. Youth Driven - services and supports are provided in a manner that best meets the needs of the child, youth or young adult and that supports their goals;

2.2.3. Community Based - services and supports are provided in a manner that best allow children, youth, and young adults to stay within their home and community; and

2.2.4. Cultural and Linguistic Competent - Services are provided in a manner that honors a child, youth, or young adult and their family-identified culture, beliefs, ethnicity, preferred language, gender and gender identity and sexual orientation.

2.3. The Contractor shall collaborate with the FAST Forward program, ensuring services are available for all children and youth enrolled in the program.

2.4. The Contractor shall make referrals to the FAST Forward program for any child, youth, or young adult that may be eligible.

3. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

3.1. The Contractor shall maintain appropriate levels of certification through a contract with the Judge Baker Center for Children.

3.2. The Contractor shall ensure new and incoming staff work towards meeting a goal 70% of children and youth clients' needs with the evidence-based practice of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC).

3.3. The Contractor shall maintain a use of the Judge Baker's Center for Children (JBCC) TRAC system to support each case with Modular Approach to the Treatment of Children-Anxiety, Depression, Trauma & Conduct (MATCH-ADTC) as the identified treatment modality.

3.4. The Contractor shall invoice BCBH through green sheets for:

3.4.1. The costs for both the certification of incoming therapists and the recertification of existing clinical staff, not to exceed the budgeted amount.

3.4.2. The full of the annual fees paid to the JBCC for the use of their TRAC system to support MATCH-ADTC.

4. Division for Children, Youth and Families (DCYF)

4.1. The Contractor shall provide mental health consultation to staff at Division for Children, Youth and Families (DCYF) District Offices related to mental health assessments and/or ongoing treatment for children served by DCYF.

4.2. The Contractor shall provide Foster Care Mental Health Assessments for children and youth younger than eighteen (18) years of age who are entering foster care for the first time.

5. Crisis Services

5.1. If the Contractor has, or enters into, an agreement with a hospital to provide crisis services to individuals who are eligible, or presumed eligible in the emergency department, for Medicaid services, the Contractor may bill Medicaid according to fee schedules or MCO contracts for services rendered.

5.2. The Contractor shall document crisis services delivered in the emergency department setting as part of its Phoenix Submissions, in a format, and with content, completeness, and timelines specified by the Department, ensuring documented information includes screenings performed, diagnosis codes, and referrals made.

5.3. The Contractor shall provide documentation of each collaborative relationship with acute care hospitals in its region, at the request of the Department.

5.4. The Contractor shall provide emergency services as defined in NH Administrative Rule He-M 403.06 (a)(6) and NH Administrative Rule He-M 426.09.

5.5. As part of the crisis resolution, the Contractor shall screen each individual for Assertive Community Treatment (ACT). If clinically appropriate, the Contractor shall:

5.5.1. Refer the individual for an expedited ACT assessment and/or intake and treatment upon discharge; or

5.5.2. Inform the appropriate regional CMHC in order to expedite the ACT assessment and/or intake and treatment upon discharge from emergency department or inpatient psychiatric or medical care setting, if the individual resides in a region other than the region in which the individual is receiving crisis services.

5.6. The Contractor shall not refer an individual for hospitalization at New Hampshire Hospital (NHH) unless the Contractor has determined that NHH is the least restrictive setting in which the individual's immediate psychiatric treatment needs can be met. The Contractor shall:

5.6.1. Make all reasonable efforts to ensure no other clinically appropriate bed is available at any other NH inpatient psychiatric unit, Designated Receiving Facility (DRF), Adult Psychiatric Residential Treatment Program (APRTP), Mobile Crisis apartments, or other step-up/step-down beds prior to referring an individual to NHH; and

5.6.2. Work collaboratively with the Department and contracted Managed Care Organizations for the implementation of the Zero Suicide within emergency departments.

5.7. The Contractor shall provide services to individuals experiencing a psychiatric and/or substance use related crisis through a rapid response team that includes, but is not limited to:

5.7.1. One (1) Master's level clinician.

5.7.2. One (1) peer support specialist as defined by HeM 426.13(d)(4).

5.7.2.1. Bachelor's level staff, or a Certified Recovery Support Worker (CRSW) may be substituted into the peer role up to 50% of FTE peer allocation.

5.7.3. Access to telehealth, including tele-psychiatry, for additional capacity, as needed.

5.8. The Contractor shall ensure all staff have the necessary qualifications as defined under New Hampshire Administrative Rule He-M 400, Community Mental Health, Parts 403 and 426.

5.9. The Contractor shall develop an implementation and/or transition plan with a timeline for transforming crisis services for Department approval no later than

30 days from the contract effective date. The Contractor shall ensure the implementation and/or transition plan includes, but is not limited to:

5.9.1. The plan to educate current community partners and individuals on the use of the Access Point Number.

5.9.2. Staffing adjustments needed in order to meet the full crisis response scope and titrated up to meet the 24/7 nature of this crisis response.

5.9.3. The plan to meet each performance measure over time.

5.9.4. How data will be sent to the Access Point if calls are received directly at the center and are addressed by the center during the transition period.

5.10. The Contractor shall work in tandem with the designated vendor providing services through the Rapid Response Access Point contract as approved by the Governor and Executive Council.

5.11. The Contractor shall enter into a Memorandum of Understanding within 30 days of contract effective date with the Rapid Response Access Point, which provides the Regional Response Teams information regarding the nature of the crisis through verbal and/or electronic communication including but not limited to:

5.11.1. The location of the crisis.

5.11.2. The safety plan either developed over the phone or on record from prior contact(s).

5.11.3. Any accommodations needed.

5.11.4. Treatment history of the individual, if known.

5.12. The Contractor shall promote the use of the telephone number for the Rapid Response Access Point as the primary contact for crisis services, which utilizes Global Positioning System (GPS) enabled technology to identify the closest and available Regional Response Team.

5.13. The Contractor shall ensure all rapid response team members participate in a crisis response training, as designated by the Department, which follows the concepts and topics identified in the National Guidelines for Crisis Care Best Practice Toolkit published by the Substance Abuse and Mental health Services Administration (SAMHSA).

5.14. The Contractor shall provide the physical address of the physical location to the Rapid Response Access Point where the rapid response team may provide office-based urgent assessments.

5.15. The Contractor shall ensure a rapid response team is available twenty-four (24) hours per day, seven (7) days a week for deployment within their region and boarder regions, as directed by the Rapid Response Access Point.

5.16. The Contractor shall ensure the rapid response team is trained and available to provide crisis response services to avoid unnecessary hospitalization, incarceration or institutionalization. The Contractor shall ensure services include but are not limited to:

5.16.1. Face-to-face assessments.

5.16.2. Disposition and decision making.

5.16.3. Initial care and safety planning.

5.16.4. Post crisis and stabilization services.

5.17. The Contractor may utilize presumptive eligibility when responding to individuals who are not connected to a CMHC or who may be considered low utilizers.

5.18. The Contractor shall ensure the rapid response team responds to all dispatches either face-to-face in the community. within one (1) hour of the request ensuring:

5.18.1. The response team includes a minimum of two (2) individuals for safety purposes, which includes a Master's level staff and a peer and/or BS and/or CRSW if occurring at locations based on individual and family choice that include but are not limited to:

5.18.1.1. In or at the individual's home.

5.18.1.2. In an individual's school setting.

5.18.1.3. Other natural environments of residence includingfoster homes.

5.18.1.4. Community settings.

5.18.1.5. Peer run agencies

5.18.2. The response team includes a minimum of one (1) Master's level team member if occurring at safe, staffed sites or public service locations which may include, but are not limited to:

5.18.2.1. Schools.

5.18.2.2. Jails.

5.18.2.3. Police departments.

5.18.2.4. Emergency departments.

5.18.3. A no-refusal policy upon triage and all requests for mobile response receive a response and assessment regardless of the individual's disposition, which may include current substance use.

5.18.4. Documented clinical rationale with administrative support when a mobile intervention is not provided.

5.18.5. Coordination with law enforcement personnel, if required, when responding to individuals in a mental health crisis presenting a safety concern or when active rescue is required. The Contractor shall:

5.18.5.1. Work in partnership with the Rapid Response Access Point and Department to establish protocols to ensure a bi-directional partnership with law enforcement.

5.18.6. A face-to-face lethality assessment as needed that includes, but is not limited to:

5.18.6.1. Obtaining a client's mental health history including, but not limited to:

5.18.6.1.1. Psychiatric, including recent inpatient hospitalizations and current treatment providers.

5.18.6.1.2. Substance misuse.

5.18.6.1.3. Social, familial and legal factors.

5.18.6.2. Understanding the client's presenting symptoms and onset of crisis.

5.18.6.3. Obtaining medication list, adherence to prescribed medications and brief medical history.

5.18.6.4. Conducting a mental status exam.

5.18.7. Developing a mutually agreed upon individualized safety plan and care disposition and decision making, with the client, which may include, but is not limited to:

5.18.7.1. Staying in place with:

5.18.7.1.1. Stabilization services;

5.18.7.1.2. A safety plan; and

5.18.7.1.3. Outpatient providers.

5.18.7.2. Stepping up to crisis stabilization services or apartments.

5.18.7.3. Admission to peer respite.

5.18.7.4. Voluntary hospitalization.

5.18.7.5. Initiation of Involuntary Emergency Admission (IEA).

5.18.7.6. Medical hospitalization.

5.19. The Contractor shall provide Crisis Stabilization Services, which are services and supports that are provided until the crisis episode subsides. The Contractor shall ensure:

5.19.1. Crisis Stabilization Services are delivered by the rapid response team for individuals who are in active treatment prior to the crisis in order to assist with stabilizing the individual and family as rapidly as possible.

5.19.2. Are provided in the individual and family home, as desired by the individual.

5.19.3. Stabilization services are implemented using methods that include, but are not limited to:

5.19.3.1. Involving peer support specialist(s) and/or Bachelor level crisis staff by providing follow up contact within forty-eight (48) hours post-crisis for all face-to-face interventions, which may include, but are not limited to:

5.19.3.1.1. Promoting recovery.

5.19.3.1.2. Building upon life, social and other skills.

5.19.3.1.3. Offering support.

5.19.3.1.4. Facilitating referrals.

5.19.3.2. Providing warm hand offs for post-crisis support services, including connecting back to existing treatment providers and/or providing a referral for additional peer support specialist contacts.

5.19.3.3. Providing crisis stabilization services with a Master's level clinician through short-term, trauma informed approaches, which may include, but are not limited to:

5.19.3.3.1. Cognitive Behavior Therapy (CBT).

5.19.3.3.2. Dialectical Behavior Therapy (DBT).

5.19.3.3.3. Solution-focused therapy.

5.19.3.3.4. Developing concrete discharge plans.

5.19.3.3.5. Providing substance use disorder assessment and counseling techniques for dually diagnosed individuals.

5.19.4. Crisis stabilization in a Residential Treatment facility for children and youth are provided by a Department certified and approved Residential Treatment Provider.

5.20. The Contractor may provide Sub-Acute Care services for up to 30 days to individuals who are not connected to any treatment provider prior to contact with the regional rapid response team or Regional Response Access Point in order assist individuals with bridging the gap between the crisis event and ongoing treatment services. The Contractor shall:

5.20.1. Ensure sub-acute care services are provided by the CMHC region in which the individual is expected to receive long-term treatment.

5.20.2. Work with the Rapid Response Access Point to conduct educational and outreach activities within the local community and to institutional stakeholders in order to promote appropriate referrals to, and the utilization of, rapid response team resources.

5.20.3. Work with the Rapid Response Access Point to ensure the community is aware of, and is able to, access rapid response mobile crisis services and supports through the outreach and educational plan of the Rapid Response Access Point outreach and educational plan, which includes but is not limited to:

5.20.3.1. A website that prominently features the Rapid Response Access Point phone number and links with information about Rapid Response and connectivity to the Rapid Response Access Point.

5.20.3.2. All newly printed appointment cards that include the Rapid Response Access point crisis telephone number as a prominent feature.

5.20.3.3. Direct communications with partners to the Rapid Response Access Point for crisis services and deployment.

5.20.4. Work with the Rapid Response Access Point to change existing patterns of hospital emergency departments (ED) for crisis response in the region and collaborate by:

5.20.4.1. Meeting regularly with local police and first responders to discuss interface, procedures, and collaborations to understand challenges and improve outcomes for individuals in the community;

5.20.4.2. Educating partners, clients and families on all diversionary services available, by encouraging early intervention;

5.20.4.3. Maintaining and developing relationships with local hospitals and work together to promote the use of the

Rapid Response Access Point number and rapid response services, in order to reduce ED use;

5.20.4.4. Coordinating with homeless outreach services; and

5.20.4.5. Conducting outreach to at-risk seniors programming.

5.21. The Contractor shall ensure that within ninety (90) days of the contract effective date:

5.21.1. Connection with the Rapid Response Access Point and the identified GPS system that enables transmission of information needed to:

5.21.1.1. Determine availability of the Regional Rapid Response Teams;

5.21.1.2. Facilitate response of dispatched teams; and

5.21.1.3. Resolve the crisis intervention.

5.21.2. Connection to the designated resource tracking system.

5.21.3. A bi-directional referral system is in place with electronic scheduling to support information sharing that facilitates closed loop referrals and transmission of clinical triage summaries, safety plans and shared care plans with community providers.

5.22. The Contractor shall submit reports relative to the rapid response services provided in this agreement. The Contractor shall:

5.22.1. Document all contacts in the medical record for both State eligible and non-eligible individuals who receive regional rapid response team services.

5.22.2. Provide monthly reports by the fifteenth (15th) day of each month, on a template provided by the Department which includes, but is not limited to:

5.22.2.1. Number of unique individuals who received services.

5.22.2.2. Date and time of mobile arrival.

5.22.3. Submit information through the Department's Phoenix System beginning no later than six (6) months from the contract effective date, unless otherwise instructed on a temporary basis by the Department:

5.22.3.1. Diversions from hospitalizations;

5.22.3.2. Diversions from Emergency Rooms;

5.22.3.3. Services provided;

5.22.3.4. Location where services were provided;

5.22.3.5. Length of time service or services provided;

5.22.3.6. Whether law enforcement was involved for safety reasons;

5.22.3.7. Whether law enforcement was involved for other reasons;

5.22.3.8. Identification of follow up with the individual by a member of the Contractor's regional rapid response team within 48 hours post face-to-face intervention;

5.22.3.9. Indication that referral for ongoing mental health services following the immediate crisis was provided; and

5.22.3.10. Outcome of service provided, which may include but is not limited to:

5.22.3.10.1. Remained in home.

5.22.3.10.2. Hospitalization.

5.22.3.10.3. Crisis stabilization services.

5.22.3.10.4. Crisis apartment.

5.22.3.10.5. Emergency department.

5.23. The Contractor's performance will be monitored by ensuring Contractor performance by ensuring seventy (70%) of clients receive a post-crisis follow up from a member of the Contractor's regional rapid response team within forty-eight (48) hours of a face-to- face intervention, as identified through Phoenix encounter data.

6. Adult Assertive Community Treatment (ACT) Teams

6.1. The Contractor shall maintain Adult ACT Teams that meet the SAMHSA Model and are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00 A.M.. The Contractor shall ensure:

6.1.1. Adult ACT Teams deliver comprehensive, individualized, and flexible services, supports, targeted case management, treatment, and rehabilitation in a timely manner as needed, onsite in the individuals' homes and in other natural environments and community settings, or alternatively, via telephone where appropriate to meet the needs of the individual.

6.1.2. Each Adult ACT Team is composed of seven (7) to ten (10) dedicated professionals who make-up a multi-disciplinary team including, a psychiatrist, a nurse, a Masters-level clinician, or functional equivalent therapist, functional support worker and a full time equivalent (FTE) certified peer specialist.

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6.1.3. Each Adult ACT Team includes an individual trained to provide substance abuse support services including competency in providing co-occurring groups and individual sessions, and supported employment.

6.1.4. Caseloads for Adult ACT Teams serve no more than twelve (12) individuals per Adult ACT Team member, excluding the psychiatrist who serves more than seventy (70) people served per 0.5 FTE psychiatrist, unless otherwise approved by the Department.

6.2. The Contractor shall ensure ACT staff, with the exception of psychiatrist and nurse, receive:

6.2.1. A minimum of 15 hours in basic ACT training within one (1) year of hire date that is consistent with the ACT EBP SAMHSA toolkit approved by BMHS.

6.2.2. A minimum of 4 hours of advanced ACT training of co-occurring disorders within fifteen (15) months of hire date that is consistent with the ACT EBP SAMSHA toolkit and Integrated Dual Disorder Model approved by BMHS.

6.3. The Contractor shall ensure Adult ACT Teams do not have waitlists for screening purposes and/or admission to the ACT Team. The Contractor shall ensure:

6.3.1. Individuals do not wait longer than 30 days for either assessment or placement.

6.3.2. Work with the Department at identifying solutions and appropriate levels of care for any individual waiting for Adult ACT Team services for more than 30 days in order to meet the demand for services and implement the solutions within forty-five (45) days.

6.3.3. Individuals receiving services from Adult ACT Team members, if psychiatrically hospitalized, are offered a same day or next day appointment with any Adult ACT Team member upon date of discharge.

6.4. The Contractor shall report its level of compliance with the above listed requirements on a monthly basis at the staff level in the format, and with content, completeness, and timeliness as specified by the Department as part of the Phoenix submissions, which are due no later than the 15th of the month. The Department may waive this provision in whole or in part in lieu of an alternative reporting protocol, being provided under an agreement with the Department contracted Medicaid Managed Care Organizations. The Contractor shall:

6.4.1. Ensure services provided by the Adult ACT Team are identified in the Phoenix submissions as part of the ACT cost center.

6.4.2. Screen for ACTper Administrative Rule He-M 426.08, Psychotherapeutic Services.

6.4.3. Report all ACT screenings with the outcome of the screening to indicate whether the individual is appropriate for ACT, as part of the Phoenix submissions, or in the format, content, completeness, and timelines as specified by the Department.

6.4.4. Make a referral for an ACT assessment within (7) days of:

6.4.4.1. A screening outcome that an individual may be appropriate to receive ACT services.

6.4.4.2. An individual being referred for an ACT assessment.

6.4.5. Report the outcome of ACT assessments to the Department as part of the Phoenix submissions, in the format, content, completeness, and timelines as specified by the Department.

6.4.6. Ensure, fall individuals assessed as appropriate for ACT services are admitted to the ACT team caseload and begin receiving ACT services within seven (7) days, with the exception of individuals who decline such services, or are not available to receive such services for reasons that may include, but are not limited to:

6.4.6.1. Extended hospitalization or incarceration.

6.4.6.2. Relocation of individuals out of the Contractor's designated community mental health region.

6.4.7. Ensure, in the event that admitting the individual to the ACT Team caseload causes the ACT Team to exceed the caseload size limitations specified above, consultation with the Department to seek approval:

6.4.7.1. To exceed caseload size requirements, or

6.4.7.2. To provide alternative services to the individual until the individual can be admitted to the ACT caseload.

7. Evidence-Based Supported Employment (EBSE)

7.1. The Contractor shall gather employment status for all adults with Severe Mental Illness (SMI)/Severe Persistent Mental Illness (SPMI) at intake and every quarter thereafter.

7.2. The Contractor shall report the employment status for all adults with SMI/SMPI to the Department in the format, content, completeness, and

timelines specified by the Department for individuals indicating a need for EBSE.

7.3. The Contractor shall provide a referral for all individuals who express an interest in receiving Evidence-Based Supported Employment (EBSE) services to the Supported Employment team within seven (7) days.

7.4. The Contractor shall deemed the individual as waiting for SE services if the SE team cannot accommodate enrollment of SE services at which the individual will be added to the waitlist, which is reported to the Department, as specified by the Department.

7.5. The Contractor shall provide EBSE to eligible individuals in accordance with the SAMHSA and/or Dartmouth model.

7.6. The Contractor shall ensure EBSE services include, but are not limited to:

7.6.1. Job development.

7.6.2. Work incentive counseling.

7.6.3. Rapid job search.

7.6.4. Follow along supports for employed individuals.

7.6.5. Engagement with mental health treatment teams and local NH Vocational Rehabilitation services.

7.7. The Contractor shall ensure EBSE services do not have waitlists, ensuring individuals do not wait longer than 30 days for EBSE services. If waitlists are identified, Contractor shall:

7.7.1. Work with the Department to identify solutions to meet the demand for services; and

7.7.2. Implement such solutions within 45 days.

7.8. The Contractor shall maintain the penetration rate of individuals receiving EBSE at a minimum of 18.6 percent (18.6%) as per the CMHA agreement.

7.9. The Contractor shall ensure SE staff receive:

7.9.1. A minimum of 15 hours in basic training within one year of hire date as approved by the IPS Employment Center and approved by BMHS.

7.9.2. A minimum of 7 hours of advanced SE Job Development Training within 15 months of hire as approved by the IPS-SE Employment Center and BMHS.

8. Work Incentives Counselor Capacity Building

8.1. The Contractor shall employ a minimum of one FTE equivalent Work Incentive Counselor located onsite at the CMHC for a minimum of one (1) state fiscal year.

8.2. The Contractor shall ensure services provided by the Work Incentive Counselor include, but are not limited to:

8.2.1. Connecting individuals to and assisting individuals with applying for Vocational Rehabilitation services, ensuring a smooth referral transition.

8.2.2. Engaging individuals in supported employment (SE) and/or increased employment by providing work incentives counseling and planning.

8.2.3. Providing accurate and timely work incentives counseling for beneficiaries with mental illness who are pursuing SE and self-sufficiency.

8.3. The Contractor shall develop a comprehensive plans for individuals that include visualization of the impact of two or three different levels of income on existing benefits and what specific work incentive options individuals might use to:

8.3.1. Increase financial independence;

8.3.2. Accept pay raises; or

8.3.3. Increase earned income.

8.4. The Contractor shall develop comprehensive documentation of all individual existing disability benefits programs including, but not limited to:

8.4.1. SSA disability programs;

8.4.2. SSI income programs;

8.4.3. Medicaid, Medicare;

8.4.4. Housing Programs; and

8.4.5. Food stamps and food subsidy programs.

8.5. The Contractor shall collect data to develop quarterly reports in a format requested by the Department, on employment outcomes and work incentives counseling benefits that includes but is not limited to:

8.5.1. The number of benefits orientation presentations provided to individuals.

8.5.2. The number of individuals referred to Vocational Rehabilitation who receive mental health services.

8.5.3. The number of individuals who engage in SE services.

8.5.3.1. Percentage of individuals seeking part-time employment.

8.5.3.2. Percentage of individuals seeking full-time employment.

8.5.3.3. The number of individuals who increase employment hours to part-time and full-time.

8.6. The Contractor shall ensure the Work Incentive Counselor staff are certified to provide Work Incentives Planning and Assistance (WIPA) through the no-cost training program offered by Virginia Commonwealth University.

8.7. The Contractor shall collaborate with the Vocational Rehabilitation providers to develop the Partnership Plus Model to identify how Social Security funding will be obtained to support the Work Incentives Counselor position after Vocational Rehabilitation funding ceases.

8.8. The Department will monitor Contractor performance by reviewing data to determine outcomes that include:

8.8.1. An increased engagement of individuals in supported employment based on the SE penetration rate.

8.8.2. An increase in Individual Placement in both part-time and full-time employment and;

8.8.3. Improved fidelity outcomes specifically targeting:

8.8.3.1. Work Incentives Planning

8.8.3.2. Collaboration between Employment Specialists & Vocational Rehab.

9. Coordination of Care from Residential or Psychiatric Treatment Facilities

9.1. The Contractor shall designate a member of its staff to serve as the primary liaison to New Hampshire Hospital (NHH) who works with the applicable NHH staff, payer(s), guardian(s), other community service providers, and the applicable individual, to assist with coordinating the seamless transition of care for individuals transitioning from NHH to community based services or transitioning to NHH from the community.

9.2. The Contractor shall not close the case of any individual who is admitted to NHH. Notwithstanding, the Contractor shall be deemed to be in compliance with all Administrative He-M 408, Clinical Records rules regarding documentation if it is noted in the record that the individual is an inpatient at NHH or another treatment facility. All documentation requirements as per He-M 408 will be required to resume upon re-engagement of services following the individual's discharge from inpatient care.

9.3. The Contractor shall participate in transitional and discharge planning within 24 hours of admission to an inpatient facility.

9.4. The Contractor shall work with the Department, payers and guardians (if applicable) to review cases of individuals that NHH, Transitional Housing, or alternative treatment facility or the Contractor, have indicated will have difficulty returning to the community to identify barriers to discharge, and to develop an appropriate plan to transition into the community.

9.5. The Contractor shall make a face-to-face appointment available to an individual leaving NHH, Transitional Housing or alternative residential setting who desires to reside in the region served by the Contractor within seven (7) calendar days of receipt of notification of the individual's discharge, or within seven (7) calendar days of the individual's discharge, whichever is later.

9.6. The Contractor shall ensure individuals who are discharged and are new to a CMHC have an intake appointment within seven (7) calendar days. If the individual declines to accept the appointment, declines services, or requests an appointment to be scheduled beyond the seven (7) calendar days, the Contractor may accommodate the individual's request provided the accommodation is clinically appropriate, and does not violate the terms of a conditional discharge. The Contractor's Adult ACT Team must see individuals who are on the ACT caseload and transitioning from NHH into the community within 24 hours of NHH discharge.

9.7. The Contractor shall make all reasonable efforts to ensure that no appropriate bed is available at any other inpatient psychiatric unit, Designated Receiving Facility (DRF) per NH RSA 135-C and NH Administrative Rule He-M 405, Designation of Receiving Facilities, Mobile Crisis Apartment, Peer Support Recovery Center, or Adult Psychiatric Residential Treatment Program (APRTP) prior to referring an individual to NHH.

9.8. The Contractor shall collaborate with NHH and Transitional Housing Services (THS) to develop and execute conditional discharges from NHH to THS in order to ensure that individuals receive treatment in the least restrictive environment. The Department will review the requirements of NH Administrative Rule He-M 609 to ensure obligations under this section allow CMHC delegation to the THS vendors for clients who reside there.

9.9. The Contractor shall have all necessary staff members available to receive, evaluate, and treat individuals discharged from NHH seven (7) days per week, consistent with the provisions in NH Administrative Rule He-M 403 and NH Administrative Rule He-M 426.

9.10. For individuals at NHH who formerly resided in the Contractor's designated community mental health region prior to NHH admission, who have been identified for transition planning to the Glencliff Home, the Contractor shall, at the request of the individual or guardian, or of NHH or Glencliff Home staff,

participate in transition planning to determine if the individual can be supported in the Contractor's region with community based services and supports instead of transitioning to the Glencliff Home. In the event the individual would require supports from multiple funding sources or the Department's systems of care, the Contractor shall collaborate with additional Department staff at NHH's request, to address any barriers to discharge the individual to the community.

10. COORDINATED CARE AND INTEGRATED TREATMENT

10.1. Primary Care

10.1.1. The Contractor shall request written consent from each individual to allow the designated primary care provider to release information for the purpose of coordinating care regarding mental health services or substance misuse services or both.

10.1.2. The Contractor shall support each individual with linking to an available primary care provider, if the individual does not have an identified primary care provider, to:

10.1.2.1. Monitor health;

10.1.2.2. Provide medical treatment as necessary; and

10.1.2.3. Engage in preventive health screenings.

10.1.3. The Contractor shall consult with each primary care provider at least annually, or as necessary, to integrate care between mental and physical health for each individual, which may include the exchange of pertinent information including, but not limited to medication changes or changes in the individual's medical condition.

10.1.4. The Contractor shall document on the release of information form the reason(s) written consent to release information was refused in the event an individual refuses to provide consent to release information.

10.2. Substance Misuse Treatment, Care and/or Referral

10.2.1. The Contractor shall provide services and meet requirements to address substance misuse and to support recovery intervention implementation, which include, but are not limited to:

10.2.1.1. Screening no less than 95% of eligible individuals for substance misuse at the time of intake, and annually thereafter.

10.2.1.2. Conducting a full assessment for substance misuse disorder and associated impairments for each individual who screens positive for substance use.

10.2.1.3. Developing an individualized service plan for each eligible individual based on information from substance misuse screening.

10.2.2. The Contractor shall utilize the SAMSHA evidence-based models for Co-Occurring Disorders Treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model.

10.2.3. The Contractor shall make all appropriate referrals if the individual requires additional substance use disorder care utilizing the current New Hampshire system of care, and ensuring linkage to and coordination with resources.

10.3. Area Agencies

10.3.1. The Contractor shall collaborate with the Area Agency that serves the region to address processes that include:

10.3.1.1. Enrolling individuals for services who are dually eligible for both organizations.

10.3.1.2. Ensuring transition-aged clients are screened for the presence of mental health and developmental supports and refer, link and support transition plans for youth leaving children's services into adult services identified during screening.

10.3.1.3. Following the "Protocol for Extended Department Stays for Individuals served by Area Agency" issued December 1, 2017 by the State of New Hampshire Department of Health and Humans Services, as implemented by the regional Area Agency.

10.3.1.4. Facilitating collaborative discharge planning meetings to assess individuals who are leaving NHH to re-engage them with both the CMHC and Area Agency representatives.

10.3.1.5. Ensuring annual training is designed and completed for intake, eligibility, and case management for dually diagnosed individuals and that attendee's include intake clinicians, case-managers, service coordinators and other frontline staff identified by both CMHC's and Area Agencies. The Contractor shall ensure the training utilizes the Diagnostic Manual for Intellectual Disability 2 that is specific to intellectual disabilities, in conjunction with the DSM V.

10.3.1.6. Planning for each person who receives dual case management by outlining the responsibilities of each organization and expectations for collaboration between the organizations.

10.3.1.7. Participating in shared service annual treatment meetings to assess quality and progress towards treatment goals as well as monitoring continued need for dual services when waivers are required for services between agencies.

10.4. Peer Supports

10.4.1. The Contractor shall promote recovery principles and integrate peer support services through the agency, which includes, but is not limited to:

10.4.1.1. Employing peers as integrated members of the CMHC treatment team(s) with the ability to deliver conventional interventions that include case management or psychotherapy, and interventions uniquely suited to the peer role that includes intentional peer support.

10.4.1.2. Supporting peer specialists to promote hope and resilience, facilitate the development and use of recovery-based goals and care plans, encourage treatment engagement and facilitate connections with natural supports.

10.4.1.3. Establishing working relationships with the local Peer Support Agencies, including any Peer Respite, step-up/step-down, and Clubhouse Centers and promote the availability of these services.

10.5. Transition of Care with MCO's

10.5.1. The Contractor shall ensure ongoing coordination occurs with the MCO Care Managers to support care coordination among and between services providers.

11. Supported Housing

11.1. The Contractor shall stand up a minimum of six (6) new supported housing beds including, but not limited to, transitional or community residential beds by December 31, 2021. The Contractor shall:

11.1.1. Submit a plan for expanding supported housing in the region including a budget to the Department for approval by August 15, 2021, that includes but is not limited to:

11.1.1.1. Type of supported housing beds.

11.1.1.2. Staffing plan.

11.1.1.3. Anticipated location.

11.1.1.4. Implementation timeline.

11.1.2. Provide reporting in the format and frequency requested by the Department that includes, but is not limited to:

11.1.2.1. Number of referrals received.

11.1.2.2. Number of individuals admitted.

11.1.2.3. Number of people transitioned into other local community residential settings.

12. CANS/ANSA or Other Approved Assessment

12.1. The Contractor shall ensure all clinicians providing community mental health services to individuals eligible for services in accordance with NH Administrative Rule He-M 426, are certified in the use of:

12.1.1. The New Hampshire version of the Child and Adolescent Needs and Strengths Assessment (CANS) if serving the child and youth population; and

12.1.2. The New Hampshire version of the Adult Needs and Strengths Assessment (ANSA), or other approved evidence based tool, if serving the adult population.

12.2. The Contractor shall ensure clinicians are maintain certification by through successful completion of a test provided by the Praed Foundation, annually.

12.3. The Contractor shall ensure ratings generated by the New Hampshire version of the CANS or ANSA assessment are:

12.3.1. Utilized to develop an individualized, person-centered treatment plan.

12.3.2. Utilized to document and review progress toward goals and objectives and to assess continued need for community mental health services.

12.3.3. Submitted to the database managed for the Department that allows client-level, regional, and statewide outcome reporting by the 15th of every month, in CANS/ANSA format.

12.3.4. Employed to assist in determining eligibility for State Psychiatric Rehabilitation services.

12.4. The Contractor shall complete documentation of re-assessments using the New Hampshire version of the CANS or ANSA 2.0 in accordance with NH

Administrative Rule He-M 401.04-09 for eligibility determination and in accordance with NH Administrative Rule He-M 401.12-13 for periodic Individual Service Plan (ISP) reviews.

12.5. The Contractor may use an alternate evidence based, assessment tool that meets all ANSA 2.0 domains, subject to written Department approval. There is no alternate assessment tool allowed for the use of CANS. If an alternative tool is approved, monthly reporting of data generated by the Contractor must be in ANSA 2.0 format, to enable client-level, regional and statewide reporting.

12.6. The Contractor shall consult with the Medicaid Managed Care Organizations (MCO) to develop and implement a process that meets the MCOs' need to measure program effectiveness.

12.7. The Contractor shall correct all errors or complete all system corrections to ensure data is submitted in its entirety and completeness no later than six (6) months from contract effective date. Failure to complete all correction may result in withholding of funds until all corrections are completed.

13. Pre-Admission Screening and Resident Review

13.1. The Contractor shall assist the Department with Pre-Admission Screening and Resident Review (PASRR) to meet the requirements of the PASRR provisions of the Omnibus Budget Reconciliation Act of 1987.

13.2. Upon request by the Department, the Contractor shall:

13.2.1. Provide the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident; and

13.2.2. Conduct evaluations and examinations needed to provide the data to determine if an individual being screened or reviewed:

13.2.2.1. Requires nursing facility care; and

13.2.2.2. Has active treatment needs.

14. Application for Other Services

14.1. The Contractor shall assist eligible individuals in accordance with NH Administrative Rule He-M 401, with completing applications for all sources of financial, medical, and housing assistance, according to their respective rules, requirements and filing deadlines. The Contract shall assist with applications that may include, but are not limited to:

14.1.1. Medicaid.

14.1.2. Medicare.

14.1.3. Social Security Disability Income.

14.1.4. Veterans Benefits.

14.1.5. Public Housing.

14.1.6. Section 8 Subsidies.

15. Community Mental Health Program (CMHP) Status

15.1. The Contractor shall meet the approval requirements of NH Administrative Rule He-M 403 as a governmental or non-governmental non-profit agency, or the contract requirement of NH RSA 135-C:3 as an individual, partnership, association, public or private, for profit or nonprofit, agency or corporation to provide services in the state mental health services system.

15.2. The Contractor shall provide all applicable documentation, policies and procedures, and shall participate in an onsite compliance review, as requested by the Department, to determine compliance with NH Administrative Rule He-M 403 and NH RSA 135-C:3. Compliance reviews will be at times to be determined by the Department, and will occur no less than once every five (5) years.

16. Quality Improvement

16.1. The Contractor shall perform, or cooperate with the performance of, quality improvement and/or utilization review activities, as are determined to be necessary and appropriate by the Department within timeframes reasonably specified by the Department.

16.2. The Contractor shall cooperate with the Department-conducted individual satisfaction survey. The Contractor shall:

16.2.1. Furnish information necessary, within HIPAA regulations, to complete the survey.

16.2.2. Furnish complete and current contact information so that individuals may be contacted to participate in the survey.

16.2.3. Support the efforts of the Department to conduct the survey.

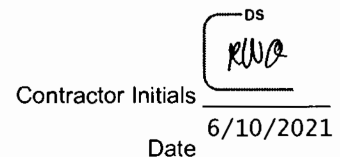
16.2.4. Encourage all individuals sampled to participate.

16.2.5. Display posters and other materials provided by the Department to explain the survey and otherwise support attempts by the Department to increase participation in the survey.

16.3. The Contractor shall demonstrate efforts to incorporate findings from their individual survey results into their Quality Improvement Plan goals.

16.4. The Contractor shall engage and comply with all aspects of fidelity reviews based on a model approved by the Department and on a schedule approved by the Department.

17. Maintenance of Fiscal Integrity



17.1. The Contractor shall submit to the Department the Balance Sheet, Profit and Loss Statement, and Cash Flow Statement for the Contractor and all related parties that are under the Parent Corporation of the mental health provider organization each month.

17.2. The Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. These statements shall be individualized by providers, as well as a consolidated (combined) statement that includes all subsidiary organizations.

17.3. Statements shall be submitted within thirty (30) calendar days after each month end, and shall include, but are not limited to:

17.3.1. Days of Cash on Hand:

17.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

17.3.1.2. Formula: Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

17.3.1.3. Performance Standard: The Contractor shall have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed.

17.3.2. Current Ratio:

17.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

17.3.2.2. Formula: Total current assets divided by total current liabilities.

17.3.2.3. Performance Standard: The Contractor shall maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

17.3.3. Debt Service Coverage Ratio:

17.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

17.3.3.2. Definition: The ratio of Net Income to the year to date debt service.

17.3.3.3. Formula: Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.

17.3.3.4. Source of Data: The Contractor's Monthly Financial Statements identifying current portion of long-term debt payments (principal and interest).

17.3.3.5. Performance Standard: The Contractor shall maintain a minimum standard of 1.2:1 with no variance allowed.

17.3.4. Net Assets to Total Assets:

17.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

17.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

17.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

17.3.4.4. Source of Data: The Contractor's Monthly Financial Statements.

17.3.4.5. Performance Standard: The Contractor shall maintain a minimum ratio of .30:1, with a 20% variance allowed.

17.4. In the event that the Contractor does not meet either:

17.4.1. The standard regarding Days of Cash on Hand and the standard regarding Current Ratio for two (2) consecutive months; or

17.4.2. Three (3) or more of any of the Maintenance of Fiscal Integrity standards for three (3) consecutive months:

17.4.2.1. The Department may require that the Contractor meet with Department staff to explain the reasons that the Contractor has not met the standards.

17.4.2.2. The Department may require the Contractor to submit a comprehensive corrective action plan within thirty (30) calendar days of notification and plan shall be updated at least every thirty (30) calendar days until compliance is achieved.

17.4.2.3. The Department may request additional information to assure continued access to services.

17.4.2.4. The Contractor shall provide requested information in a timeframe agreed upon by both parties.

17.5. The Contractor shall inform the Director of the Bureau of Mental Health Services (BMHS) by phone and by email within twenty-four (24) hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement

17.6. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement. These reports are due within thirty (30) calendar days after the end of each month.

17.7. The Contractor shall provide its Revenue and Expense Budget within twenty (20) calendar days of the contract effective date.

17.8. The Contractor shall complete the Fiscal Year Revenue and Expense Budget on a form supplied by the Department, which shall include but not be limited to, all the Contractor's cost centers. If the Contractor's cost centers are a combination of several local cost centers, the Contractor shall display them separately as long as the cost center code is unchanged.

17.9. The Contractor shall provide quarterly Revenue and Expense Reports (Budget Form A), within thirty (30) calendar days after the end of each fiscal quarter, defined as July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

18. Reduction or Suspension of Funding

18.1. In the event that the State funds designated as the Price Limitation in Form P-37, General Provisions, Block 1.8. of the General Provisions are materially reduced or suspended, the Department shall provide prompt written notification to the Contractor of such material reduction or suspension.

18.2. In the event that the reduction or suspension in federal or state funding shall prevent the Contractor from providing necessary services to individuals, the Contractor shall develop a service reduction plan, detailing which necessary services will no longer be available.

18.3. Any service reduction plan is subject to approval from the Department, and shall include, at a minimum, provisions that are acceptable to the Department, with services that include, but are not limited to:

18.3.1. Evaluation of and, if eligible, an individual service plan for all new applicants for services.

18.3.2. Emergency services for all individuals.

18.3.3. Services for individuals who meet the criteria for involuntary admission to a designated receiving facility.

18.3.4. Services to individuals who are on a conditional discharge pursuant to RSA 135-C:50 and NH Administrative Rule He-M 609.

19. Elimination of Programs and Services by Contractor

19.1. The Contractor shall provide a minimum thirty (30) calendar days written notice prior to any reductions in delivery of services, or notice as soon as possible if the Contactor is faced with a more sudden need to reduce delivery of services.

19.2. The Contractor shall consult and collaborate with the Department prior to elimination or reduction of services in order to reach a mutually agreeable solution as to the most effective way to provide necessary services.

19.3. The Department reserves the right to require the Contractor to participate in a mediation process with the Commissioner of the Department of Health and Human Services, and to invoke an additional thirty (30) calendar day extension in the event of a proposal to reduce or eliminate any contracted services.

19.4. If the parties are still unable to come to a mutual agreement within the thirty (30) calendar day extension, the Contractor may proceed with its proposed program change(s) so long as proper notification to eligible individuals is provided.

19.5. The Contractor shall not redirect funds allocated in the budget for the program or service that has been eliminated or substantially reduced to another program or service without the mutual agreement of both parties.

19.6. In the event that an agreement cannot be reached, the Department shall control the expenditure of the unspent funds.

20. Data Reporting

20.1. The Contractor shall submit any data needed to comply with federal or other reporting requirements to the Department or contractor designated by the Department.

20.2. The Contractor shall submit all required data elements via the Phoenix system except for the CANS/ANSA and Projects for Assistance in Transition from Homelessness program (PATH) data, as specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

20.3. The Contractor shall submit individual demographic and encounter data, including data on non-billable individual-specific services and rendering staff providers on all encounters, to the Department's Phoenix system, or its

successors, in the format, content, completeness, frequency, method and timeliness as specified by the Department. Individual data must include a Medicaid ID number for individuals who are enrolled in Medicaid.

20.4. The Contractor shall include client eligibility with all Phoenix services in alignment with current reporting specifications. For an individual's services to be considered BMHS eligible, SPMI, SMI, Low Utilizer (LU), SED, and Severe Emotional Disturbance Interagency (SEDIA) are acceptable.

20.5. The Contractor shall meet the general requirements for the Phoenix system which include, but are not limited to:

20.5.1. Agreeing that all data collected in the Phoenix system, which is Confidential Data as defined by Exhibit K, is the property of the Department to use as it deems necessary.

20.5.2. Ensuring data files and records are consistent with file specification and specification of the format and content requirements of those files.

20.5.3. Ensuring that errors in data returned to the Contractor are corrected and resubmitted to the Department within ten (10) business days.

20.5.4. Ensuring data is current and updated in the Contractor's systems as required for federal reporting and other reporting requirements and as specified by the Department.

20.5.5. Implementing review procedures to validate data submitted to the Department to confirm:

20.5.5.1. All data is formatted in accordance with the file specifications;

20.5.5.2. No records will reject due to illegal characters or invalid formatting; and

20.5.5.3. The Department's tabular summaries of data submitted by the Contractor match the data in the Contractor's system.

20.6. The Contractor shall meet the following standards:

20.6.1. <u>Timeliness</u>: monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data unless otherwise approved by the Department, and the Contractor shall review the Department's tabular summaries within five (5) business days.

20.6.2. <u>Completeness</u>: submitted data must represent at least ninety-eight percent (98%) of billable services provided, and ninety-eight percent (98%) individuals served by the Contractor.

20.6.3. Accuracy: submitted service and member data shall conform to submission requirements for at least ninety-eight percent (98%) of the records, and one-hundred percent One–hundred percent (100%) of unique member identifiers shall be accurate and valid.

20.7. The Department may waive requirements for fields in Phoenix on a case by case basis through a written waiver communication that specifies the items being waived. In all circumstances:

20.7.1. The waiver length shall not exceed 180 days.

20.7.2. Where the Contractor fails to meet standards, the Contractor shall submit a corrective action plan within thirty (30) calendar days of being notified of an issue.

20.7.3. After approval of the corrective action plan, the Contractor shall implement the plan.

20.7.4. Failure of the Contractor to implement the plan may require:

20.7.4.1. Another plan; or

20.7.4.2. Other remedies, as specified by the Department.

21. Behavioral Health Services Information System (BHSIS)

21.1. The Contractor may receive funding for data infrastructure projects or activities, depending upon the receipt of federal funds and the criteria for use of those funds, as specified by the federal government. The Contractor shall ensure funding-specific activities include:

21.2. Identification of costs associated with client-level Phoenix and CANS/ANSA databases including, but not limited to:

21.2.1. Rewrites to database and/or submittal routines.

21.2.2. Information Technology (IT) staff time used for re-writing, testing or validating data.

21.2.3. Software and/or training purchased to improve data collection.

21.2.4. Staff training for collecting new data elements.

21.2.5. Development of any other BMHS-requested data reporting system.

21.3. Progress Reports from the Contractor that:

21.3.1. Outline activities related to Phoenix database;

21.3.2. Include any costs for software, scheduled staff trainings; and

21.3.3. Include progress to meet anticipated deadlines as specified.

22. Deaf Services

22.1. The Contractor shall work with the Deaf Services Team, employed by Region 6, for all individuals seeking services who would benefit from receiving treatment in American Sign Language (ASL) or from staff who are specially trained to work with the deaf and hard of hearing population.

22.2. The Contractor shall work with the Deaf Services Team in Region 6 for consultation for disposition and treatment planning, as appropriate.

22.3. The Contractor shall ensure treatment plans take the importance of access to culturally and linguistically appropriate services on treatment outcomes into consideration.

22.4. The Contractor shall ensure services are client-directed, which may result in:

22.4.1. Clients being seen only by the Deaf Services Team through CMHC Region 6;

22.4.2. Care being shared across the regions; or

22.4.3. The individual's local CMHC providing care after consultation with the Deaf Services Team.

Method and Conditions Precedent to Payment

1. This Agreement is funded by:
   1.1. 99.06% General funds.
   1.2. 0.94% Other funds, Behavioral Health Services, Information System (BHSIS), U.S. Department of Health and Human Services
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The State shall pay the Contractor an amount not to exceed the Price Limitation, specified in Form P-37, General Provisions, Block 1.87, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
4. The Contractor agrees to provide the services in Exhibit A, Amendment #2 Scope of Services in compliance with funding requirements.
5. The Contractor shall provide a Revenue and Expense Budget, on a Department-provided within twenty (20) business days from the contract effective date, for Department approval.
6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:
   7.1. For Medicaid enrolled individuals:
      7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
      7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
   7.2. For individuals with other insurance or payors:
      7.2.1. The Contractor shall directly bill the other insurance or payors.
8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the below table define how many units to report or bill.

Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit
23-37 minutes	2 units

38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:

9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program to be Funded	**SFY2018 Amount**	**SFY2019 Amount**	**SFY2020 Amount**	**SFY2021 Amount**	**SFY2022 Amount**
Div. for Children Youth and Families (DCYF) Consultation	$ 1,770	$ 1,770	$ 1,770	$ 1,770	$ 1,770
Emergency Services	$ 87,878	$ 87,878	$ 87,878	$ 87,878	$ $87,878
Crisis Service Transformation Including Mobile Crisis (effective SFY22)	-	-	-	-	$ 1,088,216
Assertive Community Treatment Team (ACT) - Adults	$ 225,000	$ 225,000	$ 225,000	$ 225,000	$ 225,000
ACT Enhancement Payments		$ 25,000	-	$ -	$ 12,500
Behavioral Health Services Information System (BHSIS)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 10,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)	-	$ 4,000	$ 5,000	$ 5,000	$ 5,000
Rehabilitation for Empowerment, Education and Work (RENEW)	$ 9,313	$ 9,313	-	-	$ -
Housing Bridge Start Up Funding	-	$ 25,000	-	-	$ -
General Training Funding	-	$ 10,000	-	-	$ 5,000
System Upgrade Funding	-	$ 30,000	-	-	$ 15,000
VR Work Incentives	-	-	-	-	$ 80,000
System of Care 2.0	-	-	-	-	$ 5,300
Total	**$ 328,961**	**$ 422,961**	**$ 324,648**	**$ 324,648**	**$ 1,535,664**

9.2. Payment for each contracted service in the above table shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the Department approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of Department, result in financial penalties not greater than the amount of the directed expenditure.

9.4. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. Invoices must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each Department approved invoice for Contractor services provided pursuant to this Agreement.

9.6. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of ***$73.75*** per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Division for Children, Youth, and Families (DCYF).

9.7. Emergency Services: Department shall reimburse the Contractor only for those Emergency Services provided to clients as defined in Exhibit A, Provision of Crisis Services. Effective July 1, 2021 the Contractor shall bill and seek reimbursement for mobile crisis services provided to individuals pursuant to this Agreement as follows:

9.7.1. For Medicaid enrolled individuals through the Department Medicaid Fee for Service program in accordance with the current, publically posted Fee for Service (FFS) schedule located at NHMMIS.NH.gov.

9.7.2. For Managed Care Organization enrolled individuals the Contractor shall be reimbursed pursuant to the Contractor's agreement with the applicable Managed Care Organization for such services.

9.7.3. For individuals with other health insurance or other coverage for the services received, the Contractor shall directly bill the other insurance or payors.

9.7.4. For individuals without health insurance or other coverage for the services receive, and for operational costs contained in Exhibits B Amendment #2 Method and Conditions Precedent to Payment or which the Contractor cannot otherwise seek reimbursement from an insurance or third-party payer, the Contractor will directly bill Department to access contract funds provided through this Agreement.

9.7.5. Invoices of this nature shall include general ledger detail indicating Department is only being invoiced for net expenses, shall only be reimbursed up to the current Medicaid rate for the services provided and contain the following items for each client and line item of service:

9.7.5.1. First and last name of client.

9.7.5.2. Date of birth.

9.7.5.3. Medicaid ID Number.

9.7.5.4. Date of Service identifying date, units, and any possible third party reimbursement received.

9.7.6. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in the Department-approved Budgets.

9.7.6.1. The Contractor shall provide a Mobile Crisis Budget, within twenty (20) business days from the contract effective date on a Department-provided template, for Department approval.

9.7.7. Law enforcement is not an authorized expense.

9.8. Crisis Service Transformation Including Mobile Crisis: Funding is subject to the transformation of crisis services as evidenced by achieving milestones identified in the transition plan in Exhibit A, Amendment #3 Scope of Services and subject to the terms as outlined above.

9.9. Crisis Transformation Startup Funds: Payment for start-up period expenses incurred by the Contractor shall be made by Department based on the startup amount of ***$64,324***; the total of all such payments shall not exceed the specified startup amount total and shall not exceed the total expenses actually incurred by the Contractor for the startup period. All Department payments to the Contractor for the startup period shall be made on a cost reimbursement basis.

Startup Cost	Total Cost
Recruitment Startup	$50,000
IT Equipment, Supplies, & Consultation	$10,830
General Supplies & Furniture	$3,494

9.10. Assertive Community Treatment Team (ACT) Adults): The contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A, Adult Assertive Community Treatment (ACT) Teams.

ACT Costs	INVOICE TYPE	TOTAL COST
Invoice based payments on invoice	Programmatic costs as outlined on invoice by month	$225,000
ACT Enhancements	Agencies may choose one of the following for a total of 5 (five) one time payments of $5000.00. Each item may only be reported on one time for payment. 1. Agency employs a minimum of .5 Psychiatrist on Team based on SFY 19 or 20 Fidelity Review. 2. Agency receives a 4 or higher score on their SFY 19 or 20 Fidelity Review for Consumer on Team, Nurse on Team,	$25,000 in SFY 2019, $12,500 per SFY for 2022

	SAS on Team, SE on Team, or Responsibility for crisis services. ACT Incentives may be drawn down upon completion of the CMHC FY22 Fidelity Review. $6,250 may be drawn down for each incentive to include; intensity and frequency of individualized client care to total $12,500. Intensity of services must be measured between 50-84 minutes of services per client per week on average. Frequency of service for an individual must be between 2-3 times per client per week.	

9.11. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A Amendment #2, Scope of Services.

9.12. MATCH: Funds to be used to support services and trainings outlined in Exhibit A, Amendment #2, Scope of Services. The breakdown of this funding per SFY effective SFY 2020 is outlined below.

TRAC COSTS	CERTIFICATION OR RECERTIFICATION	TOTAL COST
$2,500	$250/Person X 10 People = $2,500	$5,000

9.13. RENEW Sustainability Continuation: The Department shall reimburse the Contractor for RENEW activities outlined in Exhibit A Amendment #2, RENEW Sustainability. RENEW costs will be billed on green sheets and will have detailed information regarding the expense associated with each of the following items, not to exceed ***$9,313*** per year for SFY18 and SFY19. Funding can be used for training of new facilitators; training for an internal coach; coaching Institute on Disability IOD for facilitators, coach, and implementation teams; and travel costs.

9.14. Housing Support Services including Bridge: The contractor shall be paid based on an activity and general payment as outlined below. Funds to be used for the provision of services as outlined in Exhibit A, Amendment #2, Scope of Services effective upon Governor and Executive Council approval for Amendment#2 in SFY 2019.

Housing Services Costs	INVOICE TYPE	TOTAL COST
Hire of a designated housing support staff	One time payment	$15,000
Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A	One time payment	$10,000

9.15. General Training Funding: Funds are available in SFY 2019 and SFY 2022 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.16. System Upgrade Funding: Funds are available in SFY 2019 and SFY 2022 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Amendment #2, Scope of Services, Data Reporting. Funds may also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B, Amendment #2, ensuring invoices specify the purposes for use of funds.

9.17. System of Care 2.0: Funds are available in SFY 2022 to support associated program expenses as outlined in the below budget table.

Clinical training for expansion of MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems) program	$5,000
Indirect Costs (not to exceed 6%)	$300
Total	**$5,300**

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

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A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all non-public information owned, managed, created, received for or on behalf of, the Department that is protected by information security, privacy or confidentiality rules, Agreement and state and federal laws or policy. This information may include but is not limited to, derivative data, Protected Health Information (PHI), Personally Identifiable Information (PII), Substance Use Disorder Information (SUD), Federal Tax Information, Social Security Administration, and CJIS (Criminal Justice Information Services) data, including the copy of information submitted known as the Phoenix Data. Confidential Information or Confidential Data shall not include medical records produced and maintained by the contractor in the course of their practice or information owned by the patient/client. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the contractor

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives Confidential Data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or Confidential data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

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

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that Confidential Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees Confidential Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the Confidential Data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting Confidential Data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to

access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the Confidential Data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. If it is infeasible to return or destroy the Confidential Data, protections pursuant to this Information Security Requirements Exhibit survive this contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process Confidential Data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.
6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting

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infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such Confidential Data upon request or contract termination; and will obtain written certification for any State of New Hampshire Confidential Data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire Confidential Data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the Confidential Data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate Confidential Data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the Confidential Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to

contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. Omitted.

10. The Contractor will not store, knowingly or unknowingly, any Confidential Data or State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the

level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

    e. limit disclosure of the Confidential Information to the extent permitted by law.

    f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

    g. only authorized End Users may transmit the Confidential Data, including any

derivative files containing personally identifiable information, and in all cases, such Confidential Data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

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VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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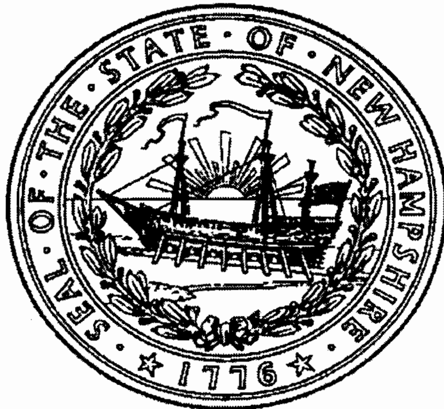
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that WEST CENTRAL SERVICES, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 06, 1985. 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: **85174**
Certificate Number: **0005353154**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 20th day of April A.D. 2021.

William M. Gardner
Secretary of State

State of New Hampshire

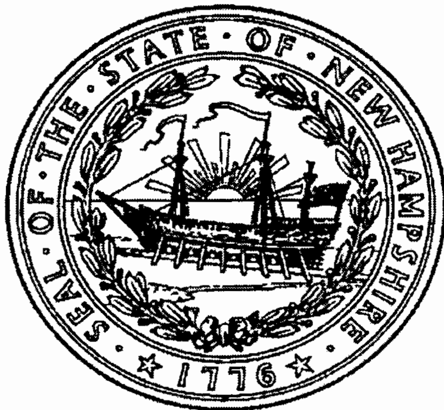
Department of State

CERTIFICATE

I, William M. Gardner. Secretary of State of the State of New Hampshire. do hereby certify that WEST CENTRAL BEHAVIORAL HEALTH is a New Hampshire Trade Name registered to transact business in New Hampshire on February 05, 2001. 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: **367817**

Certificate Number: **0005353170**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 20th day of April A.D. 2021.

William M. Gardner

Secretary of State

CERTIFICATE OF AUTHORITY

I, Pete Bleyler, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of West Central Services, Inc. d/b/a West Central Behavioral Health.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly adopted on May 26, 2020 by electronic vote at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Roger Osmun, President and Chief Executive Officer, and/or Robert Gonyo, Chief Financial Officer, are duly authorized on behalf of West Central Services, Inc., dba West Central Behavioral Health, to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further are authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in their judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: June 9, 2021

Pete Bleyler

Signature of Elected Officer Name:
Pete Bleyler
Title: Chairman, Board of Directors

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2020

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).

PRODUCER MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
CN102105463--gaup-20-21	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Capitol Specialty Insurance Corporation	10328
INSURER B : Capitol Indemnity Corp.	10472
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
West Central Services, Inc
dba West Central Behvioral Health
9 Hanover Street, Suite 2
Lebanon, NH 03766

COVERAGES **CERTIFICATE NUMBER:** NYC-010982297-04 **REVISION NUMBER:** 1

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	X COMMERCIAL GENERAL LIABILITY			HS02726188-05	11/01/2020	11/01/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			HS02731293-05	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			HS20162182-05	11/01/2020	11/01/2021	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB X CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Healthcare Professional Liability -Claims Made			HS02726188-05	11/01/2020	11/01/2021	Each Claim:	1,000,000
							Aggregate:	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Coverage Mental Health Services Contract

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Manashi Mukherjee *Manashi Mukherjee*

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/3/2021

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

PRODUCER	CONTACT NAME: Mariana Sousa	
Hays Companies Inc. 133 Federal Street, 4th Floor Boston MA 02110	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: msousa@hayscompanies.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Technology Insurance Company, Inc.	42376
INSURED	INSURER B :	
West Central Behavioral Health 9 Hanover Street, Suite 2 Lebanon NH 03766	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 21-22 WC **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	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC OTHER:						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS / SCHEDULED AUTOS HIRED AUTOS / NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						X PER STATUTE / OTH-ER	
A		N/A		TWC3982219	6/1/2021	6/1/2022	E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

Evidence of Insurance

CERTIFICATE HOLDER	CANCELLATION
State of NH Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3857	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 James Hays/GSCHIC

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Effective Date:
May 15, 2018

Mission

West Central Behavioral Health's mission is to promote the health and quality of life of individuals, families and communities by providing treatment for mental illness and substance use disorders, while helping to reduce the stigma associated with these challenging conditions.

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West Central Services, Inc.
d/b/a West Central Behavioral Health

FINANCIAL STATEMENTS

June 30, 2020

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West Central Services, Inc.
d/b/a West Central Behavioral Health
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June 30, 2020

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
West Central Services, Inc.
d/b/a West Central Behavioral Health

We have audited the accompanying financial statements of West Central Services, Inc. d/b/a West Central Behavioral Health (a nonprofit organization) which comprise the statement of financial position as of June 30, 2020 and 2019, and the related statement 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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of West Central Services, Inc. d/b/a West Central Behavioral Health as of June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on pages 15-18 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

St. Albans, Vermont
September 21, 2020

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West Central Services, Inc. d/b/a West Central Behavioral Health

STATEMENTS OF FINANCIAL POSITION

June 30,

Draft

ASSETS

	2020	2019
CURRENT ASSETS		
Cash and cash equivalents	$ 2,027,550	$ 393,604
Investments	545,830	504,270
Restricted cash	66,847	98,074
Accounts receivable - trade, net	370,605	348,486
Accounts receivable - other	543,872	262,035
Due from affiliates	54,097	19,276
Prepaid expenses	98,748	80,064
TOTAL CURRENT ASSETS	3,707,549	1,705,809
PROPERTY & EQUIPMENT, NET	641,691	601,659
OTHER ASSETS		
Investment in Behavioral Information Systems	109,149	105,219
Deposits	31,880	31,880
TOTAL OTHER ASSETS	141,029	137,099
TOTAL ASSETS	$ 4,490,269	$ 2,444,567

LIABILITIES AND NET ASSETS

	2020	2019
CURRENT LIABILITIES		
Line of credit	$ -	$ 328,462
Accounts payable	172,393	88,493
Accrued payroll and related expenses	180,682	89,506
Deferred revenue	135,067	121,817
Deposits and other current liabilities	23,486	34,063
Current portion of long-term debt payable	493,060	29,003
TOTAL CURRENT LIABILITIES	1,004,688	691,344
LONG-TERM DEBT, less current portion	1,324,355	548,312
TOTAL LIABILITIES	2,329,043	1,239,656
NET ASSETS		
Net Assets without donor restrictions	2,161,226	1,204,911
TOTAL LIABILITIES AND NET ASSETS	$ 4,490,269	$ 2,444,567

See Accompanying Notes to Financial Statements.

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West Central Services, Inc. d/b/a West Central Behavioral Health

STATEMENTS OF OPERATIONS

For the Years Ended June 30,

Draft

	20[illegible] Net Assets without Donor Restrictions	2019
PUBLIC SUPPORT AND REVENUES		
Public support -		
State of New Hampshire -- BBH	$ 377,128	$ 321,876
Other public support	930,575	325,928
Grants	497,339	483,227
Total public support	1,805,042	1,131,031
Revenues -		
Program service fees	8,089,318	7,762,189
Contracted services	560,264	596,044
Rental income	160,027	152,606
Other revenues	299,771	47,364
Total Revenues	9,109,380	8,558,203
TOTAL PUBLIC SUPPORT AND REVENUES	10,914,422	9,689,234
EXPENSES		
Adult Maintenance	3,275,345	3,272,214
Adult Vocational	135,990	174,085
Children	2,737,771	2,837,525
ACT Team	862,755	648,120
Emergency Services	512,677	528,632
Housing services	1,283,406	1,227,417
General adult	399,182	482,044
Bridges	190,157	-
Other program services	604,445	502,258
TOTAL EXPENSES	10,001,728	9,672,295
CHANGE IN NET ASSETS FROM OPERATING ACTIVITIES	912,694	16,939
OTHER INCOME		
Investment Income	43,621	41,973
TOTAL INCREASE IN NET ASSETS	956,315	58,912
NET ASSETS, BEGINNING OF YEAR	1,204,911	1,145,999
NET ASSETS, END OF YEAR	$ 2,161,226	$ 1,204,911

See Accompanying Notes to Financial Statements.

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West Central Services, Inc. d/b/a West Central Behavioral Health

STATEMENTS OF CASH FLOWS

For the Years Ended June 30,

Draft

	2020	2019
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in net assets	$ 956,315	$ 58,912
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	77,647	85,997
Unrealized (gain) loss on investment in partnership	(3,930)	(3,879)
(Increase) decrease in the following assets:		
Accounts receivable - trade	(22,119)	2,885
Accounts receivable - other	(281,837)	(58,315)
Due from affiliates	(34,821)	(17,863)
Prepaid expenses	(18,684)	29,780
Restricted cash	31,227	27,670
Security deposits	-	(4,463)
Increase (decrease) in the following liabilities:		
Accounts payable	83,900	32,306
Accrued payroll and related expenses	91,176	63,705
Deferred revenue	13,250	17,979
Deposits and other current liabilities	(10,577)	25,142
NET CASH PROVIDED BY OPERATING ACTIVITIES	881,547	259,856
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(117,679)	(64,523)
Investment activity, net	(41,560)	(40,722)
NET CASH (USED) BY INVESTING ACTIVITIES	(159,239)	(105,245)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds on line of credit	497,400	8,834,298
Repayment on line of credit	(825,862)	(8,935,329)
Proceeds from issuance of debt - PPP Loan	1,273,700	-
Repayment of notes payable	(33,600)	(98,737)
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	911,638	(199,768)
NET INCREASE (DECREASE) IN CASH	1,633,946	(45,157)
CASH AT BEGINNING OF YEAR	393,604	438,761
CASH AT END OF YEAR	$ 2,027,550	$ 393,604
SUPPLEMENTAL DISCLOSURE		
Cash paid during the year for interest	$ 955	$ 17,799

See Accompanying Notes to Financial Statements.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization
West Central Services, Inc. d/b/a West Central Behavioral Health (the Center) is a not-for-profit corporation, organized under New Hampshire law to provide services in the areas of mental health and related non-mental health programs; it is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code (Code). In addition, the Center qualifies for the charitable contribution deduction under Section 170(b)(1)(a) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Income Taxes
The Center is exempt from federal income tax under Internal Revenue Code Section 501(c)(3) and is not a private foundation. Therefore, no provision for income tax expense has been reflected in these financial statements.

Consideration has been given to uncertain tax positions. The federal income tax returns for the years ended after June 30, 2017 remain open for potential examination by major tax jurisdictions generally for three years after they were filed.

Basis of Presentation
The financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) "Audit and Accounting Guide for Not-for-Profit Organizations" (the "Guide"). (ASC) 958-205 was effective January 1, 2018.

Under the provisions of the Guide, net assets and revenues and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Center and changes therein are classified as follows:

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 Center. The Center's board may designate assets without restrictions for specific operational purposes from time to time.

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 Non-Profit Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and Cash Equivalents
The Center considers cash on hand, cash in banks and all highly liquid debt instruments purchased with a maturity of three months or less to be cash and cash equivalents.

Accounts Receivable
Accounts receivable are recorded based on the amount billed for services provided, net of respective allowances.

Policy for Evaluating Collectability of Accounts Receivable
In evaluating the collectability of accounts receivable, the Center analyzes past results and identifies trends for each major payer source of revenue for the purpose of estimating the appropriate amounts of the allowance for doubtful accounts. Data in each major payer source is regularly reviewed to evaluate the adequacy of the allowance for doubtful accounts. Specifically, for receivables relating to services provided to clients having third-party coverage, an allowance for doubtful accounts and a corresponding provision for bad debts are established for amounts outstanding for an extended period of time and for third-party payers experiencing financial difficulties; for receivables relating to self-pay clients, a provision for bad debts is made in the period services are rendered based on experience indicating the inability or unwillingness of clients to pay amounts for which they are financially responsible.

Based on management's assessment, the Center provides for estimated uncollectible amounts through a charge to earnings and a credit to a valuation allowance. Balances that remain outstanding after the Center has used reasonable collection efforts are written off through a change to the valuation allowance and a credit to accounts receivable.

During 2020, the Center increased its estimated percentage in the allowance for doubtful accounts to 32% from 28% of the total patient receivables. The allowance for doubtful accounts increased to $170,459 as of June 30, 2020 from $134,356 as of June 30, 2019.

Property and Equipment
All property and equipment is recorded at cost, or estimated fair value at date of acquisition. The Center follows the policy of charging to costs and expenses annual amounts of depreciation, which allocates the cost of property and equipment over estimated useful lives. The Center has a policy of capitalizing assets with a cost in excess of $1,000 and a life greater than one year. The Center uses the straight-line method for determining the annual charge for depreciation. Asset lives range from 2-40 years.

Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

The Center reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

disposition. In cases where undiscounted expected future cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends and prospects, as well as the effects of obsolescence, demand, competition and other economic factors.

Client Service Revenue

The Center recognizes client service revenue relating to services rendered to clients that have third-party payer coverage and are self-pay. The Center receives payment from Medicare, Medicaid and Insurance Companies at defined rates for services to clients covered by such third-party payer programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as allowances when received. For services rendered to uninsured clients (i.e., self-pay clients), revenue is recognized on the basis of standard or negotiated discounted rates. At the time services are rendered to self-pay clients, a provision for bad debts is recorded based on experience and the effects of newly identified circumstances and trends in pay rates. Client service revenue (net of contractual allowances and discounts but before taking account of the provision for bad debts) recognized during the year ended June 30, 2020 totaled $8,089,318, of which $7,883,541 was revenue from third-party payers and $205,777 was revenue from self-pay clients.

Third-Party Contractual Arrangements

A significant portion of patient revenue is derived from services to patients insured by third-party payers. The Center receives payment from Medicare, Medicaid, Blue Cross and other third-party payers at defined rates for services rendered to patients covered by these programs. The difference between the established billing rates and the actual rate of payment is recorded as allowances when received and/or billed. A provision for estimated contractual allowances is provided on outstanding patient receivables at the balance sheet date.

State Grants

The Center receives a number of grants from and has entered into various contracts with the State of New Hampshire related to the delivery of mental health services.

Functional Allocation of Expenses

The costs of providing the various programs and other activities has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Vacation Pay and Fringe Benefits

Annual vacation allotments are granted in full to employees at the beginning of the fiscal year and are to be utilized by June 30th; unused time is forfeited. Fringe benefits are allocated to the appropriate program expense based on the percentage of actual time spent on the program.

Advertising

Advertising costs are expensed to operating expenses as incurred. Advertising expense for the years ended June 30, 2020 and 2019 was $20,078 and $21,209, respectively.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Concentration of Credit Risk
The Center maintains cash balances at several financial institutions. Accounts at financial institutions are insured by the Federal Deposit Insurance Corporation up to $250,000. At times throughout the year, cash balances with these institutions exceed that amount. The Center has not incurred any losses related to uninsured cash.

NOTE 2 CLIENT SERVICE REVENUES FROM THIRD PARTY PAYORS

The Center has agreements with third-party payors that provide payments to the Center at established rates. These payments include:

New Hampshire and Managed Medicaid
The Center is reimbursed for services from the State of New Hampshire and Managed Care Organizations (MCOs) for services rendered to Medicaid clients. Payments for these services are received in the form of monthly capitation amounts that are predetermined in a contractual agreement with the MCOs.

Approximately 87% and 88% of program service fees is from participation in the State and Managed Care Organization sponsored Medicaid programs for the years ended June 30, 2020 and 2019, respectively. Laws and regulations governing the Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates could change materially in the near term.

As part of the contractual arrangement with the MCOs, the Center is required to provide a specific amount of services under an arrangement referred to as a Maintenance of Effort (MOE). Under the MOE, if levels of service are not met the Center may be subject to repayment of a portion of the revenue received. The MOE calculation is subject to interpretation and a source of continued debate and negotiations with MCOs. This MOE calculation may result in a liability that would require a payback to the MCOs. Additionally, please refer to Note 15 regarding the MOE being waived for the year ended June 30, 2020.

NOTE 3 LIQUIDITY

The following reflects the Center's financial assets available within one year of June 30, 2020 for general expenditures are as follows:

Cash and Cash Equivalents	$ 2,027,550
Accounts Receivable (net)	914,477
Investments	545,830
Financial assets available within one year for general expenditures	$ 3,487,857

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NOTE 3 LIQUIDITY (continued)

Restricted deposits, and reserves are restricted for specific purposes and therefore are not available for general expenditures.

Investments in real estate and partnerships are not included as they are not considered to be available within one year.

As part of the Center's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.

NOTE 4 ACCOUNTS RECEIVABLE

Fee for service accounts receivable of the Center consisted of the following at June 30:

	2020	2019
ACCOUNTS RECEIVABLE - TRADE		
Medicaid	$ 246,387	$ 255,122
Medicare	83,923	81,453
Third party insurance companies	156,675	80,205
Clients	54,079	66,062
	541,064	482,842
Allowance for doubtful accounts	(170,459)	(134,356)
	$ 370,605	$ 348,486

Other accounts receivable of the Center consisted of the following at June 30:

	2020	2019
ACCOUNTS RECEIVABLE - OTHER		
Various contracts	$ 157,645	$ 93,274
Rents	-	461
Bureau of Behavioral Health	127,471	26,073
MCO Directed Payments	237,437	-
State of NH - LTCSP	12,990	-
IDN Grant	6,000	71,607
Other	2,329	70,620
	$ 543,872	$ 262,035

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NOTE 5 PROPERTY AND EQUIPMENT

The Center had property and equipment consisting of the following at June 30:

	2020	2019
Land	$ 20,695	$ 20,695
Building and improvements	872,507	833,557
Furniture, fixtures and equipment	615,929	612,905
Vehicles	21,375	21,375
Project in Progress	83,205	7,500
	1,613,711	1,496,032
Accumulated Depreciation	(972,020)	(894,373)
NET BOOK VALUE	$ 641,691	$ 601,659

Depreciation expense for the years ended June 30, 2020 and 2019 was $77,647 and $85,997, respectively.

NOTE 6 INVESTMENTS

The Center has invested funds in various mutual funds with The Vanguard Group. The approximate breakdown of these investments are as follows at June 30,:

2020	Cost	Unrealized Gain (Loss)	Market Value
Equity Funds	$ 366,479	$ 179,351	$ 545,830

2019	Cost	Unrealized Gain (Loss)	Market Value
Equity Funds	$ 353,727	$ 150,543	$ 504,270

Investment income consisted of the following at June 30,:

	2020	2019
Interest and dividends	$ 12,952	$ 11,709
Realized gains	1,861	-
Unrealized gains	28,808	30,264
	$ 43,621	$ 41,973

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NOTE 6 INVESTMENTS (continued)

	2020	2019
Investments in Behavioral Information Systems, LLC	$ 109,149	$ 105,219

The Center entered into a joint venture with another New Hampshire Community Mental Health Center. Under the terms of the venture, the Center invested $88,625 for a 50% interest in the new company, Behavioral Information Systems, LLC (BIS). The investment is being accounted for under the equity method. Accordingly, 50% of the BIS operating activity for the year is reflected on the books of the Center. The Center's recorded operating gains for the years ended June 30, 2020 and 2019 was $3,930 and $3,879, respectively.

NOTE 7 FAIR VALUE MEASUREMENTS

Professional accounting standards established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

All investments are categorized as Level 1 and recorded at fair value, as of June 30, 2020. As required by professional accounting standards, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

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NOTE 8 DEFERRED REVENUE

The Center's deferred revenue consisted of the following at June 30:

	2020	2019
Operational Funding	$ 43,391	$ 79,000
In-Shape	2,466	15,759
COVID Relief	59,000	-
Bridge Program	11,000	-
Newport Tiger Program	10,000	-
CEO Search	-	19,558
Facility Upgrades	2,661	7,500
Other Grants	6,549	-
	$ 135,067	$ 121,817

NOTE 9 LONG-TERM DEBT

Long-term debt consisted of the following at June 30:

	2020	2019
Note payable, Mascoma Bank dated May 2020. PPP loan with the ability to be forgiven in FY 21. Interest at 1%, monthly principal and interest payments of $71,323 beginning December 2020 due May 2022.	$ 1,273,700	$ -
Mascoma Term Loan, 4.0% interest, principal and interest payments of $2,953 made monthly, due April 2020	-	29,003
Affordable Housing Fund, 0% interest, 30 years, payment based on 50% surplus cash flow from High Street property, due September 2034.	543,715	548,312
	1,817,415	577,315
Less: Current Portion	(493,060)	(29,003)
	$ 1,324,355	$ 548,312

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NOTE 9 LONG-TERM DEBT (continued)

Aggregate principal payments on long-term debt due within the next five years and in the aggregate are as follows:

Year Ending June 30,	Amount
2021	$ 493,060
2022	780,640
2023	-
2024	-
2025	-
Thereafter	543,715
	$ 1,817,415

Interest expense was $955 and $17,799 for the years ended June 30, 2020 and 2019, respectively.

NOTE 10 LINE OF CREDIT

As of June 30, 2020 and 2019, the Center had available a line of credit with maximum amounts available of $500,000, and collateralized by all property and the investment account held with Vanguard. The amount available is limited to 75% of receivables less than 90 days old. As of June 30, 2020 and 2019, the outstanding balance was $-0- and $328,462 respectively. The effective interest rate at June 30, 2020 and 2019 was 3.5% and 4.25%, respectively. The line of credit expires in April, 2021.

NOTE 11 RELATED PARTY TRANSACTIONS

Behavioral Information Systems, LLC (BIS)

The Center is a 50% owner in BIS for which it contracts for management information systems and information technology support. During 2020 and 2019, the Center paid BIS $33,000 and $58,124, respectively, for services rendered. At June 30, 2020 and 2019, the Center owed BIS $-0- and $4,559, respectively, for current services.

The Center from time to time provides advances to BIS for payroll and other operating costs for which BIS reimburses the Center. As of June 30, 2020 and 2019, BIS owed the Center $54,097 and $19,276, respectively, for advances that had not been repaid.

The Geisel School of Medicine at Dartmouth

The Center contracts with The Geisel School of Medicine at Dartmouth (Geisel) for a variety of services including administrative and clinical personnel. During fiscal years ended June 30, 2020 and 2019 the Center paid $164,165 and $165,003, respectively.

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NOTE 12 EMPLOYEE RETIREMENT PLAN

The Center maintains a tax deferred employee retirement plan for its employees. The plan is a defined contribution plan that covers substantially all full-time employees who meet certain eligibility requirements. The Center reinstituted a match which was effective in January, 2020 and all eligible employees receive a 50% match for their first 4% of contributions. Additionally, in 2020 the Center made a one-time contribution of 1% to all employees that were making contributions as of March 31, 2020. During the years ended June 30, 2020 and 2019, the total employer contributions into this retirement plan were of $64,198 and $0.

NOTE 13 CONCENTRATIONS OF CREDIT RISK

The Center grants credit without collateral to its clients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables due from clients and third-party payers is as follows:

	2020	2019
Due from clients	10 %	14 %
Insurance companies	29	17
Medicaid	45	53
Medicare	16	16
	100 %	100 %

NOTE 14 OPERATING LEASES

The Center leases real estate and equipment under various operating leases. Minimum future rental payments under non-cancelable operating leases excluding common area maintenance fees as of June 30, 2020 for each of the next five years and in the aggregate are:

Year Ending June 30,	Amount
2021	$ 650,547
2022	375,526
2023	81,799
2024	81,581
2025	13,597
	$ 1,203,050

Total rent expense for the years ended June 30, 2020 and 2019, including rent expense for leases with the remaining term of one year or less and applicable common area maintenance fees, was $710,325 and $643,010, respectively.

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NOTE 15 RISKS & UNCERTAINTIES

As a result of the spread of the COVID-19 Coronavirus, economic uncertainties have arisen which are likely to negatively impact net income. Other financial impact could occur though such potential impact and the duration cannot be reasonably estimated at this time. Possible effects may include, but are not limited to, disruption to the Center's customers and revenue, absenteeism in the Center's labor workforce, unavailability of products and supplies used in operations, and decline in value of assets held by the Center, including receivables and property and equipment.

Due to these economic uncertainties the Center applied for and received Federal support and aid funding through the Paycheck Protection Program (aka PPP) and the Provider Relief Fund, which was implemented as part of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). These proceeds were used to cover payroll costs, certain interest payments, rent, and utility costs. These funds were one-off unanticipated payments and any future relief is uncertain.

On April 1, 2020, the Center successfully petitioned all three managed care organizations to waive the Maintenance of Effort (MOE) provisions in each of the respective provider service agreements. The waiver period is effective only for the period of July 1, 2019 through June 30, 2020, and is thereafter reinstated. An extension to waive the MOE requirements beyond this effective period is also uncertain at this time.

NOTE 16 SUBSEQUENT EVENTS

In accordance with professional accounting standards, the Center has evaluated subsequent events through September 21, 2020, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of June 30, 2020, have been incorporated into the basic financial statements herein.

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SUPPLEMENTARY INFORMATION

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West Central Services, Inc. d/b/a West Central Behavioral Health
ANALYSIS OF CLIENT SERVICE FEES
For the Year Ended June 30, 2020

Draft

	Accounts Receivable, Beginning	Gross Fees	Contractual Allowances & Discounts	Cash Receipts	Accounts Receivable, Ending
CLIENT FEES	$ 66,062	$ 1,029,192	$ (823,415)	$ (217,760)	$ 54,079
OTHER INSURANCE	80,205	805,047	(327,681)	(400,896)	156,675
MEDICAID	255,122	8,206,418	(1,195,535)	(7,019,618)	246,387
MEDICARE	81,453	1,046,228	(650,938)	(392,820)	83,923
TOTALS	$ 482,842	$ 11,086,885	$ (2,997,569)	$ (8,031,094)	$ 541,064

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West Central Services, Inc.
d/b/a West Central Behavioral Health
ANALYSIS OF BUREAU OF BEHAVIORAL HEALTH REVENUES AND RECEIVABLES
For the Year Ended June 30, 2020

Draft

	Receivable (Deferred Income) From BBH Beginning of Year	BBH Revenues Per Audited Financial Statements	Receipts for Year	Receivable (Deferred Income) from BBH End of Year
Contract Year, June 30, 2020	$ 26,073	$ 377,128	$ (275,730)	$ 127,471

Analysis of Receipts Date of Receipt Deposit Date	Amount
10/02/19	$ 7,323
10/02/19	18,750
10/18/19	14,646
10/18/19	37,500
11/15/19	7,323
11/15/19	18,750
12/26/19	7,323
12/26/19	18,750
01/21/20	7,323
01/21/20	18,750
02/26/20	7,323
02/26/20	18,750
03/19/20	10,000
05/18/20	14,646
05/18/20	42,500
05/29/20	7,323
05/29/20	18,750
	$ 275,730

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West Central Services, Inc. d/b/a West Central Behavioral Health
STATEMENT OF FUNCTIONAL REVENUES
For the Year Ended June 30, 2020, with
Comparative Totals for 2019

Draft

	Total Agency	Total Admin.	Total Programs	Adult Maintenance	Adult Vocational	Children	ACT Team	Emergency	Housing	General Adult	Bridges	Other Programs	2019
Program Services Fees													
Net Client Fees	$ 205,777	$ -	$ 205,777	$ 76,155	$ 3,044	$ 49,492	$ 24,490	$ 745	$ 4,074	$ 31,682	$ -	$ 16,095	$ 268,383
Medicaid	7,010,883	-	7,010,883	2,152,147	87,870	2,984,094	461,544	103,050	1,081,637	38,665	-	101,876	8,826,542
Medicare	395,290	-	395,280	275,568	-	80	27,792	16,881	3,939	48,831	-	22,199	259,338
Other Insurance	477,368	-	477,368	188,930	-	147,861	4,439	10,125	232	92,825	-	32,956	407,926
Public Support - Other													
Local/County Gov't.	58,903	-	58,903	19,608	662	23,166	3,774	952	7,936	1,544	-	1,261	79,367
Donations/Contributions	855,962	-	855,962	272,853	9,300	328,557	52,726	13,237	111,385	44,152	-	23,752	222,066
Grants	497,339	-	497,339	158,602	5,371	190,928	30,636	7,709	64,654	25,663	-	13,776	483,227
Other Public Support	15,710	-	15,710	-	-	15,710	-	-	-	-	-	-	24,495
BBH													
Community Mental Health	377,128	-	377,128	12,650	1,000	14,250	245,350	97,878	2,500	1,500	-	2,000	321,876
Other BBH	560,264	-	560,264	48,321	-	15,627	29,870	167,111	-	16,786	-	282,549	598,044
Rental Incomes	160,027	-	160,027	4,871	-	-	-	-	155,156	-	-	-	152,606
Other Revenues	299,771	-	299,771	16,533	464	16,268	4,435	31,262	36,370	1,805	188,528	4,108	47,364
TOTAL PUBLIC SUPPORT AND REVENUES	$10,914,422	$ -	$ 10,914,422	$ 3,226,238	$ 107,711	$ 3,788,033	$ 885,056	$ 448,950	$ 1,467,883	$ 303,453	$ 188,528	$ 500,570	$9,689,234

West Central Services, Inc. d/b/a West Central Behavioral Health
STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2020, with
Comparative Totals for 2019

Draft

	Total Agency	Total Admin.	Total Programs	Adult Maintenance	Adult Vocational	Children	ACT Team	Emergency	Housing	General Adult	Bridges	Other Programs	2019
Personnel Costs:													
Salary &Wages	$ 6,371,683	$ 498,295	$ 5,875,388	$ 1,913,710	$ 81,632	$ 1,661,881	$ 576,585	$ 358,344	$ 636,236	$ 208,882	$ 37,498	$ 402,640	$ 8,202,511
Employee Benefits	778,426	36,832	741,594	286,363	14,968	225,915	45,502	32,697	62,424	33,199	4,399	36,127	703,224
Payroll Taxes	432,124	33,652	398,472	130,678	5,887	115,774	23,064	24,920	44,084	22,097	2,365	29,603	438,769
Professional Fees:													
Professional Fees	260,973	30,385	230,588	135,577	1,418	47,240	11,342	4,253	15,872	5,671	745	8,470	282,222
Staff Devel. & Training:													
Staff Development	28,186	17,801	10,385	3,079	5	10	1,983	331	-	147	700	4,130	29,508
Occupancy Costs:													
Rent	809,865	19,500	790,365	221,840	7,036	194,493	54,081	19,776	124,794	31,177	102,145	35,023	672,012
Other Utilities	84,778	-	84,778	15,246	650	17,384	3,997	1,903	43,782	1,436	400	-	91,395
Maintenance and Repairs	59,072	335	58,737	5,016	256	8,240	1,315	738	42,352	280	145	395	97,735
Taxes	36,000	-	36,000	-	-	-	-	-	36,000	-	-	-	38,000
Other Occupancy Costs	246,297	-	246,297	83,451	925	83,206	18,808	2,698	34,090	18,405	549	4,165	182,892
Consumable Supplies:													
Office/Building/Household	50,048	10,907	39,139	11,233	462	8,417	3,104	1,408	11,923	1,056	877	659	61,914
Food	40,068	2,565	37,503	1,922	43	3,360	509	59	31,461	45	19	85	41,352
Equipment Rental	23,346	7,302	16,044	5,920	245	5,167	1,511	695	922	614	130	840	21,591
Equipment Maintenance	11,395	11,280	135	-	-	135	-	-	-	-	-	-	10,676
Depreciation	77,647	4,458	73,189	18,762	851	12,915	2,592	1,299	29,064	1,286	-	6,610	85,997
Advertising	20,078	-	20,078	6,358	182	7,742	1,453	545	1,998	727	-	1,073	21,209
Membership Dues	50,717	-	50,717	19,276	445	17,139	3,579	1,359	4,891	1,805	-	2,223	-
Telephone/Communications	71,551	11,560	59,991	13,083	770	16,930	5,294	10,226	8,271	1,681	303	3,433	85,078
Postage/Shipping	9,245	6,354	2,891	1,120	50	894	298	149	185	91	104	-	8,986
Transportation:													
Staff/Clients	101,336	5,697	95,639	32,371	185	25,115	22,605	4,490	3,589	1,582	2,687	3,015	118,539
Insurance:													
General/Liability	141,482	-	141,462	46,649	1,607	42,611	10,765	4,431	22,314	5,298	529	7,258	147,523
Interest Expense	955	-	955	334	10	315	76	29	105	38	-	48	17,799
Other Expenditures	296,478	55,309	241,169	92,401	2,157	76,138	17,017	9,035	30,410	8,373	68	5,572	335,563
TOTAL EXPENSES	10,001,728	750,212	9,251,516	3,044,389	119,584	2,571,021	805,480	477,385	1,184,747	343,880	153,661	551,369	9,672,295
Administrative Allocation	-	(750,212)	750,212	230,956	18,406	166,750	57,275	35,292	98,659	55,302	36,496	53,076	-
TOTAL PROGRAM EXPENSES	$ 10,001,728	$ -	$ 10,001,728	$ 3,275,345	$ 135,990	$ 2,737,771	$ 862,755	$ 512,677	$ 1,283,406	$ 399,182	$ 190,157	$ 604,445	$ 9,672,295

Board of Directors
4-21-21

Peter Bleyler - Chair

Douglas Williamson – Vice Chair – Chair Development and Community Relations Committee

Anne Page – Secretary/Treasurer – Chair Finance Committee

Sarah (Sally) Rutter – Chair – Quality Improvement Committee

Sheila Shulman – Chair Governance Committee

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Robert Hansen

Brian Lombardo MD

William C. Torrey MD

Roger Osmun PHD – Ex Officio

Diane Roston MD – Ex Officio

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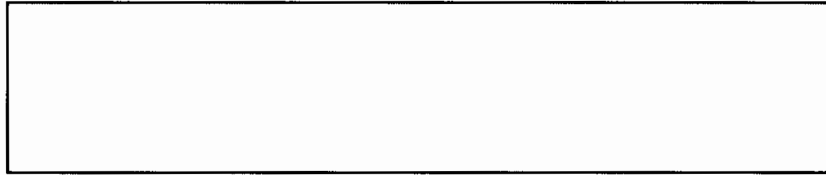
Roger W. Osmun, Ph.D.

Licensed Psychologist



Education

Ph.D., Clinical Psychology
Temple University

M.A., Clinical Psychology
Temple University

B.A., Psychology, High Honors
Magna Cum Laude and Phi Beta Kappa
University of Rochester

Licensure

Pennsylvania Licensure (Psychologist),	June 1996	Lic. #: PS-008322-L
Delaware Licensure (Psychologist)	January 1999	Lic. #: B1-0000522

Listed in the *National Register of Health Service Psychologists*, Registrant #4431

National Provider Identification (NPI): 1750346136 (Roger W. Osmun, Ph.D.)
1295206290 (Pinnacle Psychological Services, LLC)

Clinical and Administrative Experience

2019- **President and CEO**, West Central Behavioral Health, Lebanon, NH

Private, non-profit behavioral health organization [501(c)3]
Approximately 145 employees; approximately 2,600 clients served annually.
7 locations (6 offices and 1 residential program) in the Upper Valley and Greater Sullivan County
Annual Revenue: $10M FY20
Direct Reports: 7 (including Vice President of Operations, Vice President of Clinical Services, Chief Financial Officer, Medical Director and HR Director)

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Activities: Functioned as the administrative lead of a 7-person Executive Leadership Team. Oversaw all operational aspects of a comprehensive, community-based behavioral health organization. Agency programs include, but are not limited to: outpatient treatment (mental health & substance abuse) for adult and children/adolescents, Assertive Community Treatment (ACT), targeted case management, peer support services, mobile crisis intervention, Employee Assistance Programs (EAP), mental health court, mental health first aid, supported living/housing and adult community residential rehabilitation.

2018-2019 **Psychologist and Founder**, Pinnacle Psychological Services, LLC Paoli, PA

Private psychology practice focusing on child/adolescents and adult psychotherapy; psychological and neuropsychological assessment; clinical consultation and supervision; and continuing education training and presentations

2016-2018 **Chief Operating Officer**, Holcomb Behavioral Health Systems, Exton PA

Private, non-profit behavioral health organization [501(c)3]
Joint Commission Accredited since 2000
Approximately 720 employees; approximately 21,000 clients served annually.
30 Locations (14 offices and 16 residential programs) in PA, DE, MD and NJ
Annual Revenue: $31M FY17; $32M FY18
Funding: 40% Medicaid, 30% State/County, 15% Commercial, 10% Self-Pay, 5% Medicare
Report to: Chief Executive Officer of parent organization and directly to the board
Direct Reports: 8 (including Senior Director of Operations, Chief Compliance Officer, Clinical Director and Regional Directors including two affiliate organizations)

Activities: Functioned as the administrative lead of a 14-person Quality Management Committee. Responsible for developing and adhering to a $31M+ annual budget. Oversaw all operational aspects of a comprehensive, community-based behavioral health organization, previously serving in the role as Chief Clinical Officer (see below). Agency programs include, but are not limited to: outpatient treatment (mental health & substance abuse), child/adolescent Behavioral Health Rehabilitative Services (BHRS), family based services, blended case management, early intervention, psychiatric rehabilitation (clubhouse and mobile psych rehab), mobile crisis intervention and crisis residential, truancy intervention, Student Assistance Programs (SAP), forensic assessments, mental health first aid, supported living and adult community residential rehabilitation.

Achievements in FY18:

- Increased Medicaid revenue on existing service lines by $500K (1.2%)
- Improved administrative and clinical efficiency resulting in reduced expenses by $1.2M (3.9%)
- Expanded into two new service line contracts totaling $475K

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- Successfully transitioned from an outdated electronic health record to a new system able to manage all agency services, including mobile services not previously part of the agency EHR
- Transitioned three service lines to be responsive to value-based payment through implementing metric-based monitoring of service outcomes
- Established an emerging leadership development program for middle management and other high potential employees

1996-2016 **Chief Clinical Officer**, Holcomb Behavioral Health Systems, Exton, PA

Activities: Served as clinical lead on a 700+ person behavioral organization, overseeing all clinical services and staff. Oversaw the development and implementation of all agency clinical policies and procedures; additionally involved in the development of many administrative policies. Administratively monitored the best practice compliance and empirical outcomes of services for diverse clinical and psychosocial services provide by approximately 650 direct care staff across all locations. Monitored new clinical program development, including proposal writing and contract development.

Achievements FY97-FY16:

- Achieved a 62% success rate of contract attainment through competitive bidding process supporting agency growth from $2M to $30M. Largest contract attained was $2.2M.
- Obtained and maintained Joint Commission accreditation since 2000 through establishment of comprehensive polices/procedures and effective performance improvement systems.
- Established in 2005 and expanded to a nationally recognized doctoral psychology internship program to a cohort of eight interns. Obtained APA accreditation in 2016.
- Established agency as a Pennsylvania pre-approved provider of continuing education for psychologists and social workers/professional counselors through standardize curriculum and use of reputable presenters.
- Established processes to obtain Co-Occurring Disorder competency status.
- Established recovery-oriented, trauma-informed and culturally competent practices through the agency, including a comprehensive best practices matrix for child and family treatments.

1993-1996 **Primary Therapist**, Devereux Foundation-Brandywine Center, Glenmoore PA

Residential treatment center for behaviorally and emotionally disturbed adolescent males, frequently with a co-occurring diagnosis of substance abuse/dependency.

Activities: Maintained an average caseload of 10 clients, conducting all individual, group, and family therapy. Supervised implementation of milieu services. Served as primary liaison between multidisciplinary treatment team and

mental health agencies and families. Conducted admission psychological evaluations and psychosocial assessments. Participated on the Utilization Review Committee, Sexual Abuse Task Force, Joint Commission Site Visit Committee and Treatment Plan/Review CQI committees. Conducted regular Monitoring and Evaluation of center's clinical reports for Continuous Quality Improvement. Conducted inservices with residential and clinical staff on various topics. Supervision of assessment practicum students from local universities. Organized local conference on treatment of adolescent sexual offenders and abuse reactive children.

1996 **Consultant**, Children and Family Support Services, Inc., Pottstown PA

Activities: Conducted psychological assessments for determination of continued need of clinical BHRS services and treatment plan development. Provided supervision to master's level therapists providing Mobile Therapy and Behavioral Specialist Consultation.

1992-93 **Clinical Psychology Internship**, Temple University Hospital, Philadelphia PA

Activities: APA accredited internship. Participated in 3 major clinical rotations: inpatient (6 months), outpatient (3 months), and physical medicine and rehabilitation (3 months). Worked in context of a multidisciplinary treatment team during all rotations. During the internship year, maintained a minimal outpatient caseload of 45 client hours per month. Conducted psychological and neuropsychological evaluations on inpatient, outpatient and medical patients. Worked in the Psychiatric Emergency Service, assisting on-call residents in evaluation and case disposition. Followed several cardiac transplant patients from evaluation stage through candidacy and eventual transplantation. Conducted neuropsychological evaluation both pre- and post-transplant. Provided supportive therapy throughout transplant process. Served in supervisory role of 3rd year medical students during their psychiatry clerkship in conjunction with an attending psychiatrist. Provided lectures to medical students on psychological evaluation techniques. Supervised graduate practicum students during testing practicum placements at the hospital.

Research Experience

1994 **Dissertation**: "An Examination of the Relationship Between Adult Ego Identity Status and Psychopathology"

1991 **Masters Thesis**: "Ego-Identity Status: Influences on Psychotherapy Seeking"

1988-89 **Research Assistant**, Temple University

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Activities: Assessed cognitive reasoning abilities of psychiatrically impaired adolescents at Institute of the Pennsylvania Hospital (now Kirkbride Center)

1987-88 **Honors Thesis Research**: "Loneliness, Social Skills, and Self-Perceptions", Univ. of Rochester. Received High Honors

Teaching Experience

1999- **Adjunct Faculty**, Immaculata University

Activities: Taught an average of 4 graduate-level psychology courses per year in the university's masters and doctoral program; served on dissertation committees; oversaw doctoral students' independent projects.

Primary courses: Treatment of Children and Adolescents; Professional Issues and Ethics; Cognitive-Behavioral Theory and Therapy; Existential-Humanistic Theory and Therapy; Human Sexuality and Dysfunction, Clinical Supervision and Consultation; Group Dynamics; Family Counseling.

2003- **Clinical Assistant Professor**, Philadelphia College of Osteopathic Medicine

1999-2003 **Presenter**, CASSP Institute Harrisburg, PA

Activities: Provide state-sponsored trainings regarding child/adolescent services to behavioral health professionals, teachers and families throughout southeastern Pennsylvania. Topics have included issues such as clinical supervision, discharge planning, writing effective treatment plan, writing skills for managed care and various clinical diagnostic categories.

1991-92 **Instructor**, Theories of Personality; Psychopathology, Temple University

1990-92 **Psychological Assessment Course Supervisory Assistant**, Clinical Psychology Program, Temple University.

1986 **Teaching Assistant**, Introductory Psychology, University of Rochester

Publications

Zuckerman, M., Fischer, S.A., Osmun, R.W., Winkler, B.A., & Wolfson, L.R. (1987). Anchoring in lie detection revisited. Journal of Nonverbal Behavior, 11(1), 4-12.

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Zuckerman, M., Colwell, E.L., Darche, P.R., Fischer, S.A., Osmun, R.W., Spring, D.D., Winkler, B.A., & Wolfson, L.R. (1988). Attributions as inferences and explanations: Effects on discounting. Journal of Personality and Social Psychology, 54(6), 1006-1019.

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CURRICULUM VITAE

Diane M. Roston, M.D.

Education:

M.D.	University of Wisconsin School of Medicine	1986
M.S.	Science Journalism (coursework only) University of Wisconsin School of Journalism	1982
B.S.	Health Education, summa cum laude University of Wisconsin	1978
	English Major, Grinnell College	1973 - 1975

Postdoctoral Training:

Dartmouth-Hitchcock Medical Center, Lebanon, NH Residency in Psychiatry	1986 - 1990

Licensure and Certification:

Diplomate, National Board of Medical Examiners	1987
Diplomate, Adult Psychiatry, #036414 American Board of Psychiatry and Neurology	1992
New Hampshire Medical Licensure - #7851	1988 – present
Vermont Medical Licensure -#8369	1991 - present

Academic Appointments:

Clinical Faculty, Department of Psychiatry Geisel School of Medicine at Dartmouth, Lebanon, NH	2010 - present
Adjunct Faculty, Department of Psychiatry Dartmouth Medical School, Lebanon, NH	1992 - 2010
Lecturer in Psychiatry Dartmouth Medical School, Lebanon, NH	1991 - 1992
Adjunct Assistant Professor of Women's Studies	1991 - 1992

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Dartmouth College, Hanover, NH

Hospital Appointments:

Alice Peck Day Memorial Hospital, Lebanon, NH — 2016 - present; 1996-2004
Consulting staff

Valley Regional Hospital, consulting staff, Claremont, NH — 2016 – present

Nashua Brookside Hospital, Nashua, NH — 1988-1990

Experience:

2007-present — Medical Director, West Central Behavioral Health
Lebanon, NH
- Supervision of medical and nursing staff
- Chair, Quality Improvement committee
- Coordination of on-site research pilot studies
- Ex-officio member, Board of Directors
- Member, executive staff

1995-present — Clinic Psychiatrist, West Central Behavioral Health, Lebanon, NH
- Provided care to individuals with chronic mental illness, including psychotic illnesses, anxiety disorders, affective illness, PTSD, and borderline personality disorder
- Supervised 3rd year psychiatry residents for one year rotation
- Provide clinical guidance to interdisciplinary care teams

1990-present — Private Practice, general psychiatry, White River Junction, VT

1993-1995 — Staff Psychiatrist, Counseling Center of Lebanon
West Central Behavioral Health, Lebanon, NH

1990-1991 — Research Associate with George Vaillant, M.D.
Institute for the Study of Adult Development
Dartmouth Medical School, Hanover, NH

1982 — Editor, Motherhood and Childbirth Project
Women's Studies Research Center
University of Wisconsin, Madison, WI

1978-1981 — Patient Educator and counselor
Wisconsin Clinical Cancer Center
University of Wisconsin Hospitals & Clinics
Madison,WI

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Major Committee Assignments and Consultations:

National and Regional

Consortium of Women Psychiatrists, Hanover, NH	1992-1996
Women's Information Service (WISE), Lebanon, NH Volunteer training consultant	1990-2003
National Cancer Institute, Evaluation Consultant Cancer Information Service Evaluation Task Force	1979-1981

Institutions:

Obstetrics and gynecology / Psychiatry Liaison Committee	1994-1996
Psychobiology of Women Steering Committee DHMC Department of Psychiatry	1990-1997
Parental leave Task Force, chairperson DHMC Department of Psychiatry	1988-1990

Memberships in Professional Societies:

American Association of Community Psychiatrists
American Medical Women's Association
American Psychiatric Association
Association for Women in Psychiatry
National Alliance for the Mentally Ill
New Hampshire Medical Society
New Hampshire Psychiatric Association
Vermont Psychiatric Association

Teaching Activities:

Outpatient Psychiatry Seminar Third year psychiatry resident seminar on models and practice of outpatient care	1996 - present
Adult Development Didactics Psychiatry residency curriculum, DHMC, Lebanon, NH	2002 - 2015
"Gender, Culture and Spirituality in Psychiatry" Didactic module in psychiatry residency curriculum, Dartmouth-Hitchcock Medical Center, Lebanon, NH	1997 - 2004
Introduction to Psychiatry, clinical instructor Second year medical student introductory course Dartmouth Medical School, Hanover, NH	1993 - 2007
Supervision of Psychiatry Interns and Residents Dartmouth-Hitchcock Medical Center, Lebanon, NH	1991 - present
"Health, Society, and the Physician," group facilitator, Dartmouth Medical School fourth year course, Department of Family and Community Medicine	1995
Case Conference Coordinator, Outpatient Psychiatry Third year psychiatry resident training seminar	1994 - 1996

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Dartmouth-Hitchcock Medical Center, Lebanon, NH

The Psychology of Women in Health and in Sickness — 1991
Undergraduate seminar professor
Dartmouth College, Hanover, NH

Other Professional Activities:

Private Practice Supervision Group	1993 - present
Co-organized Women and Psychiatry module in psychiatry residency curriculum, DHMC, Lebanon, NH	1989 - 1997
Cofounder, regional conference, women & psychiatry	1993 - 1994
Women's Health Faculty Study Group	1990 - 1996
Co-leader, psychodynamic psychotherapy group practicum	1991 - 1993

Invited Presentations:

"The Role of an ObGyn/Psychiatry Liaison Group in Interdepartmental Program Development," North American Society for Psychosocial Obstetrics and Gynecology annual meeting, Santa Fe, NM, Feb. 1996.

"Women and Depression," Dartmouth Medical School elective on Women's Health, October 1995.

"Issues in Working with Difficult Personalities." Regional continuing education program for midwives, October 1994.

"Ego Defenses in Brief Psychotherapy." Psychiatry seminar, DHMC, Dec. 1994.

"Caring for Survivors of Sexual Abuse." in Topics in Primary Care of Women, DHMC, Continuing Medical Education program, November 1992.

"Prenatal Care and Childbirth Issues for Survivors of Childhood Sexual Abuse." Regional continuing education program for midwives, October 1992.

"Postpartum Psychiatric Disorders." Women's Health Faculty Study Group, DHMC, 1992.

"Postpartum Psychiatric Disorders." Dept. of Ob/Gyn, Nursing Division, DHMC, 1992.

"Women and Anger." Regional CME course on The Psychology of Women, Hanover, NH, September, 1993.

"Women and Anger." Women's Health Faculty Study Group, DHMC, 1993.

"Psychiatric Aspects of Pregnancy and the Purpurium." Psychiatry residency seminar, DHMC, April 1993.

"Psychiatric Aspects of Abortion." Psychiatry residency seminar, DHMC, April, 1992.

"Adult Development." Psychiatry residency seminar, DHMC, April, 1991.

"Screening for Psychiatric 'Red Flags'." Women's Information Service (WISE), Lebanon, NH, incorporated into semiannual training program, 1991-present.

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Publications:

Roston, D. An extraordinary team. Community Psychiatrist. A Publication of the American Association of Community Psychiatrists. 32:1. 12-13. April 2018.

Roston, D. Surviving suicide: a psychiatrist's journey. Death Studies. 41:10, 629-634. DOI: 10.1080/0748118712017.1335547. Routledge Press. 2017. https://doc.org/10.1080/07481187.2017.1335547.

Vaillant, GE, Orav, J,Meyer,S, Vaillant, L, and Roston, D. Late life consequences of affective spectrum disorder. Intl. Psychogeriatrics 8:1-20; 1996.

Roston, D. A Season for Family: One Physician's Choice. Psychiatric Times. Oct. 1993.
Roston, D. On Studying Anatomy. Academic Medicine. 68:2, February 1993.

Roston, D., Lee, K., and Vaillant, GE. A Q-Sort Approach to Identifying Defenses. in Vaillant, GE, editor, Ego Mechanisms of Defense: A Guide for Clinicians and Researchers. Washington, DC: American Psychiatric Press, 1992.

Vaillant, GE, Roston, D, and McHugo, G. An Intriguing Association Between Ancestral Mortality and Male Affective Disorder. Archives of General Psychiatry. 49, 709-715, 1992.

Roston, D. Acupuncture: Possible Mechanisms of Action. The New Physician. Jan 1985.

Roston, D., Editor, Motherhood Symposium Proceedings. Women's Studies Research Center, University of Wisconsin, Madison, WI. 1982.

Roston, D., and Blandford, K. Developing an Evaluation Strategy: A Client Survey Research Model. I Info and Referral Systems. 3:1, 1980.

Roston, D., and Blandford, K., Wisconsin Cancer Information Service User Survey Research Study. Wisconsin Clinical Cancer Center. Madison, WI. 1980.

Contact information:

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Medical Director
West Central Behavioral Health
9 Hanover Street, Suite 2
Lebanon, NH 03766
603-448-0126
droston@wcbh.org

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CURRICULUM VITAE

NANCY NOWELL

EDUCATION

Predoctoral Internship in Clinical Psychology
Albany Psychology Internship Consortium
Albany, New York
American Psychological Association (APA)-accredited program

Ph.D. (1992): Clinical Psychology
Northern Illinois University (NIU)
APA-accredited program

M.A. (1988): Clinical Psychology
Northern Illinois University (NIU)

B.A. (1985): Psychology
The University of Kansas

CLINICAL EXPERIENCE

February, 2008 - Present: Vice President of Clinical Service organizes the development of all clinical programs within WCBH. Also, develops, implements, and updates clinical procedures to ensure high quality of care.

September 2003 - February 2008: Vice President of Outpatient Operations responsible for planning, organizing, directing and evaluating outpatient clinical services of the WCBH.

March 2002 - September 2003: Vice President of Quality Improvement and Training at WCBH maintaining high standards of care and compliance with requirements stipulated by funding sources and regulatory bodies. Support and guide all quality improvement efforts. Write policies and procedures; serve as resource for quality assurance and improvement activities. Supervise the Risk Management Director and QA Manager.

February 1999 - March 2002: Director of Risk Management at WCBH ensuring all clinical programs maintain high standards of care and were in compliance with requirements stipulated by funding sources and regulatory bodies. Write policies and procedures, develop educational risk management and safety programs and train employees.

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July 1998 - February 1999: Psychologist proving psychotherapy to clients. An active member of the treatment team. Document and coordinate care and offer clinical testing and supervised staff.

July, 1995 - July, 1998: Licensed Clinical Psychologist in group psychology practice. Evaluation, therapy, and psychological testing for adults, families, couples, adolescents, and children. State disability evaluations. Areas of specialization and interest include women's issues; the cognitive-behavioral treatment of eating disorders, depression, and anxiety; marital therapy; adjustment to divorce in adults and children; and grief and loss issues.

July, 1994 - June, 1995: Psychologist in hospital-affiliated outpatient mental health agency, Hurley Mental Health in Burton, Michigan. Therapy and psychological testing for adults, adolescents, and children. ADHD evaluations. Assessment and treatment upon referral from the State child protective services agency. Intake evaluations and triage. Supervision of Limited Licensed Psychologists.

July, 1994- June, 1995: Psychologist in group practice, Center for Personal Growth in Huron Michigan. Therapy for adults, families, couples, adolescents, and children. Specialization in the outpatient treatment of eating disorders, marital therapy, and the treatment of mood and anxiety disorders.

January, 1992 - June, 1994: Counselor at Rensselaer Polytechnic Institute's (RPI) College Counseling Center in Troy, New York. Responsibilities included counseling, assessment (including learning disabilities assessments), frequent on-call duties, crisis intervention, consultation with campus community, health education committee work, supervision of graduate students in training, and participation in quality assurance. Presentations and workshops on suicidal students, family problems, relationship issues, depression, anxiety, stress management , academic underachievement, learning disabilities, adjustment to college, substance abuse, eating disorders, assertiveness, and psychological aspects of sexual harassment.

September, 1990 - August, 1991: Predoctoral intern at Albany Psychology Internship Consortium. Included three four-month rotations on inpatient unit (Albany Medical College), outpatient services (Capital District Psychiatric Center, Albany County Mental Health Clinic), and health/neuropsychology (VA Hospital). Inpatient and outpatient psychotherapy and psychological testing. Year-long family therapy practicum. Training in child custody evaluations. General psychotherapy groups. Weight management and cardiac rehabilitation groups. Presentations on PTSD, grief, panic disorder, eating disorders, and depression. Supervision of externship students from the State University of New York (SUNY) at Albany.

Spring, 1990: Psychology Trainee. Co-led a women's issues therapy group at Family Service Agency in DeKalb, Illinois

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January, 1990 - June, 1990: Behavioral Consultant at Bethesda Lutheran Home in Aurora, Illinois, a residential facility for the developmentally disabled.

Fall, 1989: Neuropsychology Extern at the University of Wisconsin Medical School, Mount Sinai Campus in Milwaukee, Wisconsin, under the supervision of Dr. Kerry Hamsher. Externship provided exposure to assessment and differential diagnosis in neurobehavioral disorders.

July, 1988 - August, 1989: Clinical Assistant at the NIU Psychological Services Center. Responsibilities included conducting individual, child, marital, group, and family psychotherapy; intake interviews; participation in administrative functions; and external workshops.

Spring, 1987 and Spring, 1988: Psychology Trainee. Co-led eating disorders therapy groups at the NIU Counseling and Student Development Center.

August, 1985 - May, 1988: Psychology Trainee. Six semesters of psychotherapy practicum at the NIU Psychological Services Center. Conducted individual and family psychotherapy and intellectual and personality assessments with children and adults.

TEACHING EXPERIENCE

Spring, 1998: Auxiliary Instructor of Social Sciences at Jefferson Community College. One section of General Psychology and one section of Child Development.

Fall, 1997: Auxiliary Instructor of Social Sciences at Jefferson Community College. One section of General Psychology and one section of Abnormal Psychology.

Summer, 1997: Auxiliary Instructor of Social Sciences at Jefferson Community College. One section of General Psychology.

Spring, 1997: Auxiliary Instructor of Social Sciences at Jefferson Community College. Two sections of General Psychology and one section of Child Development.

Spring 1988: Teaching Assistant for graduate level course at NIU, Clinical Psychology ID: Personality Assessment.

Fall, 1987: Teaching Assistant for graduate level course at NIU, Clinical Psychology 1: Theory and Assessment of Intellectual Functioning.

Spl ing, 1987: Teaching Assistant for two sections of Introductory Psychology at NIU. Fall, 1986: Teaching Assistant for two sections of Introductory Psychology at NIU.

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RESEARCH EXPERIENCE

May, 1992: Nowell, N.A.S. Investigation of dimensions associate with bulimic symptomatology. Unpublished Dissertation, Northern Illinois University, DeKalb, Illinois.

August, 1989 - August, 1990: Awarded Dissertation Completion Award from NIU Graduate School.

May, 1988: Sheldon, N.A. & McCanne, T.R. Impulsivity in bulimic syndrome. Presented at the meeting of the Midwestern Psychological Association, Chicago.

November, 1987: Sheldon, N.A. Impulsivity in the bulimic syndrome. Unpublished Thesis, Northern Illinois University, DeKalb, Illinois.

August, 1985 - August, 1986: Research Assistant at NIU. Participated in a wide variety of research activities including design, implementation, and data analysis of psychophysiological studies and eating disorders research.

PROFESSIONAL AFFILIATIONS

American Psychological Association

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Cynthia A. Twombly, MA, MBA, LCMHC

Professional Experience

West Central Behavioral Health, Lebanon, NH **2/2009 - Present**
Vice President Operations
Member of the Executive leadership team responsible for strategic planning, fiscal management, policy setting, and employee relations for a community behavioral health system servicing New Hampshire's Sullivan and Lower Grafton Counties. Work in conjunction with CEO and other members of the Executive Team assessing overall organizational performance against annual budget and business goals. Work collaboratively to develop agency's long-range strategies and solutions to complex issues that arise making sure to optimize resources and minimize risk.

Provide leadership for professional staff in management roles including Quality Improvement, Information Technology, Facilities Management, Administrative Support, Patient Registration, Medical Records, Safety and Child Impact for the agency's six outpatient locations, a senior 16 bed residential facility (Arbor View) and administration facilities.

- Direct oversight of system wide compliance with state, federal, and managed care regulatory requirements and standards.
- Direct the process of continuous process improvement to increase work flow efficiencies and eliminate redundancies for front office, clinical documentation requirements and quality improvement.
- Assess, monitor and impact the agency's managed care quality measures reporting requirements and pay for performance initiatives.
- Oversee and responsible for the application process and reporting requirements for Center of Medicaid and Medicare Services' Merit-Based Incentive Payment System (MIPS), Physician Quality Reporting System (PQRS), the Meaningful Use Incentive, State of NH DHHS and Integrated Delivery Network (IDN) quality reporting measures.
- Assessed and directed the agency's operational needs and implementation of new IT/Software systems: 2 electronic medical records, operations reports system and E-Prescribing.
- Participate as a member of the Internal Quality Improvement Committee developing and implementing agency policy and monitoring procedures.
- Participate as a member of external committees and stakeholders:
  - Integrated Delivery Network (IDN-1) Integrated Care Implementation Committees (4)
  - Greater Sullivan County Public Health Network strategizing and implementing public health improvements.
  - NH Citizen's Health Initiative Behavioral Health Integration Learning Collaborative
  - Upper Valley & Greater Sullivan County Emergency Preparedness Assessment and Strategy Development Committees
- Provide leadership and guidance implementing the agency's goals as a member of the New England Practice Transformation Network initiative that is charged to improve quality care and impact health care reform by CMS.
- Contribute to the Board of Directors Development Committee as a member supporting fundraising and advocacy for
- Provided leadership to the agency's signature 2 day fundraiser including oversight of Steering Committee and 50+ event volunteers.
- Collaboratively developed the agency's annual $10 million budget with previous Chief Financial Officer's including working with Clinical Program Directors on budget planning and forecasting.
- Directed the relocation process impacting four Sullivan County outpatient facilities including lease negotiation, facility fit-up/design, and sale of real estate.

Center for Life Management, Derry, NH **10/2007 - 1/2009**
Director, Integrated Care
- Developed an Integrated Service Delivery Model including operations, financial projections, policies, and marketing strategy targeted to Primary Care and Specialty Physician practices for growth and development of services into locations within the Rockingham County region.
- Developed new programs and services in collaboration with Parkland Medical Center's Executive Team. Developed and maintained physician relationships to increase referral base and improve quality of care for patients.
- Improved community awareness and brand through a collaborative effort with marketing consultant including development and production of a regional community television program and a testimonial video production.
- Developed a strategic plan to partner the targeted community, Major Gift's effort, medical system community and the organization through an inaugural charity event to increase awareness and fund development
- Contributed to of the Board of Directors Development Committee as member supporting fundraising and advocacy for CLM.

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Affiliated with Nashua Medical Group, Harvard Pilgrim Health Plan, Nashua, NH

- Provided in-depth needs assessment and treatment for adults/adolescents, couples, families to improve cognitive, emotional and behavioral functioning and symptoms.
- Coached/trained individuals and groups in skills for career development, work relationship dynamics, problem solving, goal setting, personality preference/typing, stress management and wellness.
- Contracted EAP consultant/counselor services to local businesses and corporations.
- Provided corporate and business training in leadership, team development/dynamics, effective communication, conflict resolution, and stress and change management.

Southern NH Health Systems, Nashua, NH **10/1998 - 8/2001**
Director

- Contributed to the strategic planning, development and implementation of an integrative prevention health center including staffing of providers and administration, fit-up, design, operations, forecasting and budgetary responsibilities.
- Participated in the development of a strategic marketing plan for the health center including branding, naming, logo development, and creation of advertisements and media role-out.
- Recruitment and hiring of physicians, support staff and allied health professionals.

Center for Life Management, Salem, NH **5/1997 - 2000**
Fee for Service Clinician

- Provided in-depth needs assessment and treatment for adults/adolescents, couples, families to improve cognitive, emotional and behavioral functioning and symptoms.

Southern NH Health Systems, Nashua, NH **5/1993 - 10/1998**
Cardio-Pulmonary Rehab, Clinical

- Developed and managed chronic disease and prevention programs within the Cardio-Pulmonary and Community Health Department.
- Provided physical conditioning, reconditioning, risk factor reduction and education through exercise prescription, supervised exercise and educational programs.
- Interfaced with Senior Management, Physician Committees and Chief of Staff for growth and development of integrated programs within the Southern New Hampshire Medical Center System.
- Participated as a member for the development and management of hospital wide wellness programs and pain management committees.

Nashua Downtown Development, Nashua, NH **9/1987 - 2/1993**
Business/Community Development Director

- Reported directly and accountable to Board of Directors.
- Budgetary responsibility and fiscal management
- Recruited/solicited businesses to relocate/expand to the Downtown region of Nashua, NH.
- Responsible for all media communications including television, radio and newspapers.
- Wrote and published a quarterly newsletter.
- Advocated/collaborated with city and state government, arts, business, property owners and corporate leaders to support the mission of the organization.
- Developed and oversaw large scale community events for the region.

Additional Previous Experience:

Wellness Consultants of New England - Owner

- Provided corporate wellness, fitness and health education program services.

Matthew Thornton Health Plan

- Wellness Educator for the health plan's corporate employers provided cholesterol and glucose screening, fitness assessments, wellness education for the health plan's corporate employers in New England.

Sanders Associates, Nashua, NH

- Cost Accountant in a manufacturing defense corporation

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Education

Masters in Business Administration - Rivier College, 2001
Masters of Arts, Department of Education, Counseling - Rivier College, 1997
Bachelors of Arts, Department of Psychology, Psychology - Rivier College, 1993
Associates Degree, Department of Business, Accounting - Hesser College, 1987

Professional Clinical License/Certifications

Licensed Clinical Mental Health Counselor - State of NH #336, 1999 - Present
Exercise Specialist Certification - Springfield College, 1985

Clinical Mental Health Counselor Internship

Center for Life Management, Salem, NH - 9/1996 - 5/1997

Adjunct Faculty Academic Posts

Granite State College, Psychology Department, Lebanon, NH, 1/2011 - 12/2011
Courses facilitated: Human Development
Abnormal Psychology

Rivier College, Graduate Business Department, Nashua, NH, 1/2002 - 6/2007
Courses facilitated: MBA Program: Health Care Administration
Marketing
Strategic Marketing Management

New Hampshire Community College, Psychology and Human Services Departments, Nashua, NH, 8/2001 - 6/2007
Courses facilitated: Human Relations in the Organization
Human Development
Introduction to Psychology
Family Assessment and Dynamics

Community Leadership

VHN of NH and VT - Board Trustee - 2016 - Present
Chair - VNH of NH and VT Governance Committee - 2017 - Present
VNH of NH and VT - CEO Search Committee Member - 2017 – 2018
Upper Valley Leadership Governance Committee 2017- Present
Upper Valley Leadership Institute - Class 2016
Toastmasters International, Manchester, NH - 2005 - 2009
South Pines Homeowners Association, Conway, NH - Treasurer - 2006 - Present
City of Nashua, Mayor Donchess's Childcare Commission - Former
YWCA, Nashua, NH - Board Member - Former

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ROBERT GONYO

EXPERIENCE

Accounting Manager — ***2014 – Present***
Lake Sunapee Bank
Newport, New Hampshire

- Responsible for managing the Accounting Department of a 1.6 billion dollar community bank with 35 branch locations within New Hampshire and Vermont to insure optimum accuracy, efficiency, and delivery of services.
- Work with external and internal auditors to provide accounting related documentation needed for audits.
- Review and approve the distribution of checks issued by Accounts Payable.
- Manage monthly recurring and non-recurring accruals and review of overall expenses.
- Prepare weekly filing of FR 2900, monthly calculation and filing of Vermont Sales & Use Tax return, quarterly filing of Vermont Bank Franchise Tax return and filing of annual reports with various Secretaries of State for 6 corporations.
- Responsible for accounting and reporting of $188 million dollars of bank owned investments.
- Monitor and adjust pledged deposits weekly based on current market values of investments.
- Review and determine daily cash needs at Federal Reserve Bank with access to line of credit at Federal Home Loan Bank of Boston.
- Experience working with Jack Henry banking software and Fiserv investment software.
- Manage and direct a staff of 5 reporting directly to the Vice President and Director of Financial Reporting/Controller.

Revenue Manager — ***2013 – 2014***
Lutheran Social Services / Ascentria Care Alliance
Concord, New Hampshire

- Responsible for the oversight of the accounts receivable billing and collections function for all subsidiaries.
- Oversee 7 direct reports providing leadership and coaching while holding direct staff accountable for accurate and timely completion of their duties.
- Monitor and manage any identified disruptions or delays within the revenue cycle.
- Determine and recommend general and specific reserves against bad debts and routinely analyze the collectability of receivables.
- Ensure departmental effectiveness and compliance with all third-party billing and collection requirements including eligibility and authorization functions.
- Maintain contact with program directors throughout the agency and external funding agencies in order to ensure proper management of all contracts and grants.
- Provide analysis of revenue contracts/grants to assist in making sure that revenue from contracts/grants are maximized.
- Experience with federal contracts, UFR categories for cost reimbursements, EIM billing and cost reimbursement billing processes and procedures.
- Knowledge of contract principles, laws, statues, Executive Orders, regulations and procedures.

Fiscal Director — ***2008 – 2013***
Community Alliance of Human Services
Newport, New Hampshire

- Responsible for all fiscal service operations including all monthly, quarterly and annual reporting requirements.
- Post all general ledger entries and reconcile all bank accounts.
- Oversee all accounts receivable (including Medicare, Medicaid & private pay billings), accounts payable, payroll and collection efforts.
- Responsible for preparing annual operating budgets for a multi company organization.
- Manage daily cash flow requirements.
- Implement internal controls in the areas of accounts payable, accounts receivable and payroll. Provided quarterly reporting requirements for various local, county, state and federal grants and

assisted with grant writing proposals.
- Work with Board of Director's, management team and staff to provide financial analysis.
- Oversee annual certified audit.
- Perform monthly financial statement reviews with Directors.
- Implement accounting software upgrade and facilitated the moving of payroll processing from an external source to internal processing.
- Experienced EIV Coordinator for HUD subsidized 40 unit elderly housing complex.
- Responsible for completing annual Medicare Cost Report for a Home Health Agency.
- Manage and direct Staff Accountant.

Revenue Control Accountant ***2003 – 2008***
NFI North
Contoocook, New Hampshire

- Responsible for printing monthly cost center financial statements for 23 programs along with a corporate consolidation.
- Review bi-monthly billings for accuracy and tie revenue amounts back to program census.
- Member of Software Selection Committee charged with selecting a new client data management system for entire agency.
- Worked to set up finance module of new client data management system allowing a seamless transition to the new software.
- Produce monthly cash flow showing six months actual and six months projections.
- Update management team on a weekly basis of the cash flow status.
- Close and reconcile accounts receivable and post revenue to Great Plains general ledger monthly.
- Calculate allowance for doubtful accounts.
- Approve monthly reconciliation and weekly batches for accounts payable.
- Perform monthly budget reviews with Program Managers.
- Work with billing department to develop and institute rebilling and collection procedures.

Controller ***2002 – 2003***
Brattleboro Reformer / Town Crier
Brattleboro, Vermont

- Responsible for producing monthly financial statements for two publications.
- Produce weekly revenue and expense forecasts for the current month and monthly produce a rolling three months forecast.
- Developed inventory controls allowing daily updates of newsprint inventory levels.
- Provide corporate office with explanations of monthly revenue and expense budget variances. Work with circulation department to develop and institute collection procedures.
- Responsible for preparing annual operating budgets, filing of sales and use tax returns, reviewing and approving salesman commissions and accounts payable invoices.
- Work with management and staff to provide analysis and support.
- Produce daily production and revenue reports allowing management to quickly adjust and compensate for variances from expected results.
- Manage and direct staff in the areas of payroll, accounts receivable and credit & collections.

Controller ***1998 – 2002***
Merriam-Graves Corporation
Charlestown, New Hampshire

- Responsible for preparing monthly financial statements in a multi-corporate environment, providing financial support for 4 corporations including cost center financial statements for 34 multi state branch locations, corporate consolidations and monthly/quarterly reporting requirements.
- Manage daily cash flow and line of credit for all locations.
- Coordinated local banking relationships into a primary centralized corporate account for maximum utilization of funds.
- Worked in conjunction with the CFO to reorganize the corporate structure to create efficiencies and reduce costs.
- Provide analysis and support to all levels of management and staff.
- Ensure the accuracy of month-end closings and the integrity of the general ledger.

- Responsible for A/P, A/R, P/R, managing fixed assets, all state sales and use tax reporting and the preparation for the annual certified audit.
- Design and maintain internal controls, standardize internal policy and procedures throughout the company.
- Developed and instituted an internal branch audit system, providing an independent confirmation of inventories and cash management.
- Successfully integrated 5 acquisitions into the corporate financial structure.
- Direct a staff of 7 reporting directly to the Chief Financial Officer.

Assistant Comptroller ***1992 – 1998***
Wakeman Industries, Inc. (Merriam-Graves Corporation)
Charlestown, New Hampshire

- Responsible for producing detailed monthly financial statements with statistical highlights on an IBM AS/400 for 26 branches, 9 corporations and 2 consolidations.
- Coordinated with I/S staff and software provider to ensure the accuracy of general ledger during all phases of the computer conversion.
- Managed and directed support staff in the areas of payroll, accounts payable and accounts receivable. Streamlined the financial reporting process which resulted in more accurate and timely monthly financial statements.
- Assisted with the developing and preparation of the annual operating budgets.
- Managed daily cash flow requirements with access to $5,000,000 line of credit.
- Responsible for management and reporting of approximately $3,000,000 accounts receivable.
- Managed and calculated salesman commission and branch manager bonus programs.
- Assisted with annual certified audit.

Staff Accountant ***1988 – 1992***
Wakeman Industries, Inc. (Merriam-Graves Corporation)
Charlestown, New Hampshire

- Set up and maintained cost allocation spreadsheets in Microsoft Excel to distribute centralized costs to all branches.
- Implemented AS/400 based fixed asset system.
- Produced depreciation expense schedules for fleet of 100 trucks, tractors and trailers. Experienced with payroll processing for 225 personnel.
- Set up and maintained multi state sales tax exemption files.

Office Administrator ***1984 – 1987***
Suburban Realty, Inc.
Manchester, New Hampshire

- Responsible for managing all bookkeeping and administrative functions.
- Implemented advertising program which allowed equal exposure for all listed properties.

EDUCATION

Bachelor of Science degree in Accounting
New Hampshire College
Manchester, New Hampshire

PROFESSIONAL AFILIATIONS

Serves as the Board Treasurer to Housing for the Elderly and Handicapped of Newport, Inc.
Newport, New Hampshire

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SUSAN J. WHITE, MA, PHR

PERFORMANCE PROFILE

Human resources professional with approximately ten years of experience working in a variety of industries: higher education, health care, human services, hospitality.

PROFESSIONAL SKILLS

Recruitment	Performance Management	Benefit Administration
Legal Issues & Compliance	Worker's Comp/Unemployment	Employee Relations
Leadership Development	Job Descriptions/Specifications	HR Policies & Process
Employee Engagement	Coaching	Employee Orientation
Safety	Supervision	Microsoft Office Suite

PROFESSIONAL EXPERIENCE

WEST CENTRAL BEHAVIORAL HEALTH | Lebanon, NH
June 2018 to present

Director of Human Resources – Oversee the full scope of human resources: employment, compensation, benefits administration, recruitment, policy and procedure development, employee relations, workers compensation, compliance – for non-profit community mental health agency with 170 employees.

- Coordinate daily HR functions supporting 170 employees with one HR Generalist and one HR Administrative Assistant
- Drafted action items to address workforce challenges as part of the Workforce Development Strategic Plan and monitor effectiveness
- Wrote Integrated Delivery Network grant proposal to successfully obtain funding to support Workforce Development Plan
- Manage and ensure compliance with human resources policies
- Created a non-FMLA unpaid leave policy for new employees under one year of employment
- Counseled supervisors on employee performance and behavior issues
- Created Human Resource Department procedure manual

QUECHEE LAKES LANDOWNERS' ASSOCIATION | Quechee, VT
July 2015 to May 2018

Human Resources Associate – HR Generalist – manage all facets of human resources department including recruitment, new employee orientation, employee relations, benefits administration and enrollment, training, safety, compliance, reporting – for four-season country club with 150 to 250 employees.

- Captured savings in benefit cost reductions and improved benefit coverage for employees as well as employee out of pocket savings
- Redesigned and conducted new hire orientation
- Implemented online onboarding to include completion of employment documentation
- Manage and administer employee benefits programs: group health, life, STD/LTD, 401(k)
- Partner with employees and managers to effectively resolve conflicts, provide coaching and counseling regarding employee relations, develop PIPs and participate in termination meetings
- Ensure compliance with federal and state employment regulations, plus OSHA and IRS regulations
- Process workers' compensation, unemployment wage requests, FMLA
- Work with and maintain sensitive and confidential materials

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LEDDY GROUP | Lebanon, NH
June 2015-August 2015

HR Administrative Assistant (Temporary) - contract position at FujiFilm Dimatix, Inc. in Lebanon, NH. Performed filing and prepared new hire packets.

MT. ASCUTNEY HOSPITAL AND HEALTH CENTER | Windsor, VT
Development Office
June 2014 to March 2015

Senior Administrative Assistant (Temporary) – developed donor profiles by identifying and gathering biographical, professional, wealth, philanthropic and relationship information for hospital's major capital campaign.

GEISEL SCHOOL OF MEDICINE AT DARTMOUTH | Hanover, NH
The Dartmouth Institute for Health Policy & Clinical Practice (TDI)
June 1999 to August 2013

Human Resources Coordinator (2009-2013) – recruitment, applicant screening and interviewing, created job descriptions, performed position analysis, salary negotiation, coaching, performance management, faculty recruitment, coordinated H-1B visas – for a department with 130 employees including faculty conducting research and education to improve patient care and develop new health care delivery models.

- Managed full lifecycle recruitment activities
- Investigated performance issues and developed performance improvement plans
- Developed employee orientation/onboarding process
- Designed and implemented training program for administrative assistants new to Dartmouth
- Assisted with development of department employee performance evaluation
- Conducted exit interviews
- Provided interpretation and clarification of College policies, and Federal and State employment laws

Executive Assistant/Project Coordinator II (1999-2009) – Member of core research team conducting a multi-site randomized clinical trial. Full-spectrum conference management.

- Assisted with development and distribution of study documents, including protocols, questionnaires and other materials
- Acted in executive support capacity to senior hospital and college administrator
- Assisted in preparation and submission of materials to the Institutional Review Board (IRB), Data and Safety Monitoring Board (DSMB), and Principal Investigators' meetings
- Coordinated logistics for conferences and managed various aspects of event planning
- Prepared correspondence, including letters of recommendation

WEST CENTRAL BEHAVIORAL HEALTH | Lebanon, NH
April 1994 – June 1999

Office Manager, Counseling Center of Lebanon – Supervised the work of the office and administrative employees and sought ways to improve the office operations.

- Conducted administrative and clinical staff orientation to include office procedures, safety, office technology.
- Developed a managed care notebook to provide clinicians with guidelines to obtain pre-authorization for treatment with the various insurance companies
- Participated in pilot program for central access referral

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EDUCATION & PROFESSIONAL CREDENTIALS

M.A., Human Resources Management – Webster University
Webster University Lambda Kappa Chapter of the Delta Mu Delta International Honor Society in Business

B.S. – Nathaniel Hawthorne College
Magna cum laude, Business Administration

Human Resources Certification Institute (HRCI) Professional Human Resources (PHR)

OSHA 10-Hour General Industry certification

PROFESSIONAL HR AFFILIATIONS

Member – Society for Human Resources Management (SHRM)
Member – River Valley Human Resources Association (RVHRA)

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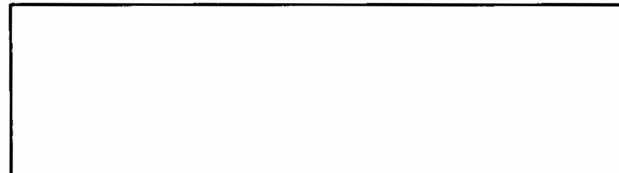
Dave Celone



A creative and experienced non-profit advancement professional skilled in many aspects of fundraising, donor relations, foundation & corporate relations, development writing, marketing, major & annual gift programs, alumnx & community relations, campaign management, and social media marketing.

EXPERIENCE

2019 – present | **WEST CENTRAL BEHAVIORAL HEALTH**
Lebanon, NH
Director of Development & Community Relations
Manage the development and community relations departments for this $10 million non-profit community mental health center that operates regionally with offices in Claremont, Lebanon, and Newport, NH. Report to the CEO/President with board committee oversight responsibilities.

2012 – present | **ADVANCEMENT CONSULTING SERVICES**
Lyme, NH and Thetford, VT
Principal and Consultant
Provide campaign strategy, fundraising, marketing, social media, media, and alumnx & community relations consulting services to clients locally and internationally.

2013 – 2019 | **HERECAST.US/SUBTEXT MEDIA**
White River Junction, VT
Freelance Writer
Freelance writer/blogger for HERECAST.US and its predecessors DAILYUV.COM and THEUPPERVALLEY.COM, regional online providers of news, events, and classified listings to the greater New England area.

2019 (Feb – Apr) | **Dartmouth College Skiway**
Lyme, NH
Temporary Position
Assist the Dartmouth Skiway operations team as directed by the Skiway director including helping the Skiway's social media efforts and regional media presence for the annual Skiway Pond Skim fundraising event to benefit Special Olympics of NH.

2014 – 2018 | **LONG RIVER GALLERY & GIFTS**
White River Junction, VT and Lyme, NH
Principal and Manager
Responsible for all aspects of management, retail sales, product sourcing, marketing, content development, events, and PR for this fine art and craft gallery featuring works from over 150 regional artists and artisans. Managed 30 artists to staff gallery. Curated art shows onsite and offsite, worked with local businesses, the Town of Hartford, and State of VT to promote the arts regionally. Wrote & published articles, ad copy, and social media postings for Long River Gallery & Gifts and other local businesses to define, expose, and broaden the WRJ market. Sold business, July 2018.

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2003 – 2012 TUCK SCHOOL OF BUSINESS AT DARTMOUTH COLLEGE
Hanover, NH
Director of Development, Annual Giving and Alumni Relations

Responsible for raising major/capital gift and unrestricted operating revenue from Tuck alumni and friends. Solicited individual gifts up to $25 million. Worked with private foundations to write and submit grant applications for restricted gifts. Managed the Tuck Annual Giving program to grow its alumni participation and revenue targets. Set strategy for campaigns, generated reporting mechanisms to track progress. Managed reunion activities and events. Worked with Board of Overseers and other boards/committees at Tuck and Dartmouth College. Worked with Tuck faculty and Dartmouth trustees. Oversaw more than 2,000 alumnae/i fundraising volunteers worldwide including Tuck's Corporate Giving and International Giving campaigns. As director of alumnae/i relations, instituted and managed the Tuck Alumni Lifelong Learning (TALL) program. Wrote copy for all Tuck Annual Giving campaigns and programs including solicitation pieces, corporate and international campaigns, volunteer manuals and training materials, and C-level solicitation communications from the Dean and other faculty members. Drafted/edited press releases in concert with Tuck Media Relations. Interfaced with *Financial Times, Wall Street Journal,* The NY Press Club, *Currents Magazine, The Chronicle of Higher Education, Poets & Quants*, and other media outlets to pitch stories. Developed and executed a social media presence for Tuck, as well as an online video platform for Tuck Annual Giving and the Tuck Alumni Lifelong Learning program. Created and managed Tuck's Student Advisory Board. Inducted as honorary member of Tuck Class of 1976.

2005 – 2006 UPPER VALLEY LAND TRUST
Lebanon, NH
Director of Development

Managed all aspects of fundraising for this local non-profit in concert with Executive Director.

2005 – 2006 TUCK SCHOOL OF BUSINESS
Hanover, NH
Consultant

Development, database, and technology consultant during a one-year leave from Tuck to pursue community-focused activities with the Upper Valley Land Trust.

1998 – 2003 DARTMOUTH COLLEGE/THE DARTMOUTH COLLEGE FUND
Hanover, NH
Acting Co-Executive Director, Deputy Director, Associate Director

Responsible for all aspects of strategy, management, reporting, class-based fundraising, and volunteer management for this annual giving program of 40 staff members. Involved with Dartmouth Board of Trustees, faculty, and staff across university divisions. Oversaw major alumni fundraising reunion events. Developed strong database and technology skills. Wrote campaign press releases for internal and external audiences. Wrote copy for solicitation pieces and class fundraising newsletters. High-level committee and community involvement within and outside Dartmouth College and its Ivy League peer schools. Promoted from Associate Director to Deputy Director, to Acting Executive Director. Inducted as honorary member of Dartmouth Class of 1979.

1995 – 1998 VERMONT LAW SCHOOL
South Royalton, VT
Director of Annual Giving

Managed all aspects of the Vermont Law School annual giving program. Worked with Board of Trustees. Developed class-based volunteer program to increase overall revenue and participation.

1992 – 1995 **BLACK, BLACK & DAVIS**
White River Junction, VT
Attorney

Practiced Real Estate, Family, Medical Malpractice, Trusts, Small Business, Municipal, and Contracts law. Represented clients in civil and criminal court matters in VT.

1984 – 1992 **INTERNATIONAL BUSINESS MACHINES (IBM)**
Hamden, CT and Tarrytown, NY
Account Marketing Representative; Staff Accountant

Responsible for sales and marketing of IBM hardware, software, and services to cross-industry clients in southern CT. Developed expertise in financial services and manufacturing. Achieved IBM Hundred Percent Clubs for exceeding sales targets and goals. (Educational leave of absence to attend law school from 1989-1992 while working summers at IBM in Hamden, CT and White Plains, NY.) Staff accountant in vendor and employee accounts payable responsible for >$1 million per day in payables.

EDUCATION

2012 – 2014	VERMONT COLLEGE OF FINE ARTS, MASTER OF FINE ARTS IN WRITING	**Montpelier, VT**
1989 – 1992	VERMONT LAW SCHOOL, *JURIS DOCTOR* (MOOT COURT FINALIST)	**S. Royalton, VT**
1980 – 1984	QUINNIPIAC UNIVERSITY, BA IN ENGLISH, AS IN ACCOUNTING, MINOR IN SPANISH (*MAGNA CUM LAUDE;* PRESIDENT/PRODUCER/ACTOR, QUINNIPIAC COLLEGE THEATRE WORKSHOP: PRODUCTIONS INCLUDED *ROCKY HORROR PICTURE SHOW* AS A FUNDRAISER, *HARVEY, OKLAHOMA, SOLID GOLD CADILLAC, PIPPIN*)	**Hamden, CT**
1984	ALLIANCE FRANÇAISE, SUMMER FRENCH LANGUAGE PROGRAM	**Paris, France**
1983	UNIVERSITY OF SALAMANCA, SUMMER SPANISH LANGUAGE PROGRAM	**Salamanca, Spain**

PROFESSIONAL MEMBERSHIPS

Member, Bars of the Vermont and Connecticut Supreme Courts (inactive & retired status), 1992 and 1995 - present
Member, Council for Advancement and Support of Education, 1995 - 2012
Member, Association of Fundraising Professionals, 1999 – 2010

BOARD/COMMITTEE EXPERIENCE

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Founder & Member, VCFA Student Diversity Committee, 2013-2014
Member and Chair, numerous search committees at Dartmouth and Tuck, 1998 - 2012
Member, Upper Valley Trails Alliance Board of Trustees, 2009 - 2011
Member, Thetford Academy Board of Trustees, 2006 - 2009
Founding Member, Thetford, VT Diversity Forum, 2004 - 2007
Member, Thetford School Board of Directors, 2003 – 2005

OTHER

Founder and Organizer, Lampshade Poets of the Upper Valley (2013 – present)
Volunteer, The Upper Valley Haven "19 Days of December," a B2B fundraising program for regional homeless shelter (2015 – 2018)
Founder & Volunteer, Lyme, NH "Skating on the Common Project" to develop and maintain a public skating rink on the Lyme town green (2014 – 2017)

PERSONAL

I've raced sailboats of all sizes and have sailed small boats through the Windward Islands and San Juan Islands, as well as from Martinique to Bonaire, Key West to Biloxi, and Miami to Baltimore offshore. I enjoy most outdoor activities including Nordic skiing, ice hockey, Nordic skating, bicycling, and hiking. I enjoy reading and writing poetry, fiction, and non-fiction.

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Key Personnel 6-10-21

Roger Osmun, PhD.	President/CEO	$170,000	2.50%	$4,250
Robert Gonyo	CFO	$92,700	2.50%	$2,318
Nancy Nowell	VP Clinical Services	$97,850	3.50%	$3,425
Cynthia Twombly	VP Operations	$92,700	2.50%	$2,318
Diane Roston, MD	Medical Director	$122,853	4.00%	$4,914
Dave Celone	Director of Development and Community Relations	$65,000	0.00%	
Susan White	Director of Human Resources	$66,950	0.00%	
				$17,225

State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Mental Health Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Lakes Region Mental Health Center, Inc ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017, (Late Item A), as amended on June 19, 2019, (Item #29), 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, 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, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $3,287,814.

3. Modify Exhibit A, Amendment #1, Scope of Services by replacing in its entirety with Exhibit A Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
5. Add Exhibit K, Amendment #2, DHHS Information Security Requirements, 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

6/14/2021
Date

DocuSigned by:
Katja Fox
ED9D05B04C63442...
Name: Katja Fox
Title: Director

Lakes Region Mental Health Center, Inc.

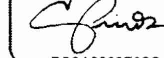
6/10/2021
Date

DocuSigned by:
Maggie Pritchard
02EC77673CB24BF...
Name: Maggie Pritchard
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

6/14/2021



DocuSigned by:
D5CA9202E32C4AE...

Date

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:

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 shall operate a Community Mental Health Center (CMHC) that provides services intended to promote recovery from mental illness for eligible residents in the State of New Hampshire (individuals) for Region 3. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.

1.4. Prior to termination of this contract the parties will agree on a plan for transition and destruction of confidential data in accordance with Exhibit K.

1.5. The Contractor shall provide individualized, recovery based services and supports in the manner that best allows each individual to stay within their home and community providing current treatment and recovery options that are based on scientific research and evidence based practices (EBP).

1.6. The Contractor acknowledges the requirements of the Community Mental Health Agreement (CMHA) and shall demonstrate progress toward meeting the following terms in the CMHA: 1.) Assertive Community Treatment Teams; 2.) Evidence-Based Supported Employment; and 3.) Transition planning for individuals at New Hampshire Hospital and Glencliff Home and 4.) Supported Housing. Further, the Contractor shall participate in annual Quality Service Reviews (QSR) conducted under the terms of the CMHA.

1.7. The Contractor shall enter into a capitation model of contracting with all NH Managed Care Organizations to support the delivery and coordination of behavioral health services and supports for children, youth, transition-aged youth, young adults, and adults.

1.8. The Contractor shall support the integration of physical and behavioral health as a standard of practice; implementing the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Levels of Collaboration/Integration to the maximum extent feasible.

1.9. The Contractor shall ensure that clinical standards and operating procedures are consistent with trauma-informed models of care, as defined by SAMHSA.

The clinical standards and operating procedures must reflect a focus on wellness, recovery, and resiliency.

1.10. The Contractor shall engage in ongoing implementation, service improvements, and expansion efforts associated with New Hampshire's 10 Year Mental Health Plan.

1.11. For the purposes of this agreement, all references to days shall mean calendar days unless otherwise specified.

1.12. The Contractor shall provide individuals, caregivers and youth the opportunity for feedback and leadership within the agency to help improve services in a person-centered manner when applicable and appropriate.

1.13. The Contractor shall ensure rapid access to services is available to each individual by offering an appointment slot on the same or next calendar day of the initial contact.

2. System of Care for Children's Mental Health

2.1. The Contractor shall collaborate with the Department on the implementation of NH RSA 135-F, System of Care for Children's Mental Health.

2.2. The Contractor shall provide services for children, youth, and young adults with serious emotional disturbance (SED) in a manner that aligns with NH RSA 135-F. The Contractor shall ensure services are:

2.2.1. Family Driven - services and supports are provided in a manner that best meets the needs of the family and the family goals;

2.2.2. Youth Driven - services and supports are provided in a manner that best meets the needs of the child, youth or young adult and that supports their goals;

2.2.3. Community Based - services and supports are provided in a manner that best allow children, youth, and young adults to stay within their home and community; and

2.2.4. Cultural and Linguistic Competent - Services are provided in a manner that honors a child, youth, or young adult and their family-identified culture, beliefs, ethnicity, preferred language, gender and gender identity and sexual orientation.

2.3. The Contractor shall collaborate with the FAST Forward program, ensuring services are available for all children and youth enrolled in the program.

2.4. The Contractor shall make referrals to the FAST Forward program for any child, youth, or young adult that may be eligible.

3. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

3.1. The Contractor shall maintain appropriate levels of certification through a contract with the Judge Baker Center for Children.

3.2. The Contractor shall ensure new and incoming staff work towards meeting a goal of 70% of their children and youth clients' needs with the evidence-based practice of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC).

3.3. The Contractor shall maintain a use of the Judge Baker's Center for Children (JBCC) TRAC system to support each case with MATCH-ADTC as the identified treatment modality.

3.4. The Contractor shall invoice BCBH through green sheets for:

3.4.1. The costs for both the certification of incoming therapists and the recertification of existing clinical staff, not to exceed the budgeted amount.

3.4.2. The full of the annual fees paid to the JBCC for the use of their TRAC system to support MATCH-ADTC.

4. Renew Sustainability (Rehabilitation for Empowerment, Education, and Work)

4.1. The Contractor shall provide the Rehabilitation for Empowerment, Education and Work (RENEW) intervention with fidelity to transition-aged youth who qualify for state-supported community mental health services, in accordance with the University of New Hampshire (UNH) -Institute On Disability (IOD) model.

4.2. The Contractor shall obtain support and coaching from the IOD at UNH to improve the competencies of implementation team members and agency coaches.

5. Division for Children, Youth and Families (DCYF)

5.1. The Contractor shall provide mental health consultation to staff at Division for Children, Youth and Families (DCYF) District Offices related to mental health assessments and/or ongoing treatment for children served by DCYF.

5.2. The Contractor shall provide Foster Care Mental Health Assessments for children and youth younger than eighteen (18) years of age who are entering foster care for the first time.

6. Crisis Services

6.1. If the Contractor has, or enters into, an agreement with a hospital to provide crisis services to individuals who are eligible, or presumed eligible in the emergency department, for Medicaid services, the Contractor may bill Medicaid according to fee schedules or MCO contracts for services rendered.

6.2. The Contractor shall document crisis services delivered in the emergency department setting as part of its Phoenix Submissions, in a format, and with

content, completeness, and timelines specified by the Department, ensuring documented information includes screenings performed, diagnosis codes, and referrals made.

6.3. The Contractor shall provide documentation of each collaborative relationship with acute care hospitals in its region, at the request of the Department.

6.4. The Contractor shall provide emergency services as defined in NH Administrative Rule He-M 403.06 (a)(6) and NH Administrative Rule He-M 426.09.

6.5. As part of the crisis resolution, the Contractor shall screen each individual for Assertive Community Treatment (ACT). If clinically appropriate, the Contractor shall:

6.5.1. Refer the individual for an expedited ACT assessment and/or intake and treatment upon discharge; or

6.5.2. Inform the appropriate regional CMHC in order to expedite the ACT assessment and/or intake and treatment upon discharge from emergency department or inpatient psychiatric or medical care setting, if the individual resides in a region other than the region in which the individual is receiving crisis services.

6.6. The Contractor shall not refer an individual for hospitalization at New Hampshire Hospital (NHH) unless the Contractor has determined that NHH is the least restrictive setting in which the individual's immediate psychiatric treatment needs can be met. The Contractor shall:

6.6.1. Make all reasonable efforts to ensure no other clinically appropriate bed is available at any other NH inpatient psychiatric unit, Designated Receiving Facility (DRF), Adult Psychiatric Residential Treatment Program (APRTP), Mobile Crisis apartments, or other step-up/step-down beds prior to referring an individual to NHH,

6.6.2. Work collaboratively with the Department and contracted Managed Care Organizations for the implementation of the Zero Suicide within emergency departments.

6.7. The Contractor shall provide services to individuals experiencing a psychiatric and/or substance use related crisis through a rapid response team that includes, but is not limited to:

6.7.1. One (1) Master's level clinician.

6.7.2. One (1) peer support specialist as defined by HeM 426.13(d)(4).

6.7.2.1. Bachelor's level staff or a Certified Recovery Support Worker (CRSW) may be substituted into the peer role up to 50% of FTE peer allocation.

6.7.3. Access to telehealth, including tele-psychiatry, for additional capacity, as needed.

6.8. The Contractor shall ensure all staff have the necessary qualifications as defined under New Hampshire Administrative Rule He-M 400, Community Mental Health, Parts 403 and 426.

6.9. The Contractor shall develop an implementation and/or transition plan with a timeline for transforming crisis services for Department approval no later than 30 days from the contract effective date. The Contractor shall ensure the implementation and/or transition plan includes, but is not limited to:

6.9.1. The plan to educate current community partners and individuals on the use of the Access Point Number.

6.9.2. Staffing adjustments needed in order to meet the full crisis response scope and titrated up to meet the 24/7 nature of this crisis response.

6.9.3. The plan to meet each performance measure over time.

6.9.4. How data will be sent to the Access Point if calls are received directly at the center and are addressed by the center during the transition period.

6.10. The Contractor shall work in tandem with the designated vendor providing services through the Rapid Response Access Point contract as approved by the Governor and Executive Council.

6.11. The Contractor shall enter into a Memorandum of Understanding within 30 days of contract effective date with the Rapid Response Access Point, which provides the Regional Response Teams information regarding the nature of the crisis through verbal and/or electronic communication including but not limited to:

6.11.1. The location of the crisis.

6.11.2. The safety plan either developed over the phone or on record from prior contact(s).

6.11.3. Any accommodations needed.

6.11.4. Treatment history of the individual, if known.

6.12. The Contractor shall promote the use of the telephone number for the Rapid Response Access Point as the primary contact for crisis services, which utilizes Global Positioning System (GPS) enabled technology to identify the closest and available Regional Response Team.

6.13. The Contractor shall ensure all rapid response team members participate in a crisis response training, as designated by the Department, which follows the concepts and topics identified in the National Guidelines for Crisis Care Best

Practice Toolkit published by the Substance Abuse and Mental health Services Administration (SAMHSA).

6.14. The Contractor shall provide the physical address of the physical location to the Rapid Response Access Point where the rapid response team may provide office-based urgent assessments.

6.15. The Contractor shall ensure a rapid response team is available twenty-four (24) hours per day, seven (7) days a week for deployment within their region and boarder regions, as directed by the Rapid Response Access Point.

6.16. The Contractor shall ensure the rapid response team is trained and available to provide crisis response services to avoid unnecessary hospitalization, incarceration or institutionalization. The Contractor shall ensure services include but are not limited to:

6.16.1. Face-to-face assessments.

6.16.2. Disposition and decision making.

6.16.3. Initial care and safety planning.

6.16.4. Post crisis and stabilization services.

6.17. The Contractor may utilize presumptive eligibility when responding to individuals who are not connected to a CMHC or who may be considered low utilizers.

6.18. The Contractor shall ensure the rapid response team responds to all dispatches either face-to-face in the community within one (1) hour of the request ensuring:

6.18.1. The response team includes a minimum of two (2) individuals for safety purposes, which includes a Master's level staff and a peer and/or BS and/or CRSW if occurring at locations based on individual and family choice that include but are not limited to:

6.18.1.1. In or at the individual's home.

6.18.1.2. In an individual's school setting.

6.18.1.3. Other natural environments of residence includingfoster homes.

6.18.1.4. Community settings.

6.18.1.5. Peer run agencies

6.18.2. The response team includes a minimum of one (1) Master's level team member if occurring at safe, staffed sites or public service locations which may include, but are not limited to:

6.18.2.1. Schools.

6.18.2.2. Jails.

6.18.2.3. Police departments.

6.18.2.4. Emergency departments.

6.18.3. A no-refusal policy upon triage and all requests for mobile response receive a response and assessment regardless of the individual's disposition, which may include current substance use.

6.18.4. Documented clinical rationale with administrative support when a mobile intervention is not provided.

6.18.5. Coordination with law enforcement personnel, if required, when responding to individuals in a mental health crisis presenting a safety concern or when active rescue is required. The Contractor shall:

6.18.5.1. Work in partnership with the Rapid Response Access Point and Department to establish protocols to ensure a bi-directional partnership with law enforcement.

6.18.6. A face-to-face lethality assessment as needed that includes, but is not limited to:

6.18.6.1. Obtaining a client's mental health history including, but not limited to:

6.18.6.1.1. Psychiatric, including recent inpatient hospitalizations and current treatment providers.

6.18.6.1.2. Substance misuse.

6.18.6.1.3. Social, familial and legal factors.

6.18.6.2. Understanding the client's presenting symptoms and onset of crisis.

6.18.6.3. Obtaining medication list, adherence to prescribed medications and brief medical history.

6.18.6.4. Conducting a mental status exam.

6.18.7. Developing a mutually agreed upon individualized safety plan and care disposition and decision making, with the client, which may include, but is not limited to:

6.18.7.1. Staying in place with:

6.18.7.1.1. Stabilization services;

6.18.7.1.2. A safety plan; and

6.18.7.1.3. Outpatient providers.

6.18.7.2. Stepping up to crisis stabilization services or apartments.

6.18.7.3. Admission to peer respite.

6.18.7.4. Voluntary hospitalization.

6.18.7.5. Initiation of Involuntary Emergency Admission (IEA).

6.18.7.6. Medical hospitalization.

6.19. The Contractor shall provide Crisis Stabilization Services, which are services and supports that are provided until the crisis episode subsides. The Contractor shall ensure:

6.19.1. Crisis Stabilization Services are delivered by the rapid response team for individuals who are in active treatment prior to the crisis in order to assist with stabilizing the individual and family as rapidly as possible.

6.19.2. Are provided in the individual and family home, as desired by the individual.

6.19.3. Stabilization services are implemented using methods that include, but are not limited to:

6.19.3.1. Involving peer support specialist(s) and/or Bachelor level crisis staff by providing follow up contact within forty-eight (48) hours post-crisis for all face-to-face interventions, which may include, but are not limited to:

6.19.3.1.1. Promoting recovery.

6.19.3.1.2. Building upon life, social and other skills.

6.19.3.1.3. Offering support.

6.19.3.1.4. Facilitating referrals.

6.19.3.2. Providing warm hand offs for post-crisis support services, including connecting back to existing treatment providers and/or providing a referral for additional peer support specialist contacts.

6.19.3.3. Providing crisis stabilization services with a Master's level clinician through short-term, trauma informed approaches, which may include, but are not limited to:

6.19.3.3.1. Cognitive Behavior Therapy (CBT).

6.19.3.3.2. Dialectical Behavior Therapy (DBT).

6.19.3.3.3. Solution-focused therapy.

6.19.3.3.4. Developing concrete discharge plans.

6.19.3.3.5. Providing substance use disorder assessment and counseling techniques for dually diagnosed individuals.

6.19.4. Crisis stabilization in a Residential Treatment facility for children and youth are provided by a Department certified and approved Residential Treatment Provider.

6.20. The Contractor may provide Sub-Acute Care services for up to 30 days to individuals who are not connected to any treatment provider prior to contact with the regional rapid response team or Regional Response Access Point in order assist individuals with bridging the gap between the crisis event and ongoing treatment services. The Contractor shall:

6.20.1. Ensure sub-acute care services are provided by the CMHC region in which the individual is expected to receive long-term treatment.

6.20.2. Work with the Rapid Response Access Point to conduct educational and outreach activities within the local community and to institutional stakeholders in order to promote appropriate referrals to, and the utilization of, rapid response team resources.

6.20.3. Work with the Rapid Response Access Point to ensure the community is aware of, and is able to, access rapid response mobile crisis services and supports through the outreach and educational plan of the Rapid Response Access Point outreach and educational plan, which includes but is not limited to:

6.20.3.1. A website that prominently features the Rapid Response Access Point phone number and links with information about Rapid Response and connectivity to the Rapid Response Access Point.

6.20.3.2. All newly printed appointment cards that include the Rapid Response Access point crisis telephone number as a prominent feature.

6.20.3.3. Direct communications with partners to the Rapid Response Access Point for crisis services and deployment.

6.20.4. Work with the Rapid Response Access Point to change existing patterns of hospital emergency departments (ED) for crisis response in the region and collaborate by:

6.20.4.1. Meeting regularly with local police and first responders to discuss interface, procedures, and collaborations to understand challenges and improve outcomes for individuals in the community;

6.20.4.2. Educating partners, clients and families on all diversionary services available, by encouraging early intervention;

6.20.4.3. Maintaining and developing relationships with local hospitals and work together to promote the use of the Rapid Response Access Point number and rapid response services, in order to reduce ED use;

6.20.4.4. Coordinating with homeless outreach services; and

6.20.4.5. Conducting outreach to at-risk seniors programming.

6.21. The Contractor shall ensure that within ninety (90) days of the contract effective date:

6.21.1. Connection with the Rapid Response Access Point and the identified GPS system that enables transmission of information needed to:

6.21.1.1. Determine availability of the Regional Rapid Response Teams;

6.21.1.2. Facilitate response of dispatched teams; and

6.21.1.3. Resolve the crisis intervention.

6.21.2. Connection to the designated resource tracking system.

6.21.3. A bi-directional referral system is in place with electronic scheduling to support information sharing that facilitates closed loop referrals and transmission of clinical triage summaries, safety plans and shared care plans with community providers.

6.22. The Contractor shall submit reports relative to the rapid response services provided in this agreement. The Contractor shall:

6.22.1. Document all contacts in the medical record for both State eligible and non-eligible individuals who receive regional rapid response team services.

6.22.2. Provide monthly reports by the fifteenth (15th) day of each month, on a template provided by the Department which includes, but is not limited to:

6.22.2.1. Number of unique individuals who received services.

6.22.2.2. Date and time of mobile arrival.

6.22.3. Submit information through the Department's Phoenix System beginning no later than six (6) months from the contract effective date, unless otherwise instructed on a temporary basis by the Department:

6.22.3.1. Diversions from hospitalizations;

6.22.3.2. Diversions from Emergency Rooms;

6.22.3.3. Services provided;

6.22.3.4. Location where services were provided;

6.22.3.5. Length of time service or services provided;

6.22.3.6. Whether law enforcement was involved for safety reasons;

6.22.3.7. Whether law enforcement was involved for other reasons;

6.22.3.8. Identification of follow up with the individual by a member of the Contractor's regional rapid response team within 48 hours post face-to-face intervention;

6.22.3.9. Indication that referral for ongoing mental health services following the immediate crisis was provided; and

6.22.3.10. Outcome of service provided, which may include but is not limited to:

6.22.3.10.1. Remained in home.

6.22.3.10.2. Hospitalization.

6.22.3.10.3. Crisis stabilization services.

6.22.3.10.4. Crisis apartment.

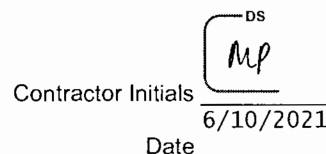
6.22.3.10.5. Emergency department.

6.23. The Contractor's performance will be monitored by ensuring Contractor performance by ensuring seventy (70%) of clients receive a post-crisis follow up from a member of the Contractor's regional rapid response team within forty-eight (48) hours of a face-to- face intervention, as identified through Phoenix encounter data.

7. Adult Assertive Community Treatment (ACT) Teams

7.1. The Contractor shall maintain Adult ACT Teams that meet the SAMHSA Model and are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00 A.M.. The Contractor shall ensure:

7.1.1. Adult ACT Teams deliver comprehensive, individualized, and flexible services, supports, targeted case management, treatment, and rehabilitation in a timely manner as needed, onsite in the individuals' homes and in other natural environments and community settings, or alternatively, via telephone where appropriate to meet the needs of the individual.



7.1.2. Each Adult ACT Team is composed of seven (7) to ten (10) dedicated professionals who make-up a multi-disciplinary team including, a psychiatrist, a nurse, a Masters-level clinician, or functional equivalent therapist, functional support worker and a full time equivalent (FTE) certified peer specialist.

7.1.3. Each Adult ACT Team includes an individual trained to provide substance abuse support services including competency in providing co-occurring groups and individual sessions, and supported employment.

7.1.4. Caseloads for Adult ACT Teams serve no more than twelve (12) individuals per Adult ACT Team member, excluding the psychiatrist who serves more than seventy (70) people served per 0.5 FTE psychiatrist, unless otherwise approved by the Department.

7.2. The Contractor shall ensure ACT staff, with the exception of psychiatrist and nurse, receive:

7.2.1. A minimum of 15 hours in basic ACT training within one (1) year of hire date that is consistent with the ACT EBP SAMHSA toolkit approved by BMHS.

7.2.2. A minimum of 4 hours of advanced ACT training of co-occurring disorders within fifteen (15) months of hire date that is consistent with the ACT EBP SAMSHA toolkit and Integrated Dual Disorder Model approved by BMHS.

7.3. The Contractor shall ensure Adult ACT Teams do not have waitlists for screening purposes and/or admission to the ACT Team. The Contractor shall ensure:

7.3.1. Individuals do not wait longer than 30 days for either assessment or placement.

7.3.2. Work with the Department at identifying solutions and appropriate levels of care for any individual waiting for Adult ACT Team services for more than 30 days in order to meet the demand for services and implement the solutions within forty-five (45) days.

7.3.3. Individuals receiving services from Adult ACT Team members, if psychiatrically hospitalized, are offered a same day or next day appointment with any Adult ACT Team member upon date of discharge.

7.4. The Contractor shall report its level of compliance with the above listed requirements on a monthly basis at the staff level in the format, and with content, completeness, and timeliness as specified by the Department as part of the Phoenix submissions, which are due no later than the 15th of the month.

The Department may waive this provision in whole or in part in lieu of an alternative reporting protocol, being provided under an agreement with the Department contracted Medicaid Managed Care Organizations. The Contractor shall:

7.4.1. Ensure services provided by the Adult ACT Team are identified in the Phoenix submissions as part of the ACT cost center.

7.4.2. Screen for ACT per Administrative Rule He-M 426.08, Psychotherapeutic Services.

7.4.3. Report all ACT screenings with the outcome of the screening to indicate whether the individual is appropriate for ACT, as part of the Phoenix submissions, or in the format, content, completeness, and timelines as specified by the Department.

7.4.4. Make a referral for an ACT assessment within (7) days of:

7.4.4.1. A screening outcome that an individual may be appropriate to receive ACT services.

7.4.4.2. An individual being referred for an ACT assessment.

7.4.5. Report the outcome of ACT assessments to the Department as part of the Phoenix submissions, in the format, content, completeness, and timelines as specified by the Department.

7.4.6. Ensure, fall individuals assessed as appropriate for ACT services are admitted to the ACT team caseload and begin receiving ACT services within seven (7) days, with the exception of individuals who decline such services, or are not available to receive such services for reasons that may include, but are not limited to:

7.4.6.1. Extended hospitalization or incarceration.

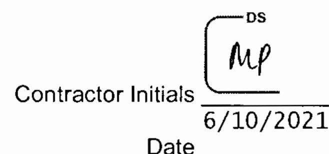
7.4.6.2. Relocation of individuals out of the Contractor's designated community mental health region.

7.4.7. Ensure, in the event that admitting the individual to the ACT Team caseload causes the ACT Team to exceed the caseload size limitations specified above, consultation with the Department to seek approval:

7.4.7.1. To exceed caseload size requirements, or

7.4.7.2. To provide alternative services to the individual until the individual can be admitted to the ACT caseload.

8. Evidence-Based Supported Employment (EBSE)



8.1. The Contractor shall gather employment status for all adults with Severe Mental Illness(SMI)/Severe Persistent Mental Illness (SPMI) at intake and every quarter thereafter.

8.2. The Contractor shall report the employment status for all adults with SMI/SMPI to the Department in the format, content, completeness, and timelines specified by the Department for individuals indicating a need for Evidence-Based Supported Employment (EBSE).

8.3. The Contractor shall provide a referral for all individuals who express an interest in receiving EBSE services to the Supported Employment (SE) team within seven (7) days.

8.4. The Contractor shall deemed the individual as waiting for SE services if the SE team cannot accommodate enrollment of SE services at which the individual will be added to the waitlist, which is reported to the Department, as specified by the Department.

8.5. The Contractor shall provide EBSE to eligible individuals in accordance with the SAMHSA and/or Dartmouth model.

8.6. The Contractor shall ensure EBSE services include, but are not limited to:

8.6.1. Job development.

8.6.2. Work incentive counseling.

8.6.3. Rapid job search.

8.6.4. Follow along supports for employed individuals.

8.6.5. Engagement with mental health treatment teams and local NH Vocational Rehabilitation services.

8.7. The Contractor shall ensure EBSE services do not have waitlists, ensuring individuals do not wait longer than 30 days for EBSE services. If waitlists are identified, Contractor shall:

8.7.1. Work with the Department to identify solutions to meet the demand for services; and

8.7.2. Implement such solutions within 45 days.

8.8. The Contractor shall maintain the penetration rate of individuals receiving EBSE at a minimum of 18.6 percent (18.6%) as per the CMHA agreement.

8.9. The Contractor shall ensure SE staff receive:

8.9.1. A minimum of 15 hours in basic training within one year of hire date as approved by the IPS Employment Center and approved by BMHS.

8.9.2. A minimum of 7 hours of advanced SE Job Development Training within 15 months of hire as approved by the IPS-SE Employment Center and BMHS.

9. Work Incentives Counselor Capacity Building

9.1. The Contractor shall employ a minimum of one FTE equivalent Work Incentive Counselor located onsite at the CMHC for a minimum of one (1) state fiscal year.

9.2. The Contractor shall ensure services provided by the Work Incentive Counselor include, but are not limited to:

9.2.1. Connecting individuals with and assisting individuals with applying for Vocational Rehabilitation services, ensuring a smooth referral transition.

9.2.2. Engaging individuals in supported employment (SE) and/or increased employment by providing work incentives counseling and planning.

9.2.3. Providing accurate and timely work incentives counseling for beneficiaries with mental illness who are pursuing SE and self-sufficiency.

9.3. The Contractor shall develop a comprehensive plans for individuals that include visualization of the impact of two or three different levels of income on existing benefits and what specific work incentive options individuals might use to:

9.3.1. Increase financial independence;

9.3.2. Accept pay raises; or

9.3.3. Increase earned income.

9.4. The Contractor shall develop comprehensive documentation of all individual existing disability benefits programs including, but not limited to:

9.4.1. SSA disability programs;

9.4.2. SSI income programs;

9.4.3. Medicaid, Medicare;

9.4.4. Housing Programs; and

9.4.5. Food stamps and food subsidy programs.

9.5. The Contractor shall collect data to develop quarterly reports in a format requested by the Department, on employment outcomes and work incentives counseling benefits that includes but is not limited to:

9.5.1. The number of benefits orientation presentations provided to individuals.

9.5.2. The number of individuals referred to Vocational Rehabilitation who receive mental health services.

9.5.3. The number of individuals who engage in SE services.

9.5.3.1. Percentage of individuals seeking part-time employment.

9.5.3.2. Percentage of individuals seeking full-time employment.

9.5.3.3. The number of individuals who increase employment hours to part-time and full-time.

9.6. The Contractor shall ensure the Work Incentive Counselor staff are certified to provide Work Incentives Planning and Assistance (WIPA) through the no-cost training program offered by Virginia Commonwealth University.

9.7. The Contractor shall collaborate with the Vocational Rehabilitation providers to develop the Partnership Plus Model to identify how Social Security funding will be obtained to support the Work Incentives Counselor position after Vocational Rehabilitation funding ceases.

9.8. The Department will monitor Contractor performance by reviewing data to determine outcomes that include:

9.8.1. An increased engagement of individuals in supported employment based on the SE penetration rate.

9.8.2. An increase in Individual Placement in both part-time and full-time employment and;

9.8.3. Improved fidelity outcomes specifically targeting:

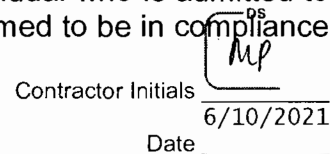
9.8.3.1. Work Incentives Planning

9.8.3.2. Collaboration between Employment Specialists & Vocational Rehab.

10. Coordination of Care from Residential or Psychiatric Treatment Facilities

10.1. The Contractor shall designate a member of its staff to serve as the primary liaison to New Hampshire Hospital (NHH) who works with the applicable NHH staff, payer(s), guardian(s), other community service providers, and the applicable individual, to assist with coordinating the seamless transition of care for individuals transitioning from NHH to community based services or transitioning to NHH from the community.

10.2. The Contractor shall not close the case of any individual who is admitted to NHH. Notwithstanding, the Contractor shall be deemed to be in compliance



with all Administrative He-M 408, Clinical Records rules regarding documentation if it is noted in the record that the individual is an inpatient at NHH or another treatment facility. All documentation requirements as per He-M 408 will be required to resume upon re-engagement of services following the individual's discharge from inpatient care.

10.3. The Contractor shall participate in transitional and discharge planning within 24 hours of admission to an inpatient facility.

10.4. The Contractor shall work with the Department, payers and guardians (if applicable) to review cases of individuals that NHH, Transitional Housing, or alternative treatment facility or the Contractor, have indicated will have difficulty returning to the community to identify barriers to discharge, and to develop an appropriate plan to transition into the community.

10.5. The Contractor shall make a face-to-face appointment available to an individual leaving NHH, Transitional Housing or alternative residential setting who desires to reside in the region served by the Contractor within seven (7) calendar days of receipt of notification of the individual's discharge, or within seven (7) calendar days of the individual's discharge, whichever is later.

10.6. The Contractor shall ensure individuals who are discharged and are new to a CMHC have an intake appointment within seven (7) calendar days. If the individual declines to accept the appointment, declines services, or requests an appointment to be scheduled beyond the seven (7) calendar days, the Contractor may accommodate the individual's request provided the accommodation is clinically appropriate, and does not violate the terms of a conditional discharge. The Contractor's Adult ACT Team must see individuals who are on the ACT caseload and transitioning from NHH into the community within 24 hours of NHH discharge.

10.7. The Contractor shall make all reasonable efforts to ensure that no appropriate bed is available at any other inpatient psychiatric unit, Designated Receiving Facility (DRF) per NH RSA 135-C and NH Administrative Rule He-M 405, Designation of Receiving Facilities, Mobile Crisis Apartment, Peer Support Recovery Center, or Adult Psychiatric Residential Treatment Program (APRTP) prior to referring an individual to NHH.

10.8. The Contractor shall collaborate with NHH and Transitional Housing Services (THS) to develop and execute conditional discharges from NHH to THS in order to ensure that individuals receive treatment in the least restrictive environment. The Department will review the requirements of NH Administrative Rule He-M 609 to ensure obligations under this section allow CMHC delegation to the THS vendors for clients who reside there.

10.9. The Contractor shall have all necessary staff members available to receive, evaluate, and treat individuals discharged from NHH seven (7) days per

week, consistent with the provisions in NH Administrative Rule He-M 403 and NH Administrative Rule He-M 426.

10.10. For individuals at NHH who formerly resided in the Contractor's designated community mental health region prior to NHH admission, who have been identified for transition planning to the Glencliff Home, the Contractor shall, at the request of the individual or guardian, or of NHH or Glencliff Home staff, participate in transition planning to determine if the individual can be supported in the Contractor's region with community based services and supports instead of transitioning to the Glencliff Home. In the event the individual would require supports from multiple funding sources or the Department's systems of care, the Contractor shall collaborate with additional Department staff at NHH's request, to address any barriers to discharge the individual to the community.

11. COORDINATED CARE AND INTEGRATED TREATMENT

11.1. Primary Care

11.1.1. The Contractor shall request written consent from each individual to allow the designated primary care provider to release information for the purpose of coordinating care regarding mental health services or substance misuse services or both.

11.1.2. The Contractor shall support each individual with linking to an available primary care provider, if the individual does not have an identified primary care provider, to:

11.1.2.1. Monitor health;

11.1.2.2. Provide medical treatment as necessary; and

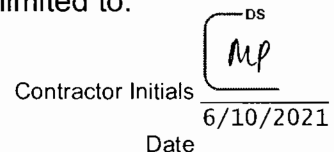
11.1.2.3. Engage in preventive health screenings.

11.1.3. The Contractor shall consult with each primary care provider at least annually, or as necessary, to integrate care between mental and physical health for each individual, which may include the exchange of pertinent information including, but not limited to medication changes or changes in the individual's medical condition.

11.1.4. The Contractor shall document on the release of information form the reason(s) written consent to release information was refused in the event an individual refuses to provide consent to release information.

11.2. Substance Misuse Treatment, Care and/or Referral

11.2.1. The Contractor shall provide services and meet requirements to address substance misuse and to support recovery intervention implementation, which include, but are not limited to:



11.2.1.1. Screening no less than 95% of eligible individuals for substance misuse at the time of intake, and annually thereafter.

11.2.1.2. Conducting a full assessment for substance misuse disorder and associated impairments for each individual that screens positive for substance use.

11.2.1.3. Developing an individualized service plan for each eligible individual based on information from substance misuse screening.

11.2.2. The Contractor shall utilize the SAMSHA evidence-based models for Co-Occurring Disorders Treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model.

11.2.3. The Contractor shall make all appropriate referrals if the individual requires additional substance use disorder care utilizing the current New Hampshire system of care, and ensuring linkage to and coordination with resources.

11.3. Area Agencies

11.3.1. The Contractor shall collaborate with the Area Agency that serves the region to address processes that include:

11.3.1.1. Enrolling individuals for services who are dually eligible for both organizations.

11.3.1.2. Ensuring transition-aged clients are screened for the presence of mental health and developmental supports and refer, link and support transition plans for youth leaving children's services into adult services identified during screening.

11.3.1.3. Following the "Protocol for Extended Department Stays for Individuals served by Area Agency" issued December 1, 2017 by the State of New Hampshire Department of Health and Humans Services, as implemented by the regional Area Agency.

11.3.1.4. Facilitating collaborative discharge planning meetings to assess individuals who are leaving NHH to re-engage them with both the CMHC and Area Agency representatives.

11.3.1.5. Ensuring annual training is designed and completed for intake, eligibility, and case management for dually

diagnosed individuals and that attendee's include intake clinicians, case-managers, service coordinators and other frontline staff identified by both CMHC's and Area Agencies. The Contractor shall ensure the training utilizes the Diagnostic Manual for Intellectual Disability 2 that is specific to intellectual disabilities, in conjunction with the DSM V.

11.3.1.6. Planning for each person who receives dual case management by outlining the responsibilities of each organization and expectations for collaboration between the organizations.

11.3.1.7. Participating in shared service annual treatment meetings to assess quality and progress towards treatment goals as well as monitoring continued need for dual services when waivers are required for services between agencies.

11.4. Peer Supports

11.4.1. The Contractor shall promote recovery principles and integrate peer support services through the agency, which includes, but is not limited to:

11.4.1.1. Employing peers as integrated members of the CMHC treatment team(s) with the ability to deliver conventional interventions that include case management or psychotherapy, and interventions uniquely suited to the peer role that includes intentional peer support.

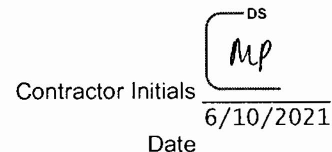
11.4.1.2. Supporting peer specialists to promote hope and resilience, facilitate the development and use of recovery-based goals and care plans, encourage treatment engagement and facilitate connections with natural supports.

11.4.1.3. Establishing working relationships with the local Peer Support Agencies, including any Peer Respite, step-up/step-down, and Clubhouse Centers and promote the availability of these services.

11.5. Transition of Care with MCO's

11.5.1. The Contractor shall ensure ongoing coordination occurs with the MCO Care Managers to support care coordination among and between services providers.

12. Supported Housing



12.1. The Contractor shall stand up a minimum of six (6) new supported housing beds, including but not limited to, transitional or community residential beds by December 31, 2021. The Contractor shall:

12.1.1. Submit a plan for expanding supported housing in the region including a budget to the Department for approval by August 15, 2021, that includes but is not limited to:

12.1.1.1. Type of supported housing beds.

12.1.1.2. Staffing plan.

12.1.1.3. Anticipated location.

12.1.1.4. Implementation timeline.

12.1.2. Provide reporting in the format and frequency requested by the Department that includes, but is not limited to:

12.1.2.1. Number of referrals received.

12.1.2.2. Number of individuals admitted.

12.1.2.3. Number of people transitioned into other local community residential settings.

13. CANS/ANSA or Other Approved Assessment

13.1. The Contractor shall ensure all clinicians providing community mental health services to individuals eligible for services in accordance with NH Administrative Rule He-M 426, are certified in the use of:

13.1.1. The New Hampshire version of the Child and Adolescent Needs and Strengths Assessment (CANS) if serving the child and youth population; and

13.1.2. The New Hampshire version of the Adult Needs and Strengths Assessment (ANSA), or other approved evidence based tool, if serving the adult population.

13.2. The Contractor shall ensure clinicians are maintain certification by through successful completion of a test provided by the Praed Foundation, annually.

13.3. The Contractor shall ensure ratings generated by the New Hampshire version of the CANS or ANSA assessment are:

13.3.1. Utilized to develop an individualized, person-centered treatment plan.

13.3.2. Utilized to document and review progress toward goals and objectives and to assess continued need for community mental health services.

13.3.3. Submitted to the database managed for the Department that allows client-level, regional, and statewide outcome reporting by the 15th of every month, in CANS/ANSA format.

13.3.4. Employed to assist in determining eligibility for State Psychiatric Rehabilitation services.

13.4. The Contractor shall complete documentation of re-assessments using the New Hampshire version of the CANS or ANSA 2.0 in accordance with NH Administrative Rule He-M 401.04-09 for eligibility determination and in accordance with NH Administrative Rule He-M 401.12-13 for periodic Individual Service Plan (ISP) reviews.

13.5. The Contractor may use an alternate evidence based, assessment tool that meets all ANSA 2.0 domains, subject to written Department approval. There is no alternate assessment tool allowed for the use of CANS. If an alternative tool is approved, monthly reporting of data generated by the Contractor must be in ANSA 2.0 format, to enable client-level, regional and statewide reporting.

13.6. The Contractor shall consult with the Medicaid Managed Care Organizations (MCO) to develop and implement a process that meets the MCOs' need to measure program effectiveness.

13.7. The Contractor shall correct all errors or complete all system corrections to ensure data is submitted in its entirety and completeness no later than six (6) months from contract effective date. Failure to complete all correction may result in withholding of funds until all corrections are completed.

14. Pre-Admission Screening and Resident Review

14.1. The Contractor shall assist the Department with Pre-Admission Screening and Resident Review (PASRR) to meet the requirements of the PASRR provisions of the Omnibus Budget Reconciliation Act of 1987.

14.2. Upon request by the Department, the Contractor shall:

14.2.1. Provide the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident; and

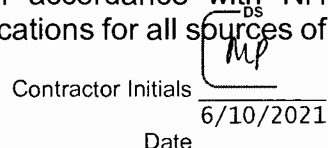
14.2.2. Conduct evaluations and examinations needed to provide the data to determine if an individual being screened or reviewed:

14.2.2.1. Requires nursing facility care; and

14.2.2.2. Has active treatment needs.

15. Application for Other Services

15.1. The Contractor shall assist eligible individuals in accordance with NH Administrative Rule He-M 401, with completing applications for all sources of



financial, medical, and housing assistance, according to their respective rules, requirements and filing deadlines. The Contract shall assist with applications that may include, but are not limited to:

15.1.1. Medicaid.

15.1.2. Medicare.

15.1.3. Social Security Disability Income.

15.1.4. Veterans Benefits.

15.1.5. Public Housing.

15.1.6. Section 8 Subsidies.

16. Community Mental Health Program (CMHP) Status

16.1. The Contractor shall meet the approval requirements of NH Administrative Rule He-M 403 as a governmental or non-governmental non-profit agency, or the contract requirement of NH RSA 135-C:3 as an individual, partnership, association, public or private, for profit or nonprofit, agency or corporation to provide services in the state mental health services system.

16.2. The Contractor shall provide all applicable documentation, policies and procedures, and shall participate in an onsite compliance review, as requested by the Department, to determine compliance with NH Administrative Rule He-M 403 and NH RSA 135-C:3. Compliance reviews will be at times to be determined by the Department, and will occur no less than once every five (5) years.

17. Quality Improvement

17.1. The Contractor shall perform, or cooperate with the performance of, quality improvement and/or utilization review activities, as are determined to be necessary and appropriate by the Department within timeframes reasonably specified by the Department.

17.2. The Contractor shall cooperate with the Department-conducted individual satisfaction survey. The Contractor shall:

17.2.1. Furnish information necessary, within HIPAA regulations, to complete the survey.

17.2.2. Furnish complete and current contact information so that individuals may be contacted to participate in the survey.

17.2.3. Support the efforts of the Department to conduct the survey.

17.2.4. Encourage all individuals sampled to participate.

17.2.5. Display posters and other materials provided by the Department to explain the survey and otherwise support attempts by the Department to increase participation in the survey.

17.3. The Contractor shall demonstrate efforts to incorporate findings from their individual survey results into their Quality Improvement Plan goals.

17.4. The Contractor shall engage and comply with all aspects of fidelity reviews based on a model approved by the Department and on a schedule approved by the Department.

18. Maintenance of Fiscal Integrity

18.1. The Contractor shall submit to the Department the Balance Sheet, Profit and Loss Statement, and Cash Flow Statement for the Contractor and all related parties that are under the Parent Corporation of the mental health provider organization each month.

18.2. The Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. These statements shall be individualized by providers, as well as a consolidated (combined) statement that includes all subsidiary organizations.

18.3. Statements shall be submitted within thirty (30) calendar days after each month end, and shall include, but are not limited to:

18.3.1. Days of Cash on Hand:

18.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

18.3.1.2. Formula: Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

18.3.1.3. Performance Standard: The Contractor shall have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed.

18.3.2. Current Ratio:

18.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

18.3.2.2. Formula: Total current assets divided by total current liabilities.

18.3.2.3. Performance Standard: The Contractor shall maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

18.3.3. Debt Service Coverage Ratio:

18.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

18.3.3.2. Definition: The ratio of Net Income to the year to date debt service.

18.3.3.3. Formula: Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.

18.3.3.4. Source of Data: The Contractor's Monthly Financial Statements identifying current portion of long-term debt payments (principal and interest).

18.3.3.5. Performance Standard: The Contractor shall maintain a minimum standard of 1.2:1 with no variance allowed.

18.3.4. Net Assets to Total Assets:

18.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

18.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

18.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

18.3.4.4. Source of Data: The Contractor's Monthly Financial Statements.

18.3.4.5. Performance Standard: The Contractor shall maintain a minimum ratio of .30:1, with a 20% variance allowed.

18.4. In the event that the Contractor does not meet either:

18.4.1. The standard regarding Days of Cash on Hand and the standard regarding Current Ratio for two (2) consecutive months; or

18.4.2. Three (3) or more of any of the Maintenance of Fiscal Integrity standards for three (3) consecutive months:

18.4.2.1. The Department may require that the Contractor meet with Department staff to explain the reasons that the Contractor has not met the standards.

18.4.2.2. The Department may require the Contractor to submit a comprehensive corrective action plan within thirty (30) calendar days of notification and plan shall be updated at least every thirty (30) calendar days until compliance is achieved.

18.4.2.3. The Department may request additional information to assure continued access to services.

18.4.2.4. The Contractor shall provide requested information in a timeframe agreed upon by both parties.

18.5. The Contractor shall inform the Director of the Bureau of Mental Health Services (BMHS) by phone and by email within twenty-four (24) hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement

18.6. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement. These reports are due within thirty (30) calendar days after the end of each month.

18.7. The Contractor shall provide its Revenue and Expense Budget within twenty (20) calendar days of the contract effective date.

18.8. The Contractor shall complete the Fiscal Year Revenue and Expense Budget on a form supplied by the Department, which shall include but not be limited to, all the Contractor's cost centers. If the Contractor's cost centers are a combination of several local cost centers, the Contractor shall display them separately as long as the cost center code is unchanged.

18.9. The Contractor shall provide quarterly Revenue and Expense Reports (Budget Form A), within thirty (30) calendar days after the end of each fiscal quarter, defined as July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

19. Reduction or Suspension of Funding

19.1. In the event that the State funds designated as the Price Limitation in Form P-37, General Provisions, Block 1.8. of the General Provisions are materially reduced or suspended, the Department shall provide prompt written notification to the Contractor of such material reduction or suspension.

19.2. In the event that the reduction or suspension in federal or state funding shall prevent the Contractor from providing necessary services to individuals, the

Contractor shall develop a service reduction plan, detailing which necessary services will no longer be available.

19.3. Any service reduction plan is subject to approval from the Department, and shall include, at a minimum, provisions that are acceptable to the Department, with services that include, but are not limited to:

19.3.1. Evaluation of and, if eligible, an individual service plan for all new applicants for services.

19.3.2. Emergency services for all individuals.

19.3.3. Services for individuals who meet the criteria for involuntary admission to a designated receiving facility.

19.3.4. Services to individuals who are on a conditional discharge pursuant to RSA 135-C:50 and NH Administrative Rule He-M 609.

20. Elimination of Programs and Services by Contractor

20.1. The Contractor shall provide a minimum thirty (30) calendar days written notice prior to any reductions in delivery of services, or notice as soon as possible if the Contactor is faced with a more sudden need to reduce delivery of services.

20.2. The Contractor shall consult and collaborate with the Department prior to elimination or reduction of services in order to reach a mutually agreeable solution as to the most effective way to provide necessary services.

20.3. The Department reserves the right to require the Contractor to participate in a mediation process with the Commissioner of the Department of Health and Human Services, and to invoke an additional thirty (30) calendar day extension in the event of a proposal to reduce or eliminate any contracted services.

20.4. If the parties are still unable to come to a mutual agreement within the thirty (30) calendar day extension, the Contractor may proceed with its proposed program change(s) so long as proper notification to eligible individuals is provided.

20.5. The Contractor shall not redirect funds allocated in the budget for the program or service that has been eliminated or substantially reduced to another program or service without the mutual agreement of both parties.

20.6. In the event that an agreement cannot be reached, the Department shall control the expenditure of the unspent funds.

21. Data Reporting

21.1. The Contractor shall submit any data needed to comply with federal or other reporting requirements to the Department or contractor designated by the Department.

21.2. The Contractor shall submit all required data elements via the Phoenix system except for the CANS/ANSA and Projects for Assistance in Transition from Homelessness (PATH) program data, as specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

21.3. The Contractor shall submit individual demographic and encounter data, including data on non-billable individual-specific services and rendering staff providers on all encounters, to the Department's Phoenix system, or its successors, in the format, content, completeness, frequency, method and timeliness as specified by the Department. Individual data must include a Medicaid ID number for individuals who are enrolled in Medicaid.

21.4. The Contractor shall include client eligibility with all Phoenix services in alignment with current reporting specifications. For an individual's services to be considered BMHS eligible, SPMI, SMI, Low Utilizer (LU), SED, and Severe Emotional Disturbance Interagency (SEDIA) are acceptable.

21.5. The Contractor shall meet the general requirements for the Phoenix system which include, but are not limited to:

21.5.1. Agreeing that all data collected in the Phoenix system, which is Confidential Data as defined by Exhibit K, is the property of the Department to use as it deems necessary.

21.5.2. Ensuring data files and records are consistent with file specification and specification of the format and content requirements of those files.

21.5.3. Ensuring that errors in data returned to the Contractor are corrected and resubmitted to the Department within ten (10) business days.

21.5.4. Ensuring data is current and updated in the Contractor's systems as required for federal reporting and other reporting requirements and as specified by the Department.

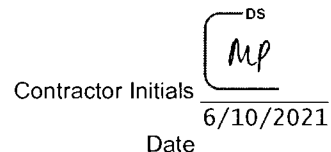
21.5.5. Implementing review procedures to validate data submitted to the Department to confirm:

21.5.5.1. All data is formatted in accordance with the file specifications;

21.5.5.2. No records will reject due to illegal characters or invalid formatting; and

21.5.5.3. The Department's tabular summaries of data submitted by the Contractor match the data in the Contractor's system.

21.6. The Contractor shall meet the following standards:



21.6.1. Timeliness: monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data unless otherwise approved by the Department, and the Contractor shall review the Department's tabular summaries within five (5) business days.

21.6.2. Completeness: submitted data must represent at least ninety-eight percent (98%) of billable services provided, and ninety-eight percent (98%) individuals served by the Contractor.

21.6.3. Accuracy: submitted service and member data shall conform to submission requirements for at least ninety-eight percent (98%) of the records, and one-hundred percent One–hundred percent (100%) of unique member identifiers shall be accurate and valid.

21.7. The Department may waive requirements for fields in Phoenix on a case by case basis through a written waiver communication that specifies the items being waived. In all circumstances:

21.7.1. The waiver length shall not exceed 180 days.

21.7.2. Where the Contractor fails to meet standards, the Contractor shall submit a corrective action plan within thirty (30) calendar days of being notified of an issue.

21.7.3. After approval of the corrective action plan, the Contractor shall implement the plan.

21.7.4. Failure of the Contractor to implement the plan may require:

21.7.4.1. Another plan; or

21.7.4.2. Other remedies, as specified by the Department.

22. Behavioral Health Services Information System (BHSIS)

22.1. The Contractor may receive funding for data infrastructure projects or activities, depending upon the receipt of federal funds and the criteria for use of those funds, as specified by the federal government. The Contractor shall ensure funding-specific activities include:

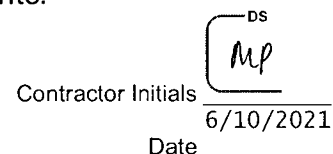
22.2. Identification of costs associated with client-level Phoenix and CANS/ANSA databases including, but not limited to:

22.2.1. Rewrites to database and/or submittal routines.

22.2.2. Information Technology (IT) staff time used for re-writing, testing or validating data.

22.2.3. Software and/or training purchased to improve data collection.

22.2.4. Staff training for collecting new data elements.



22.2.5. Development of any other BMHS-requested data reporting system.

22.3. Progress Reports from the Contractor that:

22.3.1. Outline activities related to Phoenix database;

22.3.2. Include any costs for software, scheduled staff trainings; and

22.3.3. Include progress to meet anticipated deadlines as specified.

23. Deaf Services

23.1. The Contractor shall work with the Deaf Services Team, employed by Region 6, for all individuals seeking services who would benefit from receiving treatment in American Sign Language (ASL) or from staff who are specially trained to work with the deaf and hard of hearing population.

23.2. The Contractor shall work with the Deaf Services Team in Region 6 for consultation on disposition and treatment planning, as appropriate.

23.3. The Contractor shall ensure treatment plans take the importance of access to culturally and linguistically appropriate services on treatment outcomes into consideration.

23.4. The Contractor shall ensure services are client-directed, which may result in:

23.4.1. Clients being seen only by the Deaf Services Team through CMHC Region 6;

23.4.2. Care being shared across the regions; or

23.4.3. The individual's local CMHC providing care after consultation with the Deaf Services Team.

24. Refugee Interpreter Services

24.1. The Contractor shall ensure general funds are used to provide language interpreter services for eligible uninsured, non-English speaking refugees receiving community mental health services through the mental health provider.

24.2. The Contractor qualifies for general funds for Refugee Interpreter Services because it is located in one of the primary refugee resettlement areas in New Hampshire.

Method and Conditions Precedent to Payment

1. This Agreement is funded by:
   1.1. 99.15% General funds.
   1.2. 0.85% Other funds. Behavioral Health Services Information System (BHSIS), U. S. Department of Health and Human Services
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The State shall pay the Contractor an amount not to exceed the Price Limitation, specified in Form P-37, General Provisions, Block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Amendment #2 Scope of Services.
4. The Contractor agrees to provide the services in Exhibit A, Amendment #2 Scope of Services in compliance with funding requirements.
5. The Contractor shall provide a Revenue and Expense Budget on a Department-provided template, within twenty (20) business days from the contract effective date, for Department approval.
6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:
   7.1. For Medicaid enrolled individuals:
      7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
      7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
   7.2. For individuals with other insurance or payors:
      7.2.1. The Contractor shall directly bill the other insurance or payors.
8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the below table define how many units to report or bill.

Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit
23-37 minutes	2 units

38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:

9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program to be Funded	SFY2018 Amount	SFY2019 Amount	SFY2020 Amount	SFY2021 Amount	SFY2022 Amount
Div. for Children Youth and Families (DCYF) Consultation	$ 1,770	$ 1,770	$ 1,770	$ 1,770	$ 1,770
Emergency Services	$ 94,170	$ 94,170	$ 94,170	$ 94,170	$ 94,170
Crisis Service Transformation Including Mobile Crisis (effective SFY 22)	-	-	-		$ 1,081,924
Assertive Community Treatment Team (ACT) - Adults	$ 225,000	$ 225,000	$ 225,000	$ 225,000	$ 225,000
ACT Enhancement Payments	-	$ 25,000	-	-	$ 12,500
Behavioral Health Services Information System (BHSIS)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 10,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)	-	$ 4,000	$ 5,000	$ 5,000	$ 5,000
Rehabilitation for Empowerment, Education and Work (RENEW)	$ 3,945	$ 3,945	$ 6,000	$ 6,000	$ 6,000
Housing Bridge Start Up Funding	-	$ 25,000	-	-	-
General Training Funding	-	$ 10,000	-	-	$ 5,000
System Upgrade Funding	-	$ 30,000	-	-	$ 15,000
Refugee Interpreter Services	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
VR Work Incentives	-	-	-	-	$ 80,000
System of Care 2.0	-	-	-	-	$ 5,300
Total	**$ 334,885**	**$ 428,885**	**$ 341,940**	**$ 341,940**	**$ 1,546,664**

9.2. Payment for each contracted service in the above table shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department-approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the Department approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of the Department, result in financial penalties not greater than the amount of the directed expenditure.

9.4. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each Department approved invoice for Contractor services provided pursuant to this Agreement.

9.6. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of **$73.75** per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Amendment #2, Scope of Services, Division for Children, Youth, and Families (DCYF).

9.7. Emergency Services: The Department shall reimburse the Contractor only for those Emergency Services provided to clients defined in Exhibit A, Amendment #2 Scope of Services, Provision of Crisis Services. Effective July 1, 2021 the Contractor shall bill and seek reimbursement for mobile crisis services provided to individuals pursuant to this Agreement as follows:

9.7.1. For Medicaid enrolled individuals through the Department Medicaid Fee for Service program in accordance with the current, publically posted Fee for Service (FFS) schedule located at NHMMIS.NH.gov.

9.7.2. For Managed Care Organization enrolled individuals the Contractor shall be reimbursed pursuant to the Contractor's agreement with the applicable Managed Care Organization for such services.

9.7.3. For individuals with other health insurance or other coverage for the services received, the Contractor shall directly bill the other insurance or payors.

9.7.4. For individuals without health insurance or other coverage for the services received, and for operational costs contained in Exhibits B, Amendment #2 Methods and Conditions Precedent to Payment or which the Contractor cannot otherwise seek reimbursement from an insurance or third-party payer, the Contractor shall directly bill Department to access contract funds provided through this Agreement.

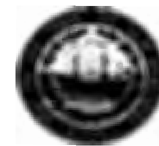
9.7.4.1. Invoices of this nature shall include general ledger detail indicating the Department is only being invoiced for net expenses, shall only be reimbursed up to the current Medicaid rate for the services provided and contain the following items for each client and line item of service:

9.7.4.1.1. First and last name of client.

9.7.4.1.2. Date of birth.

9.7.4.1.3. Medicaid ID Number.

9.7.4.1.4. Date of Service identifying date, units, and any possible third party reimbursement received.



9.7.4.2. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in the Department-approved budget.

9.7.4.2.1. The Contractor shall submit a Mobile Crisis Budget on a Department-provided template within twenty (20) business days from the contract effective date, for Department approval.

9.7.4.2.2. Law enforcement is not an authorized expense.

9.8. Crisis Service Transformation Including Mobile Crisis: Funding is subject to the transformation of crisis services as evidenced by achieving milestones identified in the transition plan in Exhibit A, Amendment #3 Scope of Services, Section 7, Rapid Response, Subsection 7.3, and subject to the terms as outlined above.

9.9. Crisis Transformation Startup Funds: Payment for start-up period expenses incurred by the Contractor shall be made by the Department based on the start-up amount of ***$293,500***; the total of all such payments shall not exceed the specified start-up amount total and shall not exceed the total expenses actually incurred by the Contractor for the start-up period. All Department payments to the Contractor for the start-up period shall be made on a cost reimbursement basis.

Startup Cost	Total Cost
Recruitment Startup	$50,000
IT Consultation & Development	$3,000
General Supplies & IT Equipment, Supplies	$27,000
Training	$3,500
Renovations	$10,000
Vans	$200,000

9.10. Assertive Community Treatment Team (ACT) Adults): The Contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A, Amendment #2 Scope of Services, Adult Assertive Community Treatment (ACT) Teams.

ACT Costs	**INVOICE TYPE**	**TOTAL COST**
Invoice based payments on invoice	Programmatic costs as outlined on invoice by month	$225,000
ACT Enhancements	Agencies may choose one of the following for a total of 5 (five) one time payments of $5000.00. Each item may only be reported on one time for payment.	$25,000 in SFY 2019, $12,500 per SFY for 2022

	1. Agency employs a minimum of .5 Psychiatrist on Team based on SFY 19 or 20 Fidelity Review. 2. Agency receives a 4 or higher score on their SFY 19 or 20 Fidelity Review for Consumer on Team, Nurse on Team, SAS on Team, SE on Team, or Responsibility for crisis services. ACT Incentives can be drawn down upon completion of the CMHC FY22 Fidelity Review. $6,250 can be drawn down for each incentive to include; intensity and frequency of individualized client care to total $12,500. Intensity of services must be measured between 50-84 minutes of services per client per week on average. Frequency of service for an individual must be between 2-3 times per client per week.	

9.11. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A, Amendment #2 Scope of Services.

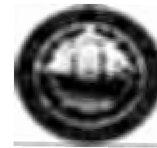
9.12. MATCH: Funds to be used to support services and trainings outlined in Exhibit A, Amendment #2 Scope of Services. The breakdown of this funding per SFY effective SFY 2020 is outlined below.

TRAC COSTS	CERTIFICATION OR RECERTIFICATION	TOTAL COST
$2,500	$250/Person X 10 People = $2,500	$5,000

9.13. RENEW Sustainability Continuation: DHHS shall reimburse the Contractor for RENEW Activities outlined in Exhibit A, Amendment #2 Scope of Services, RENEW Sustainability. RENEW costs will be billed on green sheets and will have detailed information regarding the expense associated with each of the following items, not to exceed ***$6,000*** annually. Funding can be used for training of new facilitators; training for an Internal Coach; coaching Institute On Disability IOD for facilitators, coach, and implementation teams; and travel costs.

9.14. Housing Support Services including Bridge: The Contractor shall be paid based on a one-time cost for Housing Services outlined below. Funds to be used for the provision of services as outlined in Exhibit A, Amendment #2, in SFY 2019.

HOUSING SERVICES	INVOICE TYPE	TOTAL COST
Hire of a designated housing support staff	One time payment	$15,000



Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A	One time payment	$10,000

9.15. General Training Funding: Funds are available in SFY 2019 and SFY 2022 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.16. System Upgrade Funding: One time funds available in SFY 2019 and SFY 2022 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Data Reporting. Funds may also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B, Amendment #1, ensuring invoices specify purposes for use of funds.

9.17. Refugee Interpreter Services: Funding to support interpreter services outlined in Exhibit A, Amendment #2 Scope Services.

9.18. System of Care 2.0: Funds are available in SFY 2022 to support associated program expenses as outlined in the below budget table.

Clinical training for expansion of MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems) program	$5,000
Indirect Costs (not to exceed 6%)	$300
Total	**$5,300**

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

New Hampshire Department of Health and Human Services

Exhibit K, Amendment #2

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all non-public information owned, managed, created, received for or on behalf of, the Department that is protected by information security, privacy or confidentiality rules, Agreement and state and federal laws or policy. This information may include but is not limited to, derivative data, Protected Health Information (PHI), Personally Identifiable Information (PII), Substance Use Disorder Information (SUD), Federal Tax Information, Social Security Administration, and CJIS (Criminal Justice Information Services) data, including the copy of information submitted known as the Phoenix Data. Confidential Information or Confidential Data shall not include medical records produced and maintained by the contractor in the course of their practice or information owned by the patient/client. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the contractor

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives Confidential Data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or Confidential data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

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

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that Confidential Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees Confidential Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the Confidential Data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting Confidential Data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is <u>encrypted</u> and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to

access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the Confidential Data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. If it is infeasible to return or destroy the Confidential Data, protections pursuant to this Information Security Requirements Exhibit survive this contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process Confidential Data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.
6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting

infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such Confidential Data upon request or contract termination; and will obtain written certification for any State of New Hampshire Confidential Data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire Confidential Data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the Confidential Data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate Confidential Data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the Confidential Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to

contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. Omitted.

10. The Contractor will not store, knowingly or unknowingly, any Confidential Data or State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the

level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

    e. limit disclosure of the Confidential Information to the extent permitted by law.

    f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

    g. only authorized End Users may transmit the Confidential Data, including any

derivative files containing personally identifiable information, and in all cases, such Confidential Data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

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VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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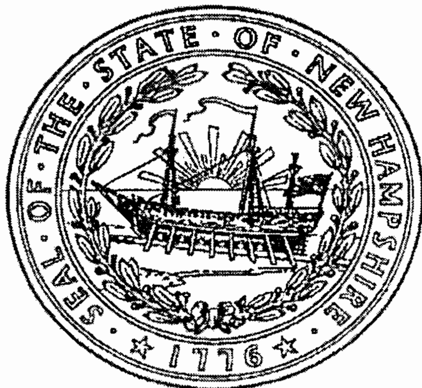
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE LAKES REGION MENTAL HEALTH CENTER, INC is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on July 14, 1969. 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: **64124**
Certificate Number: **0005380007**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 11th day of June A.D. 2021.

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Matthew Soza, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of The Lakes Region Mental Health Center, Inc.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 22, 2021, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Margaret M. Pritchard, CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of the Lakes Region Mental Health Center, Inc. to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: May 22, 2021

Matthew Soza
Signature of Elected Officer
Name: Matthew Soza
Title: Co-Treasurer

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/26/2020

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).

PRODUCER	CONTACT NAME: Jeffrey Morrissette	
MTM Insurance Associates	PHONE (A/C, No, Ext): (978) 681-5700	FAX (A/C, No): (978) 681-5777
1320 Osgood Street	E-MAIL ADDRESS: certificates@mtminsure.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
North Andover MA 01845	INSURER A: ACE AMERICAN INSURANCE COMPANY	
INSURED	INSURER B: AIM Mutual Insurance Company	
The Lakes Region Mental Health Center, Inc.	INSURER C:	
40 Beacon Street East	INSURER D:	
	INSURER E:	
Laconia NH 03246	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2020 Master **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	[X] COMMERCIAL GENERAL LIABILITY; [ ] CLAIMS-MADE [X] OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC; OTHER:			SVRD37803601010	06/26/2020	06/26/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 250,000
							MED EXP (Any one person)	$ 25,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY; [ ] ANY AUTO; [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS; [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			CALH08618574010	06/26/2020	06/26/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [X] OCCUR; [ ] EXCESS LIAB [ ] CLAIMS-MADE; [ ] DED [X] RETENTION $ 10,000			XOOG25516540010	06/26/2020	06/26/2021	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N; If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		ECC-600-4000907-2020A	06/26/2020	06/26/2021	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability			OGLG2551662A010	06/26/2020	06/26/2021	Occurrence per Incident	5,000,000
							Aggregate Limit	7,000,000
							Retro Date	6/26/2011

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

This certificate of insurance represents coverage currently in effect and may or may not be in compliance with any written contract.

CERTIFICATE HOLDER	CANCELLATION
State of New Hampshire 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

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Lakes Region
Mental Health Center

Mission Vision & Values

Lakes Region Mental Health Center's mission is to provide integrated mental and physical health care for people with mental illness while creating wellness and understanding in our community.

(Revised & Approved by the Board of Directors, 9/15/15)

Our Vision

Lakes Region Mental Health Center is the community leader providing quality, accessible and integrated mental and physical health services, delivered with dedication and compassion.

(Revised & Approved by the Board of Directors, 9/15/15)

Our Values

RESPECT	We conduct our business and provide services with respect and professionalism.
ADVOCACY	We advocate for those we serve through enhanced collaborations, community relations and political action.
INTEGRITY	We work with integrity and transparency, setting a moral compass for the agency.
STEWARDSHIP	We are effective stewards of our resources for our clients and our agency's health.
EXCELLENCE	We are committed to excellence in all programming and services.

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The Lakes Region Mental Health Center, Inc.

FINANCIAL STATEMENTS

June 30, 2020

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The Lakes Region Mental Health Center, Inc.
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Statement of Functional Expenses	16

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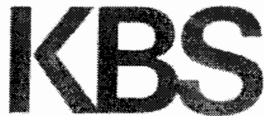

Kittell Branagan & Sargent
Certified Public Accountants
Vermont License # 167

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
of The Lakes Region Mental Health Center, Inc.

We have audited the accompanying financial statements of The Lakes Region Mental Health Center, Inc. (a nonprofit organization) which comprise of the statement of financial position as of June 30, 2020, and the related statement of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Lakes Region Mental Health Center, Inc. as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Analysis of Accounts Receivables, the Analysis of BBH Revenues, Receipts & Receivables and schedules of functional public support, revenues and expenses on pages 13-16 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kittell, Branagan + Sargent

St. Albans, Vermont
September 30, 2020

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The Lakes Region Mental Health Center, Inc.
STATEMENT OF FINANCIAL POSITION
June 30, 2020

ASSETS

CURRENT ASSETS	
Cash	$ 4,270,465
Investments	1,730,350
Accounts receivable (net of $1,676,000 allowance)	980,344
Prepaid expenses and other current assets	56,457
TOTAL CURRENT ASSETS	7,037,616
PROPERTY AND EQUIPMENT - NET	5,695,451
TOTAL ASSETS	$ 12,733,067

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	
Accounts payable	$ 151,612
Current portion long-term debt	869,890
Accrued payroll and related	721,472
Deferred income	336,652
Accrued vacation	394,151
Accrued expenses	62,791
TOTAL CURRENT LIABILITIES	2,536,568
LONG-TERM DEBT, less current portion	
Notes and Bonds Payable	5,255,763
Less: unamortized debt issuance costs	(86,992)
TOTAL LONG-TERM LIABILITIES	5,168,771
TOTAL LIABILITIES	7,705,339
NET ASSETS	
Net assets without donor restrictions	5,027,728
TOTAL LIABILITIES AND NET ASSETS	$ 12,733,067

See Notes to Financial Statements

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The Lakes Region Mental Health Center, Inc.
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
For the Year Ended June 30, 2020

	Net Assets without Donor Restrictions
PUBLIC SUPPORT AND REVENUES	
Public support -	
Federal	$ 375,343
State of New Hampshire - BBH	710,479
Other public support	294,591
Total Public Support	1,380,413
Revenues -	
Program service fees	12,694,063
Rental income	85,938
Other revenue	492,378
Total Revenues	13,272,379
TOTAL PUBLIC SUPPORT AND REVENUES	14,652,792
EXPENSES	
BBH funded program services -	
Children Services	2,854,685
Multi-service	6,216,852
ACT	1,243,654
Emergency Services	1,157,090
Housing Services	876,871
Non-Eligible	481,365
Non-BBH funded program services	1,338,732
TOTAL EXPENSES	14,169,249
INCREASE IN NET ASSETS FROM OPERATIONS	483,543
OTHER INCOME	
Gain on sale of fixed asset	212,252
Investment income	56,651
TOTAL OTHER INCOME	268,903
TOTAL INCREASE IN NET ASSETS	752,446
NET ASSETS, beginning	4,275,282
NET ASSETS, ending	$ 5,027,728

See Notes to Financial Statements.

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The Lakes Region Mental Health Center, Inc.
STATEMENT OF CASH FLOWS
For the Year Ended June 30, 2020

CASH FLOWS FROM OPERATING ACTIVITIES	
Increase in net assets	$ 752,446
Adjustments to reconcile to net cash provided by operations:	
Depreciation and Amortization	302,827
Gain on sale of asset	(212,252)
Unrealized loss on investments	56,102
(Increase) decrease in:	
Accounts receivable	264,679
Prepaid expenses	87,127
Increase (decrease) in:	
Accounts payable & accrued liabilities	134,169
Deferred income	236,617
NET CASH PROVIDED BY OPERATING ACTIVITIES	1,621,715
CASH FLOWS FROM INVESTING ACTIVITIES	
Proceeds from sale of assets	290,940
Purchases of property and equipment	(201,616)
Net investment activity	(110,252)
NET CASH (USED) BY INVESTING ACTIVITIES	(20,928)
CASH FLOWS FROM FINANCING ACTIVITIES	
Proceeds from issuance of debt	1,687,500
Principal payments on long-term debt	(103,988)
NET CASH PROVIDED BY FINANCING ACTIVITIES	1,583,512
NET INCREASE IN CASH	3,184,299
CASH AT BEGINNING OF YEAR	1,086,166
CASH AT END OF YEAR	$ 4,270,465
SUPPLEMENTAL DISCLOSURE	
Cash Payments for Interest	$ 126,950
Fixed Assets Acquired through Acquisition of Long-Term Debt	$ 249,537

See Notes to Financial Statements

The Lakes Region Mental Health Center, Inc.
NOTES TO FINANCIAL STATEMENTS
June 30, 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization
The Lakes Region Mental Health Center, Inc. (the Center) is a not-for-profit corporation, organized under New Hampshire law to provide services in the areas of mental health, and related non-mental health programs; it is exempt from income taxes under Section 501 (c)(3) of the Internal Revenue Code. In addition, the Center qualifies for the charitable contribution deduction under Section 170 (b)(1)(a) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles require management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Depreciation
The cost of property, equipment and leasehold improvements is depreciated over the estimated useful life of the assets using the straight line method. Estimated useful lives range from 3 to 40 years.

State Grants
The Center receives a number of grants from and has entered into various contracts with the State of New Hampshire related to the delivery of mental health services.

Vacation Pay and Fringe Benefits
Vacation pay is accrued and charged to the programs when earned by the employee. Fringe benefits are allocated to the appropriate program expense based on the percentage of actual time spent on the programs.

Revenue
Revenue from federal, state and other sources is recognized in the period earned.

Client Service Revenue
The Center recognizes client service revenue relating to services rendered to clients that have third-party payer coverage and are self-pay. The Center receives reimbursement from Medicare, Medicaid and Insurance Companies at defined rates for services to clients covered by such third-party payer programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as allowances when received. For services rendered to uninsured clients (i.e., self-pay clients), revenue is recognized on the basis of standard or negotiated discounted rates. At the time services are rendered to self-pay clients, a provision for bad debts is recorded based on experience and the effects of newly identified circumstances and trends in pay rates. Client service revenue (net of contractual allowances and discounts but before taking account of the provision for bad debts) recognized during the year ended June 30, 2020 totaled $11,519,963, of which $11,370,140 was revenue from third-party payers and $149,823 was revenue from self-pay clients.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Third Party Contractual Arrangements
A significant portion of patient revenue is derived from services to patients insured by third-party payors. The center receives reimbursement from Medicare, Medicaid, Blue Cross, and other third-party insurers at defined rates for services rendered to patients covered by these programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as allowances when recorded. A provision for estimated contractual allowances is provided on outstanding patient receivables at the balance sheet date.

Basis for Presentation
The financial statements of the Center have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August, 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) "Audit and Accounting Guide for Not-for-Profit Orgnizations" (the "Guide"). (ASC) 958-205 was effective January 1, 2018.

Under the provisions of the Guide, net assets and revenues and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net asset of the Center and changes therein are classified as follows:

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 Center. The Center's board may designate assets without restrictions for specific operational purposes from time to time.

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 Center or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Accounts Receivable
Accounts receivable are recorded based on the amount billed for services provided, net of respective allowances.

Policy for Evaluating Collectability of Accounts Receivable
In evaluating the collectability of accounts receivable, the Center analyzes past results and identifies trends for each major payer source of revenue for the purpose of estimating the appropriate amounts of the allowance for doubtful accounts. Data in each major payer source is regularly reviewed to evaluate the adequacy of the allowance for doubtful accounts. Specifically, for receivables relating to services provided to clients having third-party coverage, an allowance for doubtful accounts and a corresponding provision for bad debts are established for amounts outstanding for an extended period of time and for third-party payers experiencing financial difficulties; for receivables relating to self-pay clients, a provision for bad debts is made in the period services are rendered based on experience indicating the inability or unwillingness of clients to pay amounts for which they are financially responsible.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Based on management's assessment, the Center provides for estimated uncollectible amounts through a charge to earnings and a credit to a valuation allowance. Balances that remain outstanding after the Center has used reasonable collection efforts are written off through a change to the valuation allowance and a credit to accounts receivable.

The allowance for doubtful accounts was $1,676,000 and $906,500 for the years ended June 30, 2020 and 2019. Total patient accounts receivable increased to $2,135,814 as of June 30, 2020 from $1,871,450 at June 30, 2019. As a result of changes to payer mix present at year end the allowance as a percentage of total accounts receivable increased from 48% to 78% of total patient accounts receivable.

Advertising

Advertising costs are expensed as incurred. Total costs were $92,537 at June 30, 2020 and consisted of $56,863 for recruitment and $35,674 for agency advertising.

NOTE 2 CLIENT SERVICE REVENUES FROM THIRD PARTY PAYORS

The Center has agreements with third-party payors that provide payments to the Center at established rates. These payments include:

New Hampshire and Managed Medicaid

The Center is reimbursed for services from the State of New Hampshire and Managed Care Organizations (MCOs) for services rendered to Medicaid clients. Payments for these services are received in the form of monthly capitation amounts that are predetermined in a contractual agreement with the MCOs.

Approximately 81% of program service fees is from participation in the State and Managed Care Organization sponsored Medicaid programs for the year ended June 30, 2020. Laws and regulations governing the Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates could change materially in the near term.

As part of the contractual arrangement with the MCOs, the Center is required to provide a specific amount of services under an arrangement referred to as a Maintenance of Effort (MOE). Under the MOE, if levels of service are not met the Center may be subject to repayment of a portion of the revenue received. The MOE calculation is subject to interpretation and a source of continued debate and negotiations with MCOs. This MOE calculation may result in a liability that would require a payback to the MCOs. Additionally, please refer to Note 14 regarding MOE being waived for the entire year ended June 30, 2020.

NOTE 3 PROPERTY AND EQUIPMENT

The Center elects to capitalize all purchases with a useful life of greater than one year and a cost of $2,000 or more. Property and equipment, at cost, consists of the following:

Land, buildings and improvements	$ 107,600
Buildings and improvements	5,911,379
Computer equipment	1,097,638
Furniture, fixtures and equipment	657,701
Vehicles	139,738
Artwork	26,925
Construction in progress	380,755
	8,321,736
Accumulated depreciation	(2,626,285)
NET BOOK VALUE	$ 5,695,451

NOTE 4 ACCOUNTS RECEIVABLE

ACCOUNTS RECEIVABLE – TRADE	
Due from clients	$ 155,294
Receivable from insurance companies	695,944
Medicaid receivables	955,885
Medicare receivables	328,691
	2,135,814
Allowance for doubtful accounts	(1,676,000)
Total Receivable - Trade	459,814
ACCOUNTS RECEIVABLE – OTHER	
Bridge Subsidy	11,482
HUD	8,103
State of New Hampshire - Surge Center	140,500
LTCS	85,500
BBH - Bureau of Behavioral Health	23,130
Lakes Region Healthcare	56,234
MCO Directed Payments	125,224
Other Grants and Contracts	70,357
Total Receivable - Other	520,530
TOTAL ACCOUNTS RECEIVABLE	$ 980,344

NOTE 5 LINE OF CREDIT

As of June 30, 2020, the Center had available a line of credit with an upper limit of $1,000,000 with a local area bank. At that date, $-0- had been borrowed against the line of credit. These funds are available at a variable rate of interest, with a floor no less than 4.0% per annum, currently 5.50%. The availability under this line will be limited to 70% of the current market value of the Vanguard Funds which have been pledged to the local area bank. This line of credit expires June 9, 2021.

NOTE 6 COMMITMENTS

The corporation leases real estate and equipment under various operating leases. Minimum future rental payments under non cancelable operating leases as of June 30, 2020 for each of the next four years and in the aggregate are:

June 30,	Amount
2021	$ 64,329
2022	41,127
2023	41,127
2024	41,127

Total rent expense for the year ended June 30, 2020, including rent expense for leases with a remaining term of one year or less was $132,727.

NOTE 7 EMPLOYEE BENEFIT PLAN

The Center has the option to make contributions to a defined contribution 403(b) plan on behalf of its employees. This program covers substantially all full-time employees. During the year ended June 30, 2020 the total contributions into the plan were $116,449. Total administrative fees paid into the plan for the year ended June 30, 2020 were $13,679.

NOTE 8 LONG-TERM DEBT

As of June 30, 2020, long-term debt consisted of the following:

2.97% bond payable - Meredith Village Savings Bank due in monthly installments of $19,288 (principal and interest) beginning in June 2019. Secured by building through June, 2047.	$4,188,616
4.45% note payable - Meredith Village Savings Bank. Interest only July 2020 - December 2020 then installments of $993 (principal a and interest). Secured by building through November, 2030.	96,000

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NOTE 8 LONG-TERM DEBT (continued)

4.45% construction loan - Meredith Village Savings Bank. Interest only July 2020 - December 2020 then installments of $3,247 (principal a and interest). As of June 30, 2020 there is $390,463 remaining to be drawn on this note for a total available of $544,000. Secured by building through November, 2040.	153,537
1.0% PPP loan payable - Meredith Village Savings Bank. Interest accrued April 2020 - November 2020 then monthly installments of $94,494 (principal and interest). Due April, 2022.	1,687,500
	6,125,653
Less: Current Portion	(869,890)
Total long-term debt	5,255,763
Less: Unamortized debt issuance costs	(86,992)
Total Long-Term Debt net with Related Costs	$5,168,771

Expected maturities for the next five years are as follows:

Year Ending June 30,	
2021	$ 869,890
2022	1,078,142
2023	142,053
2024	146,742
2025	151,591
Thereafter	3,737,235
	$ 6,125,653

NOTE 9 CONTINGENT LIABILITIES

The Center receives money under various State and Federal grants. Under the terms of these grants, the Center is required to use the money within the grant period for purposes specified in the grant proposal and is subject to compliance reviews and audits by the grantor agencies. It is the opinion of management that any liability, resulting from future grantor agency audits of completed grant contracts, would not be material in relation to the overall financial statements.

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NOTE 10 INVESTMENTS

Investments consist of amounts invested in various Vanguard Equity and Bond Funds. At June 30, 2020, the status of these funds were as follows:

	Cost	Unrealized Gain (Loss)	Market
Large Blend	$ 422,561	$ 227,126	$ 649,687
Health	299,533	57,198	356,731
Large Growth	171,958	2,692	174,650
Mid-Cap Value	195,186	128,009	323,195
Short-Term Bond	226,503	(416)	226,087
	$ 1,315,741	$ 414,609	$ 1,730,350

The related unrealized gain (losses) have been included in the investment income line on the accompanying statement of activities. Investment income is as follows:

Interest and Dividends	$ 31,631
Realized Gains	81,122
Unrealized Losses	(56,102)
	$ 56,651

NOTE 11 FAIR VALUE MEASUREMENTS

Professional accounting standards require a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under these professional accounting standards are described below:

Basis of Fair Value Measurement

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

NOTE 11 FAIR VALUE MEASUREMENTS (continued)

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

All investments are categorized as Level 1 and recorded at fair value, as of June 30, 2020. As required by professional accounting standards, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

NOTE 12 CONCENTRATIONS OF CREDIT RISK

At June 30, 2020, the carrying amount of the cash deposits is $4,270,465 and the bank balance totaled $4,293,673. Of the bank balance, $379,728 was insured by Federal Deposit Insurance and $3,913,945 was offset by debt.

The Center grants credit without collateral to its clients, most of who are area residents and are insured under third-party payor agreements. The mix of receivables due from clients and third-party payors at June 30, 2020 is as follows:

Due from clients	7	%
Insurance companies	33	
Medicaid	45	
Medicare	15	
	100	%

NOTE 13 LIQUIDITY

The following reflects the Center's financial assets available within one year of June 30, 2020 for general expenditures:

Cash	$ 4,270,465
Investments	1,730,350
Accounts receivable	980,344
	$ 6,981,159

Restricted deposits and reserves are restricted for specific purposes and therefore not available for general expenditures.

As part of the Center's liquidity management, it has a policy to structure its financial assets available as its general expenditures, liabilities and other obligations come due.

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NOTE 14 RISKS & UNCERTAINTIES

As a result of the spread of the COVID-19 Coronavirus, economic uncertainties have arisen which are likely to negatively impact net income. Other financial impact could occur though such potential impact and the duration cannot be reasonably estimated at this time. Possible effects may include, but are not limited to, disruption to the Center's customers and revenue, absenteeism in the Center's labor workforce, unavailability of products and supplies used in operations, and decline in value of assets held by the Center, including receivables and property and equipment.

Due to these economic uncertainties the Center applied for and received Federal support and aid funding through the Paycheck Protection Program (aka PPP) and the Provider Relief Fund, which was implemented as part of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). These proceeds were used to cover payroll costs, certain interest payments, rent, and utility costs. These funds were one-off unanticipated payments and any future relief is uncertain.

On April 1, 2020, the Center successfully petitioned all three managed care organizations to waive the Maintenance of Effort (MOE) provisions in each of the respective provider service agreements. The waiver period is effective only for the period of July 1, 2019 through June 30, 2020, and is thereafter reinstated. An extension to waive the MOE requirements beyond this effective period is also uncertain at this time.

NOTE 15 SUBSEQUENT EVENTS

In accordance with professional accounting standards, the Center has evaluated subsequent events through September 30, 2020 which is the date the financial statement was available to be issued. All events requiring recognition as of June 30, 2020, have been incorporated into the financial statements herein.

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SUPPLEMENTARY INFORMATION

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The Lakes Region Mental Health Center, Inc.
ANALYSIS OF ACCOUNTS RECEIVABLE
For the Year Ended June 30, 2020

	Accounts Receivable Beginning of Year	Gross Fees	Contractual Allowances and Other Discounts Given	Cash Receipts	Accounts Receivable End of Year
CLIENT FEES	$ 140,436	$ 1,484,529	$ (1,334,706)	$ (134,965)	$ 155,294
BLUE CROSS / BLUE SHIELD	158,683	718,911	(472,092)	(128,166)	277,336
MEDICAID	990,582	15,284,197	(4,940,903)	(10,377,991)	955,885
MEDICARE	245,808	1,401,219	(903,131)	(415,205)	328,691
OTHER INSURANCE	335,941	1,022,650	(740,711)	(199,272)	418,608
ALLOWANCE FOR DOUBTFUL ACCOUNTS	(906,500)	-	-	-	(1,676,000)
TOTAL	$ 964,950	$ 19,911,506	$ (8,391,543)	$ (11,255,599)	$ 459,814

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The Lakes Region Mental Health Center, Inc.
ANALYSIS OF BBH REVENUES, RECEIPTS AND RECEIVABLES
For the Year Ended June 30, 2020

	Receivable (Deferred Income) From BBH Beginning of Year	BBH Revenues Per Audited Financial Statements	Receipts for Year	Receivable (Deferred Income) From BBH End of Year
CONTRACT YEAR, June 30, 2020	$ 81,102	$ 392,488	$ (450,460)	$ 23,130

Analysis of Receipts Date of Receipt Deposit Date	Amount
07/25/19	$ 80,898
07/31/19	8,478
09/04/19	310
09/06/19	57,050
09/10/19	7,848
09/23/19	31,917
09/26/19	7,848
10/02/19	12,826
10/11/19	148
10/31/19	73,989
11/01/19	923
11/05/19	26,920
11/07/19	7,848
11/29/19	7,562
12/10/19	61,338
12/24/19	7,511
01/16/20	47,939
01/09/00	10,279
01/24/20	9,441
01/28/20	228
01/29/20	7,552
02/03/20	4,029
02/14/20	12,604
02/26/20	7,848
03/02/20	10,824
03/04/20	7,559
03/19/20	7,848
03/25/20	10,016
04/01/20	4,739
04/03/20	5,000
04/20/20	11,656
04/30/30	8,043
05/04/20	15,082
05/07/20	500
05/21/20	7,538
05/28/20	16,534
06/15/20	5,761
06/22/20	7,848
06/25/20	9,032
06/29/20	7,848
Less: Federal Monies	(178,702)
	$ 450,460

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The Lakes Region Mental Health Center, Inc.
STATEMENT OF FUNCTIONAL PUBLIC SUPPORT AND REVENUES
For the Year Ended June 30, 2020

								Housing Services			Non BBH
	Total Agency	Admin.	Total Programs	Children	Multi -Service	ACT	Emergency Services	Apts. S.L. Summer	Apts. S.L. McGrath	Non Eligible	Funded Programs
Program Service Fees:											
Net Client Fee	$ 149,823	$ -	$ 149,823	$ 33,548	$ 57,703	$ 22,240	$ (9,003)	$ -	$ -	$ 45,360	$ (25)
Blue Cross/Blue Shield	246,819	-	246,819	96,728	74,780	2,449	27,549	-	-	45,313	-
Medicaid	10,343,294	-	10,343,294	3,155,219	6,170,340	629,302	301,842	-	-	86,591	-
Medicare	498,088	-	498,088	-	444,131	24,710	(1,872)	-	-	31,119	-
Other Insurance	281,939	-	281,939	86,081	109,757	8,481	7,172	-	-	70,448	-
Program Sales:											
Service	1,174,100	-	1,174,100	71,509	93,685	-	8,855	-	-	5,421	994,630
Public Support - Other:											
United Way	525	525	-	-	-	-	-	-	-	-	-
Local/County Government	140,970	-	140,970	-	-	-	117,970	-	-	23,000	-
Donations/Contributions	51,458	49,470	1,988	-	788	-	-	100	100	-	1,000
Other Public Support	101,638	69,104	32,534	6,237	5,547	250	225	50	75	20,075	75
Federal Funding:											
HUD Grant	142,876	-	142,876	-	-	-	-	43,041	99,835	-	-
Other Federal Grants	232,467	53,851	178,616	-	-	-	-	-	-	-	178,616
Rental Income	85,938	1,578	84,360	1,578	1,916	282	-	36,513	43,789	-	282
DBH & DS:											
Community Mental Health	710,331	317,991	392,340	5,294	67,876	225,000	94,170	-	-	-	-
DCYF	148	-	148	148	-	-	-	-	-	-	-
Interest Income	408	408	-	-	-	-	-	-	-	-	-
Other Revenues	491,970	255,860	236,110	4,194	52,531	85	58	2,761	8,307	405	167,769
	14,652,792	748,787	13,904,005	3,460,536	7,079,054	912,799	546,966	82,465	152,106	327,732	1,342,347
Administration	-	(748,787)	748,787	186,365	381,236	49,158	29,456	4,441	8,191	17,649	72,291
TOTAL PUBLIC SUPPORT AND REVENUES	$ 14,652,792	$ -	$ 14,652,792	$ 3,646,901	$ 7,460,290	$ 961,957	$ 576,422	$ 86,906	$ 160,297	$ 345,381	$ 1,414,638

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The Lakes Region Mental Health Center, Inc.
STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2020

								Housing Services			Non BBH
	Total Agency	Administration	Total Programs	Children	Multi-Service	ACT	Emergency Services	Apts. S.L. Summer	Apts. S.L. McGrath	Non-Eligible	Funded Programs
Personnel Costs:											
Salary and wages	$ 8,947,194	$ 713,597	$ 8,233,597	$ 1,574,505	$ 3,622,143	$ 791,478	$ 746,757	$ 173,489	$ 196,451	$ 308,877	$ 819,897
Employee benefits	1,883,183	125,387	1,757,796	405,044	884,543	127,202	130,730	43,584	43,532	60,655	62,506
Payroll Taxes	643,133	64,941	578,192	119,250	253,350	52,980	54,880	12,594	14,335	22,795	48,008
Substitute Staff	168,153	126	168,027	502	69,739	18,188	22,617	42	63	63	56,813
PROFESSIONAL FEES AND CONSULTANTS:											
Accounting/audit fees	65,617	65,617	-	-	-	-	-	-	-	-	-
Legal fees	25,335	25,335	-	-	-	-	-	-	-	-	-
Other professional fees	300,180	79,782	220,398	8,617	14,616	3,256	2,931	70,262	70,160	977	49,579
Staff Devel. & Training:											
Journals & publications	1,909	118	1,791	346	1,132	98	81	19	29	35	51
In-Service training	4,574	2,509	2,065	485	1,021	186	167	38	56	56	56
Conferences & conventions	55,776	10,894	44,882	6,471	29,853	2,112	2,234	928	993	607	1,684
Other staff development	32,163	3,242	28,921	3,315	18,952	(168)	4,721	274	312	846	669
Occupancy costs:											
Rent	90,408	3,925	86,483	35,706	37,330	812	722	180	271	3,391	8,071
Mortgage (Interest)	126,857	27,617	99,240	38,593	46,863	6,892	-	-	-	-	6,892
Heating Costs	27,217	2,807	24,410	4,974	5,728	484	192	6,491	5,186	341	1,014
Other Utilities	72,355	10,463	61,892	14,732	16,616	1,570	-	11,793	13,678	552	2,951
Maintenance & repairs	171,745	38,018	133,727	43,441	50,616	7,088	1,024	13,008	10,020	999	7,531
Taxes	7,108	7,108	-	-	-	-	-	-	-	-	-
Consumable Supplies:											
Office	29,770	7,063	22,707	7,046	9,573	1,521	1,173	978	312	852	1,252
Building/household	35,152	14,846	20,306	4,359	7,139	1,449	1,180	699	4,413	465	602
Medical	17,689	5,814	11,875	268	2,387	101	90	22	33	33	8,941
Other	146,645	8,579	138,066	35,186	61,324	13,237	11,786	2,904	4,356	4,357	4,916
Depreciation-Equipment	96,093	3,595	92,498	21,369	41,093	9,782	9,220	2,305	3,292	3,126	2,311
Depreciation-Building	206,734	49,428	157,306	45,533	55,194	8,051	-	13,690	26,641	42	8,155
Equipment rental	32,736	6,377	26,359	8,659	12,145	2,144	1,014	254	380	380	1,383
Equipment maintenance	18,408	1,079	17,329	4,262	7,176	1,496	1,860	318	603	1,057	557
Advertising	92,537	2,851	89,686	11,537	20,104	4,287	3,811	952	1,428	1,438	46,129
Printing	1,972	1,902	70	-	70	-	-	-	-	-	-
Telephone/communications	273,070	35,923	237,147	71,527	90,970	12,050	25,171	10,966	2,400	10,899	13,164
Postage/shipping	14,529	1,112	13,417	3,642	5,974	1,166	1,037	259	389	438	512
Transportation:											
Staff	194,483	2,810	191,673	41,927	107,327	33,425	1,630	1,483	1,575	3,234	1,072
Clients	13,111	-	13,111	-	13,111	-	-	-	-	-	-
Assist to Individuals:											
Client services	26,243	-	26,243	10,281	14,105	82	-	649	1,126	-	-
Insurance:											
Malpractice/bonding	66,118	16,654	49,464	12,629	22,100	4,736	4,210	1,052	1,579	1,579	1,579
Vehicles	5,271	-	5,271	355	4,507	136	123	27	41	41	41
Comp. Property/liability	34,767	9,755	25,012	7,086	10,012	1,717	1,164	1,587	1,678	623	1,145
Membership Dues	36,807	1,088	35,719	30	53	11	10	3	4	4	35,604
Other Expenditures	204,207	184,247	19,960	3,830	6,666	1,390	1,236	3,550	2,165	468	655
	14,169,249	1,534,609	12,634,640	2,545,507	5,543,532	1,108,959	1,031,771	374,400	407,501	429,230	1,193,740
Admin. Allocation	-	(1,534,609)	1,534,609	309,178	673,320	134,695	125,319	45,475	49,495	52,135	144,992
TOTAL PROGRAM EXPENSES	$ 14,169,249	$ -	$ 14,169,249	$ 2,854,685	$ 6,216,852	$ 1,243,654	$ 1,157,090	$ 419,875	$ 456,996	$ 481,365	$ 1,338,732

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Lakes Region Mental Health Center

Board of Directors Listing
June, 2021

POSITON	NAME
President	Gail Mears
Vice President	Peter J. Minkow
Co-Treasurer	Matthew Soza
Co-Treasurer	Marsha Bourdon
Secretary	Laura LeMein
Member-At-Large	William Bolton
Member-At-Large	Marlin Collingwood
Member-At-Large	Ed McFarland
Member-At-Large	Seifu Ragassa
Member-At-Large	James Stapp
Member-At-Large	Susan Stearns
Member-At-Large	Rev. Judith Wright

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Margaret M. Pritchard, BS, MS

Objective: Promoting the expansion and integration of health care in New Hampshire

Lakes Region Mental Health Center, Laconia, NH **2007-Present**
Chief Executive Officer
LRMHC is one of ten community mental health centers in New Hampshire. Established in 1966 the center serves approximately 4,000 patients annually with approximately 190 staff and a $13 million dollar budget.

- Responsible for the overall administration, planning, development, coordination and evaluation of all operations of the agency
- Responsible for all contract development and negotiations
- Ensures a successful, client-oriented community mental health organization
- Has oversight responsbility for the financial viability and legal obligations of LRMHC
- Organizational strategy and planning with senior leadership and board of directors
- Lead advocate for federal and state legislation, company spokesperson
- SAMSHA Grant – integrated care established in partnership with two local FQHC(s)
- Oversaw $5.1 million dollar purchase and renovation of facility

Community Partners, Dover **2001-2007**
Chief Operating Officer
Community Partners is a non-profit organization designated by the State of New Hampshire as the Community Mental Health Center and the Area Agency for Developmental Services for Strafford County, NH. The agency offers an array of services to individuals and families along with early supports and services for infants and young children with developmental disabilities.

- Implemented and maintained a cohesive corporate identity between two previously separate organizations
- Responsible for incorporating $7 million dollar CMHC operations into an existing developmental services agency
- Establish and monitor revenue projects for all mental health services
- Clinical oversight of all medical and psychiatric services

Genesis Behavioral Health, Laconia, NH (Known now as LRMHC – see above) **2000-2001**
Director, Clinical Operations

- Established multidisciplinary teams and set standards of care
- Monitored contractor agreements and MOU(s)
- Established revenue projections for $5 million dollar operation
- Supervised all clinical directors and program development
- Served on community boards and committees
- Recruitment of medical staff

Riverbend Community Mental Health Center, Concord, NH **1994-2000**
Director, Community Support Program
Riverbend was founded in 1963 and is one of ten community mental health centers in New Hampshire. Riverbend is an affiliate of Capital Region Health Care and is a member of the NH Community Behavioral Health Association.

- Established and ensured full range of services for adults with psychiatric disabilities
- Developed programmatic policies and procedures with Quality Assurance Department
- Established productivity expectations consistent with budget target of approximately $4 million dollars
- Monitored and implemented quality assurance standards to satisfy regulators including NH DBH, Medicaid, Medicare, NHHFA. etc
- Established an office of consumer affairs and created a committee of consumers and staff to give feedback and direction relative to department performance

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Greater Manchester Mental Health Center, Manchester, NH **1992-1994**
Director, Emergency Services
Greater Manchester Mental Health Center is a private, nonprofit community mental wellness center. Since 1960, GMMHC has been serving children, teens, adults and seniors from the greater Manchester area, providing help and treatment regardless of age, diagnosis or ability to pay.

- Managed the 24-hour emergency care and psychiatric assessments
- Provided crisis intervention and emergency care to people in acute distress
- Recruited, trained and supervised department personnel
- Liaison to local police, hospitals, homeless shelters and refugee centers

Manager: Crisis Care Unit/SRO/Respite Care/Shared Apartment Program **1982-1985**

- Supervised and trained direct care staff, implementing treatment related to independent living skills and community-based living
- Screened and assessed patients for appropriate services and placement
- Liaison with local housing authority and police
- Wrote and implemented residential service plans for 40 psychiatrically disabled adults

Community Council of Nashua, Nashua, NH **1989-1992**
Director, Community Education (Known now as The Greater Nashua MHC & Community Council)
Established in 1920 as a welfare office and then as a community mental health center in 1967. This was a newly created positon which focused on building community bridges with the organization.

- Developed and implemented agency-wide staff development plan
- Authored grants and responded to RFP's for special projects promoting education and prevention services
- Developed a curriculum with NAMI-NH to support parents of adult children with SPMI/SMI

NE Non-Profit Housing, Manchester, NH **1986-1989**
Social Worker
The agency mission was to develop and expand low income housing options in the greater Manchester area.

- Property management and general contractors for CDBH/"Mod Rehab" housing projects
- Co-authored grant for $2.5 million dollar HUD grant for "Women in Transition"
- Conducted housing inspections and worked with code department and local authority to assure compliance standards

Region IV Area Agency, Concord **1986**
Case Manager
Designated by NH Department of Developmental Services in the capital region serving the needs of individuals and families affected by cognitive impairments.

- Developed and monitored treatment plans for 25 developmentally disabled adults

Education:

	1998-2000	New England College MS Community Mental Health Counseling	Henniker, NH
	1996	Graduated NH Police Standards & Training Part-time Police Officer	
	1977-1981 BS Social Work	SUNY Brockport	Brockport, NY

Interests:
Granite State Critical Incident Street Management Vice President & Coordinator
Navigating Recovery of the Lakes Region – Board Member
Community Health Services Network – Board President

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Sunshine S. Fisk

116 Dunlop Drive
Tilton, NH 03276

(603) 438-5361 Cell
Sunshine_Fisk@Hotmail.com

EXPERIENCE

Lakes Region Mental Health Center, Inc. **2016-Present**
Laconia, NH
Chief Financial Officer
- Worked to secure $5.2 million in Bond Financing to fund building consolidation project
- Designed and implemented a new annual budget process
- Identified efficiencies in billing processes resulting in additional $150K in annual revenue
- Coordinate quarterly state Community Mental Health Center CFO meetings
- Member of NHHF and IDN Billing & Coding Advisory Panels
- Supervise Business Office Personnel

Lakes Region Community College **2015-2016**
Laconia, NH
Chief Financial Officer
- Supervisory Responsibility for Business Services and Stock Control
- Responsible for annual Budget Process of over 60 cost centers
- Instituted monthly financial reporting to Leadership and quarterly to the College Advisory Board
- Regular presentations to the college campus on financial outlook and strategic initiatives
- Chair of Professional Development Committee

Riverbend Community Mental Health, Inc. **2005-2015**
Concord, NH
Controller
- Supervisory responsibility (A/P, General Ledger & Cash)
- Responsible for General Ledger (2013) & Fixed Asset (2008) software conversions
- State of New Hampshire, Concord Hospital and additional external reporting including bank covenants
- Detailed and extensive budgeting for over 17 Cost Centers with revenue over $21 million
- Revenue forecast & strategic modeling for Managed Medicaid case rate implementation
- Annual audit coordination for three companies and 990/1065 Tax reporting review
- Financial statements & Ad Hoc reporting for Board of Directors and Senior Management

Easter Seals New Hampshire, Inc. **2004-2005**
Manchester, NH
Assistant Controller
- Grant Administration for several New Hampshire grants
- Consolidated Inter/Intra company Financial Statement preparation and analysis
- Tax Reporting, NH Charitable Trust Reports and Insurance Review
- Banking compliance, Debt Covenant Reporting and Banking Relations
- Quarterly and monthly Ad Hoc reporting for Board of Directors and Senior Management
- Responsible for department restructure, staffing, internal controls and supervising NH/VT/ME Accounting

General Growth Properties, Inc. **1998-2004**
Chicago, Illinois
Senior Accountant-Natick Mall, Natick, Massachusetts
- Financial Statement preparation for over $30 million in annual revenues
- Forecasting, input and analysis for R24 budget used for SEC Reporting
- Monthly variance analysis of financial statements and occupancy levels for executive management
- Saved company over $50K annually through recovery analysis on tenant CAM & escrow accounts
- Supervisory responsibility (Cash, A/P, A/R & G/L)
- Weekend Property Management Responsibility
- Internship Coordinator

Accountant I & II-Steeplegate Mall, Concord, New Hampshire
- Maintain the financial documentation of the mall gift certificate program
- Settlement reconciliations for tenant escrow accounts; taxes, utilities and other charges
- Assist in internal audits for Sarbanes-Oxley compliance and review annual tenant audits for billing
- Received a bonus for excellence in collections by decreasing receivables to less than .005

ADDITIONAL EXPERIENCE

Wil-Sun Fisk Properties, LLC **Tilton, New Hampshire** **2009-Present**
Owner

EDUCATION	**Master's of Business Administration** Southern New Hampshire University, Manchester, New Hampshire **Master's of Science Accounting** Southern New Hampshire University, Manchester, New Hampshire **Bachelor's of Science Business Management** Plymouth State University, Plymouth, New Hampshire
COMPUTER SKILLS	Excel, Solomon, Quicken/Quick Books Pro, Management Reports International (MRI), Power Point, JD Edwards, DYNA Budget Software, Depreciation Works, PeopleSoft, CMHC, Quantum, Icentrix and L&W/Essentia
MEMBERSHIPS	Mid-State Health Center (FQHC) Board & Finance Committee Member, Healthcare Financial Management Association Member, Former Zonta Club of Concord Board Member, Leadership Greater Concord Graduate & Former Steering Committee Member, 2005 Concord Monitor Tilton-Northfield Town Crier Writer

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Vladimir Jelnov, MD

Summary of expertise:

Fifteen years of clinical experience as a psychiatrist (Russia).
Seven years of supervision, training and program coordination experience.
Fourteen years experience in USA (including four year residency program)

EDUCATION

Novosibirsk State Medical Academy, Novosibirsk, Russia	*Medical student*	*09 / 72 - 07 / 78*
Novosibirsk State University, Novosibirsk, Russia	*Psychology student*	*10 / 93 - 02 / 95*

POSTGRADUATE TRAINING

Elmhurst Hospital Center, Mt. Sinai Medical school, NYC	*Internship/ residency, psychiatry*	*07/03 – 07/07*
Central Research Institute for Medical Doctors, S. Petersburg, Russia	*Postdoctoral clinical training*	*09/84 – 12/84*
State Psychiatric Institute, Moscow,	*Postdoctoral clinical training*	*06/83 – 07/83*
State Psychoneurologic Institute, S. Petersburg, Russia	*Postdoctoral dissertation*	*08 / 84 - 05 / 85*

HOSPITAL AND CLINIC APPOINTMENTS

State Psychiatric Hospital, Novosibirsk, Russia	Attending Psychiatrist, short term inpatient	03/80 - 12/82
Novosibirsk City Hospital #2	Attending Psychiatrist; outpatient clinic	12/82-02/84
Regional Psychiatric Emergency Mobil Team, Novosibirsk, Russia	Part time, Attending Psychiatrist	3/82-10/84
Novosibirsk City Psychoneurological Dispensary	Chief of Psychotherapy Division; evaluation & treatment adults with mental problems; clinical & administrative supervision for staff, program development, training & education.	02/84 – 12/87
Novosibirsk Municipal Department of Mental Health	Senior Supervisor for Psychotherapy Division	02/84 – 12/87
Center for Psychological Help Novosibirsk	Clinical Director, evaluation & treatment adults with mental problems; clinical and administrative supervision for staff, program development, training and education.	12/87 – 04/93

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Private practice, Novosibirsk, Russia	Psychiatric drug therapy and individual and group psychotherapy for adults	10/90-3/93
State University, Novosibirsk, Russia	Assistant Professor; Mental Health setting: theory and practice	9/90-3/92
New Hope Guild Mental Health Center, NYC	Senior counselor	10/96-3/98
Christ Hospital/International Institute of N.J., counseling center Jersey City, NJ	Clinical Director; clinical and administrative supervision for staff, program development, training and education	3/97- 6/03
Jersey City Medical Center Psychiatric Emergency Room, Jersey City, NJ	Part time, Senior primary therapist	3/01-10/01
Coney Island Hospital, Brooklyn, NY	Attending psychiatrist; psychiatric emergency room	09/07-1/08
Jersey City Medical Center Jersey City, NJ	Attending psychiatrist, inpatient unit	11/07-12/09
Lakes Region Mental Health Center Laconia, NH	Medical Director	1/10 - present

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Margaret Pritchard	Chief Executive Officer	$175,000	40.47%	$70,823
Vladimir Jelnov MD	Medical Director	$270,000	79%	$212.300
Sunshine Fisk	Chief Financial Officer	$120,000	40.47%	$50,588

State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Mental Health Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Riverbend Community Mental Health, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Late Item #A), as amended on June 19, 2019, (Item #29), 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, 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, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
3. $4,528,379
4. Modify Exhibit A, Amendment #1, Scope of Services by replacing in its entirety with Exhibit A Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
6. Add Exhibit K, Amendment #2, DHHS Information Security Requirements, 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

6/14/2021

Date

DocuSigned by:
Katja Fox
ED9D05B04C63442...

Name: Katja Fox
Title: Director

Riverbend Community Mental Health, Inc.

6/11/2021

Date

DocuSigned by:
Lisa K. Madden
63968E16890F4CC...

Name: Lisa K. Madden
Title: President & CEO

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

OFFICE OF THE ATTORNEY GENERAL

6/14/2021

Date

DocuSigned by:

D5CA9202E32C4AE

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:

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 shall operate a Community Mental Health Center (CMHC) that provides services intended to promote recovery from mental illness for eligible residents in the State of New Hampshire (individuals) for Region 4. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.

1.4. Prior to termination of this contract the parties will agree on a plan for transition and destruction of confidential data in accordance with Exhibit K.

1.5. The Contractor shall provide individualized, recovery based services and supports in the manner that best allows each individual to stay within their home and community providing current treatment and recovery options that are based on scientific research and evidence based practices (EBP).

1.6. The Contractor acknowledges the requirements of the Community Mental Health Agreement (CMHA) and shall demonstrate progress toward meeting the following terms in the CMHA: 1.) Assertive Community Treatment Teams; 2.) Evidence-Based Supported Employment; and 3.) Transition planning for individuals at New Hampshire Hospital and Glencliff Home and 4.) Supported Housing. Further, the Contractor shall participate in annual Quality Service Reviews (QSR) conducted under the terms of the CMHA.

1.7. The Contractor shall enter into a capitation model of contracting with all NH Managed Care Organizations to support the delivery and coordination of behavioral health services and supports for children, youth, transition-aged youth, young adults, and adults

1.8. The Contractor shall support the integration of physical and behavioral health as a standard of practice; implementing the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Levels of Collaboration/Integration to the maximum extent feasible.

1.9. The Contractor shall ensure that clinical standards and operating procedures are consistent with trauma-informed models of care, as defined by SAMHSA.

The clinical standards and operating procedures must reflect a focus on wellness, recovery, and resiliency.

1.10. The Contractor shall engage in ongoing implementation, service improvements, and expansion efforts associated with New Hampshire's 10 Year Mental Health Plan.

1.11. For the purposes of this agreement, all references to days shall mean calendar days unless otherwise specified.

1.12. The Contractor shall provide individuals, caregivers and youth the opportunity for feedback and leadership within the agency to help improve services in a person-centered manner when applicable and appropriate.

1.13. The Contractor shall ensure rapid access to services is available to each individual by offering an appointment slot on the same or next day of the initial contact.

2. System of Care for Children's Mental Health

2.1. The Contractor shall collaborate with the Department on the implementation of NH RSA 135-F, System of Care for Children's Mental Health.

2.2. The Contractor shall provide services for children, youth, and young adults with serious emotional disturbance (SED) in a manner that aligns with NH RSA 135-F. The Contractor shall ensure services are:

2.2.1. Family Driven - services and supports are provided in a manner that best meets the needs of the family and the family goals;

2.2.2. Youth Driven - services and supports are provided in a manner that best meets the needs of the child, youth or young adult and that supports their goals;

2.2.3. Community Based - services and supports are provided in a manner that best allow children, youth, and young adults to stay within their home and community; and

2.2.4. Cultural and Linguistic Competent - Services are provided in a manner that honors a child, youth, or young adult and their family-identified culture, beliefs, ethnicity, preferred language, gender and gender identity and sexual orientation.

2.3. The Contractor shall collaborate with the FAST Forward program, ensuring services are available for all children and youth enrolled in the program.

2.4. The Contractor shall make referrals to the FAST Forward program for any child, youth, or young adult that may be eligible.

3. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

3.1. The Contractor shall maintain appropriate levels of certification through a contract with the Judge Baker Center for Children.

3.2. The Contractor shall ensure new and incoming staff work towards meeting a goal of 70% of their children and youth client's needs with the evidence-based practice of Modular approach to therapy for children with anxiety, depression, trauma, or conduct problems(MATCH-ADTC)

3.3. The Contractor shall invoice BCBH through green sheets for the costs for both the certification of incoming therapists and the recertification of existing clinical staff, not to exceed the budgeted amount

3.4. The Contractor shall maintain a use of the Judge Baker's Center for Children (JBCC) TRAC system to support each case with Modular Approach to the Treatment of Children-Anxiety, Depression, Trauma & Conduct (MATCH-ADTC) as the identified treatment modality.

3.5. The Contractor shall invoice BCBH through green sheets for the full of the annual fees paid to the JBCC for the use of their TRAC system to support MATCH-ADTC.

4. Children's Intensive Community Based Services

4.1. The Contractor shall use the Child and Adolescent Needs and Strengths (CANS) assessment to determine the appropriate level of collaborative care and which children's intensive community based services are most appropriate.

4.2. The Contractor shall provide children's intensive community based services to children diagnosed with a serious emotional disturbance (SED), with priority given to children who:

4.2.1. Have a history of psychiatric hospitalization or repeated visits to hospital emergency departments for psychiatric crisis;

4.2.2. Are at risk for residential placement;

4.2.3. Present with significant ongoing difficulties at school; and/or

4.2.4. Are at risk of interaction with law enforcement.

4.3. The Contractor shall provide children's intensive community based services through a full array of services as defined in New Hampshire Administrative Rule He-M 426, Community Mental Health Services, which include, but are not limited to:

4.3.1. Functional Support Services (FSS).

4.3.2. Individual and family therapy.

4.3.3. Medication services.

4.3.4. Targeted case management (TCM) services.

4.3.5. Supported education.

4.4. The Contractor shall provide a minimum of eight (8) up to a maximum of ten (10) hours of children's intensive community based services per week for each eligible individual, as defined in New Hampshire Administrative Rule He-M 426, ensuring more intensive services are provided during the first twelve (12) weeks of enrollment.

4.5. The Contractor shall screen adolescent clients for substance use using one or more tools, as appropriate, that include:

4.5.1. The Car, Relax, Alone, Family, Friends, Trouble (CRAFFT) screening tool for individuals age twelve (12) years and older, which consists of six (6) screening questions as established by the Center for Adolescent Substance Abuse Research (CeASAR) at Children's Hospital Boston.

4.5.2. The Global Appraisal of Individual Needs – Short Screener (GAIN-SS), which is used by school based clinicians for clients referred for substance use.

4.6. The Contractor shall provide children's intensive community based services to clients and their families to ensure access to an array of community mental health services that include community and natural supports, which effectively support the clients and their families in the community, in a culturally competent manner.

4.7. The Contractor shall conduct and facilitate weekly children's intensive community based team meetings in order to communicate client and family needs and discuss client progress.

5. System of Care Grant (SoC) Activities with the New Hampshire Department of Education (NH DOE)

5.1. The Contractor shall participate in local comprehensive planning processes with the NH DOE, on topics and tools that include, but are not limited to:

5.1.1. Needs assessment.

5.1.2. Environmental scan.

5.1.3. Gaps analysis.

5.1.4. Financial mapping.

5.1.5. Sustainability planning.

5.1.6. Cultural linguistic competence plan.

5.1.7. Strategic communications plan.

5.1.8. SoC grant project work plan.

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5.2. The Contractor shall participate in ongoing development of a Multi-Tiered System of Support for Behavioral Health and Wellness (MTS-B) within participating school districts.

5.3. The Contractor shall utilize evidence based practices (EBPs) that respond to identified needs within the community including, but not limited to:

5.3.1. MATCH-ADTC.

5.3.2. All EBPs chosen for grant project work that support participating school districts' MTS-B.

5.4. The Contractor shall maintain and strengthen collaborative, working relationships with participating school districts within the region which includes, but is not limited to:

5.4.1. Developing and utilizing a facilitated referral process.

5.4.2. Co-hosting joint professional development opportunities.

5.4.3. Identifying and responding to barriers to access for local families and youth.

5.5. The Contractor shall maintain an appropriate full time equivalent (FTE) staff who is a full-time, year-round School and Community Liaison. The Contractor shall:

5.5.1. Ensure the FTE staff is engaging on a consistent basis with each of the participating schools in the region in person or by remote access to support program implementation.

5.5.2. Hire additional staff positions to ensure effective implementation of a System of Care.

5.6. The Contractor shall provide appropriate supervisory, administrative and fiscal support to all project staff dedicated to SoC Grant Activities.

5.7. The Contractor shall designate staff to participate in locally convened District Community Leadership Team (DCLT) and all SoC Grant Activities-focused meetings, as deemed necessary by either NH DOE or the Department.

5.8. The Contractor shall actively participate in the SoC Grant Activities evaluation processes with the NH DOE, including collecting and disseminating qualitative and quantitative data, as requested by the Department.

5.9. The Contractor shall conduct National Outcomes Measures (NOMs) surveys on all applicable tier 3 supports and services to students and their families at the SoC grant project intervals, as determined by the Department.

5.10. The Contractor shall abide by all federal and state compliance measures and ensure SoC grant funds are expended on allowable activities and expenses, including, but not limited to an Marijuana (MJ) Attestation letter.

5.11. The Contractor shall maintain accurate records of all in-kind services from non-federal funds provided in support of SoC Grant Activities, in accordance with NH DOE guidance.

6. Renew Sustainability (Rehabilitation for Empowerment, Education, and Work)

6.1. The Contractor shall provide the Rehabilitation for Empowerment, Education and Work (RENEW) intervention with fidelity to transition-aged youth who qualify for state-supported community mental health services, in accordance with the University of New Hampshire (UNH) -Institute On Disability (IOD) model.

6.2. The Contractor shall obtain support and coaching from the IOD at UNH to improve the competencies of implementation team members and agency coaches.

7. Division for Children, Youth and Families (DCYF)

7.1. The Contractor shall provide mental health consultation to staff at Division for Children, Youth and Families (DCYF) District Offices related to mental health assessments and/or ongoing treatment for children served by DCYF.

7.2. The Contractor shall provide Foster Care Mental Health Assessments for children and youth younger than eighteen (18) years of age who are entering foster care for the first time.

8. Crisis Services

8.1. If the Contractor has, or enters into, an agreement with a hospital to provide crisis services to individuals who are eligible, or presumed eligible in the emergency department, for Medicaid services, the Contractor may bill Medicaid according to fee schedules or MCO contracts for services rendered.

8.2. The Contractor shall document crisis services delivered in the emergency department setting as part of its Phoenix Submissions, in a format, and with content, completeness, and timelines specified by the Department, ensuring documented information includes screenings performed, diagnosis codes, and referrals made.

8.3. The Contractor shall provide documentation of each collaborative relationship with acute care hospitals in its region, at the request of the Department.

8.4. The Contractor shall provide emergency services as defined in NH Administrative Rule He-M 403.06 (a)(6) and NH Administrative Rule He-M 426.09.

8.5. As part of the crisis resolution, the Contractor shall screen each individual for Assertive Community Treatment (ACT). If clinically appropriate, the Contractor shall:

8.5.1. Refer the individual for an expedited ACT assessment and/or intake and treatment upon discharge; or

8.5.2. Inform the appropriate regional CMHC in order to expedite the ACT assessment and/or intake and treatment upon discharge from emergency department or inpatient psychiatric or medical care setting, if the individual resides in a region other than the region in which the individual is receiving crisis services.

8.6. The Contractor shall not refer an individual for hospitalization at New Hampshire Hospital (NHH) unless the Contractor has determined that NHH is the least restrictive setting in which the individual's immediate psychiatric treatment needs can be met. The Contractor shall:

8.6.1. Make all reasonable efforts to ensure no other clinically appropriate bed is available at any other NH inpatient psychiatric unit, Designated Receiving Facility (DRF), Adult Psychiatric Residential Treatment Program (APRTP), Mobile Crisis apartments, or other step-up/step-down beds prior to referring an individual to NHH,

8.6.2. Work collaboratively with the Department and contracted Managed Care Organizations for the implementation of the Zero Suicide within emergency departments.

8.7. The Contractor shall provide services to individuals experiencing a psychiatric and/or substance use related crisis through a rapid response team that includes, but is not limited to:

8.7.1. One (1) Master's level clinician.

8.7.2. One (1) peer support specialist

8.7.3. One (1) on-call psychiatrist.

8.7.4. Access to telehealth, including tele-psychiatry, for additional capacity, as needed.

8.8. The Contractor shall ensure all staff have the necessary qualifications as defined under New Hampshire Administrative Rule He-M 400, Community Mental Health, Parts 403 and 426.

8.9. The Contractor shall develop an implementation and/or transition plan with a timeline for transforming crisis services for Department approval no later than 30 days from the contract effective date. The Contractor shall ensure the implementation and/or transition plan includes, but is not limited to:

8.9.1. The plan to educate current community partners and individuals on the use of the Access Point Number.

8.9.2. Staffing adjustments needed in order to meet the full crisis response scope and titrated up to meet the 24/7 nature of this crisis response.

8.9.3. The plan to meet each performance measure over time.

8.9.4. How data will be sent to the Access Point if calls are received directly at the center and are addressed by the center during the transition period.

8.10. The Contractor shall work in tandem with the designated vendor providing services through the Rapid Response Access Point contract as approved by the Governor and Executive Council.

8.11. The Contractor shall enter into a Memorandum of Understanding within 30 days of contract effective date with the Rapid Response Access Point, which provides the Regional Response Teams information regarding the nature of the crisis through verbal and/or electronic communication including but not limited to:

8.11.1. The location of the crisis.

8.11.2. The safety plan either developed over the phone or on record from prior contact(s).

8.11.3. Any accommodations needed.

8.11.4. Treatment history of the individual, if known.

8.12. The Contractor shall promote the use of the telephone number for the Rapid Response Access Point as the primary contact for crisis services, which utilizes Global Positioning System (GPS) enabled technology to identify the closest and available Regional Response Team.

8.13. The Contractor shall ensure all rapid response team members participate in a crisis response training, as designated by the Department, which follows the concepts and topics identified in the National Guidelines for Crisis Care Best Practice Toolkit published by the Substance Abuse and Mental health Services Administration (SAMHSA).

8.14. The Contractor shall provide the physical address of the physical location to the Rapid Response Access Point where the rapid response team may provide office-based urgent assessments.

8.15. The Contractor shall ensure a rapid response team is available twenty-four (24) hours per day, seven (7) days a week for deployment within their region and boarder regions, as directed by the Rapid Response Access Point.

8.16. The Contractor shall ensure the rapid response team is trained and available to provide crisis response services to avoid unnecessary hospitalization, incarceration or institutionalization. The Contractor shall ensure services include but are not limited to:

8.16.1. Face-to-face assessments.

8.16.2. Disposition and decision making.

8.16.3. Initial care and safety planning.

8.16.4. Post crisis and stabilization services. .

8.17. The Contractor may utilize presumptive eligibility when responding to individuals who are not connected to a CMHC or who may be considered low utilizers.

8.18. The Contractor shall ensure the rapid response team responds to all dispatches either face-to-face in the community within one (1) hour of the request ensuring:

8.18.1. The response team includes a minimum of two (2) individuals for safety purposes, which includes a Master's level staff and a peer support specialist if occurring at locations based on individual and family choice that include but are not limited to:

8.18.1.1. In or at the individual's home.

8.18.1.2. In an individual's school setting.

8.18.1.3. Other natural environments of residence includingfoster homes.

8.18.1.4. Community settings.

8.18.1.5. Peer run agencies

8.18.2. The response team includes a minimum of one (1) Master's level team member if occurring at safe, staffed sites or public service locations which may include, but are not limited to:

8.18.2.1. Schools.

8.18.2.2. Jails.

8.18.2.3. Police departments.

8.18.2.4. Emergency departments.

8.18.3. A no-refusal policy upon triage and all requests for mobile response receive a response and assessment regardless of the individual's disposition, which may include current substance use.

8.18.4. Documented clinical rationale with administrative support when a mobile intervention is not provided.

8.18.5. Coordination with law enforcement personnel, if required, when responding to individuals in a mental health crisis presenting a safety concern or when active rescue is required. The Contractor shall:

8.18.5.1. Work in partnership with the Rapid Response Access Point and Department to establish protocols to ensure a bi-directional partnership with law enforcement.

8.18.6. A face-to-face lethality assessment as needed that includes, but is not limited to:

8.18.6.1. Obtaining a client's mental health history including, but not limited to:

8.18.6.1.1. Psychiatric, including recent inpatient hospitalizations and current treatment providers.

8.18.6.1.2. Substance misuse.

8.18.6.1.3. Social, familial and legal factors.

8.18.6.2. Understanding the client's presenting symptoms and onset of crisis.

8.18.6.3. Obtaining medication list, adherence to prescribed medications and brief medical history.

8.18.6.4. Conducting a mental status exam.

8.18.7. Developing a mutually agreed upon individualized safety plan and care disposition and decision making, with the client, which may include, but is not limited to:

8.18.7.1. Staying in place with:

8.18.7.1.1. Stabilization services;

8.18.7.1.2. A safety plan; and

8.18.7.1.3. Outpatient providers.

8.18.7.2. Stepping up to crisis stabilization services or apartments.

8.18.7.3. Admission to peer respite.

8.18.7.4. Voluntary hospitalization.

8.18.7.5. Initiation of Involuntary Emergency Admission (IEA).

8.18.7.6. Medical hospitalization.

8.19. The Contractor shall provide Crisis Stabilization Services, which are services and supports that are provided until the crisis episode subsides. The Contractor shall ensure:

8.19.1. Crisis Stabilization Services are delivered by the rapid response team for individuals who are in active treatment prior to the crisis in order to assist with stabilizing the individual and family as rapidly as possible.

8.19.2. Are provided in the individual and family home, as desired by the individual.

8.19.3. Stabilization services are implemented using methods that include, but are not limited to:

8.19.3.1. Involving peer support specialist(s) and/or Bachelor level crisis staff by providing follow up contact within forty-eight (48) hours post-crisis for all face-to-face interventions, which may include, but are not limited to:

8.19.3.1.1. Promoting recovery.

8.19.3.1.2. Building upon life, social and other skills.

8.19.3.1.3. Offering support.

8.19.3.1.4. Facilitating referrals.

8.19.3.2. Providing warm hand offs for post-crisis support services, including connecting back to existing treatment providers and/or providing a referral for additional peer support specialist contacts.

8.19.3.3. Providing crisis stabilization services with a Master's level clinician through short-term, trauma informed approaches, which may include, but are not limited to:

8.19.3.3.1. Cognitive Behavior Therapy (CBT).

8.19.3.3.2. Dialectical Behavior Therapy (DBT).

8.19.3.3.3. Solution-focused therapy.

8.19.3.3.4. Developing concrete discharge plans.

8.19.3.3.5. Providing substance use disorder assessment and counseling techniques for dually diagnosed individuals.

8.19.4. Crisis stabilization in a Residential Treatment facility for childrenand youth are provided by a Department certified and approved Residential Treatment Provider.

8.20. The Contractor may provide Sub-Acute Care services for up to 30 days to individuals who are not connected to any treatment provider prior to contact with the regional rapid response team or Regional Response Access Point in order assist individuals with bridging the gap between the crisis event and ongoing treatment services. The Contractor shall:

8.20.1. Ensure sub-acute care services are provided by the CMHC region in which the individual is expected to receive long-term treatment.

8.20.2. Work with the Rapid Response Access Point to conduct educational and outreach activities within the local community and to institutional stakeholders in order to promote appropriate referrals to, and the utilization of, rapid response team resources.

8.20.3. Work with the Rapid Response Access Point to ensure the community is aware of, and is able to, access rapid response mobile crisis

services and supports through the outreach and educational plan of the Rapid Response Access Point outreach and educational plan, which includes but is not limited to:

8.20.3.1. A website that prominently features the Rapid Response Access Point phone number and links with information about Rapid Response and connectivity to the Rapid Response Access Point.

8.20.3.2. All newly printed appointment cards that include the Rapid Response Access point crisis telephone number as a prominent feature.

8.20.3.3. Direct communications with partners to the Rapid Response Access Point for crisis services and deployment.

8.20.4. Work with the Rapid Response Access Point to change existing patterns of hospital emergency departments (ED) for crisis response in the region and collaborate by:

8.20.4.1. Meeting regularly with local police and first responders to discuss interface, procedures, and collaborations to understand challenges and improve outcomes for individuals in the community;

8.20.4.2. Educating partners, clients and families on all diversionary services available, by encouraging early intervention;

8.20.4.3. Maintaining and developing relationships with local hospitals and work together to promote the use of the Rapid Response Access Point number and rapid response services, in order to reduce ED use;

8.20.4.4. Coordinating with homeless outreach services; and

8.20.4.5. Conducting outreach to at-risk seniors programming.

8.21. The Contractor shall ensure that within ninety (90) days of the contract effective date:

8.21.1. Connection with the Rapid Response Access Point and the identified GPS system that enables transmission of information needed to:

8.21.1.1. Determine availability of the Regional Rapid Response Teams;

8.21.1.2. Facilitate response of dispatched teams; and

8.21.1.3. Resolve the crisis intervention.

8.21.2. Connection to the designated resource tracking system.

8.21.3. A bi-directional referral system is in place with electronic scheduling to support information sharing that facilitates closed loop referrals and transmission of clinical triage summaries, safety plans and shared care plans with community providers.

8.22. The Contractor shall submit reports relative to the rapid response services provided in this agreement. The Contractor shall:

8.22.1. Document all contacts in the medical record for both State eligible and non-eligible individuals who receive regional rapid response team services.

8.22.2. Provide monthly reports by the fifteenth (15th) day of each month, on a template provided by the Department which includes, but is not limited to:

8.22.2.1. Number of unique individuals who received services.

8.22.2.2. Date and time of mobile arrival.

8.22.3. Submit information through the Department's Phoenix System beginning no later than six (6) months from the contract effective date, unless otherwise instructed on a temporary basis by the Department:

8.22.3.1. Diversions from hospitalizations;

8.22.3.2. Diversions from Emergency Rooms;

8.22.3.3. Services provided;

8.22.3.4. Location where services were provided;

8.22.3.5. Length of time service or services provided;

8.22.3.6. Whether law enforcement was involved for safety reasons;

8.22.3.7. Whether law enforcement was involved for other reasons;

8.22.3.8. Identification of follow up with the individual by a member of the Contractor's regional rapid response team within 48 hours post face-to-face intervention;

8.22.3.9. Indication that referral for ongoing mental health services following the immediate crisis was provided; and

8.22.3.10. Outcome of service provided, which may include but is not limited to:

8.22.3.10.1. Remained in home.

8.22.3.10.2. Hospitalization.

8.22.3.10.3. Crisis stabilization services.

8.22.3.10.4. Crisis apartment.

8.22.3.10.5. Emergency department.

8.23. The Contractor's performance will be monitored by ensuring Contractor performance by ensuring seventy (70%) of clients receive a post-crisis follow up from a member of the Contractor's regional rapid response team within forty-eight (48) hours of a face-to- face intervention, as identified through Phoenix encounter data.

8.24. The Contractor shall provide four (4) Community Crisis Beds in an apartment setting, which serve as an alternative to hospitalization and/or institutionalization. The Contractor shall ensure:

8.24.1. Admissions to an apartment for Community Crises Beds are for providing brief psychiatric intervention in a community based environment structured to maximize stabilization and crisis reduction while minimizing the need for inpatient hospitalization.

8.24.2. Community Crisis Beds in an apartment:

8.24.2.1. Include no more than two (2) bedrooms per crisis apartment.

8.24.2.2. Are operated with sufficient clinical support and oversight, and peer staffing, as is reasonably necessary to prevent unnecessary institutionalization.

8.24.2.3. Have peer staff and clinical staff available to be onsite, 24 hours per day, seven days per week, whenever necessary, to meet individualized needs.

8.24.2.4. Are available to individuals 18 years and older on a voluntary basis and allow individuals to come and go from the apartment as needed to maintain involvement in and connection to school, work, and other recovery-oriented commitments and/or activities as appropriate to the individual's crisis treatment plan.

8.24.2.5. Are certified under New Hampshire Administrative Rule He-M 1000, Housing, Part 1002, Certification Standards for Behavioral Health Community Residences, and include:

8.24.2.5.1. At least one (1) bathroom with a sink, toilet, and a bathtub or shower;

8.24.2.5.2. Specific sleeping area designated for each individual;

8.24.2.5.3. Common areas shall not be used as bedrooms.

8.24.2.5.4. Storage space for each individual's clothing and personal possessions;

8.24.2.5.5. Accommodations for the nutritional needs of the individual; and.

8.24.2.5.6. At least one (1) telephone for incoming and outgoing calls.

8.24.3. Crisis intervention, stabilization services, and discharge planning services are provided by the members of the regional rapid response team as clinically appropriate.

8.24.4. Ongoing safety assessments are conducted no less than daily.

8.24.5. Assistance with determining individual coping strengths in order to develop a crisis treatment recovery plan for the duration of the stay and a post-stabilization plan.

8.24.6. Coordination and provision of referrals for necessary psychiatric services, social services, substance use services and medical aftercare services.

8.24.7. An individual's stay at a crisis apartment is for no more than seven consecutive (7) days, unless otherwise approved in writing by the Department;

8.24.8. Transportation for individuals is provided from the site of the crisis to the apartment to their home or other residential setting after stabilization has occurred.

8.24.9. Any staff member providing transportation has:

8.24.9.1. A valid driver's license.

8.24.9.2. A State inspected vehicle.

8.24.9.3. Proof of vehicle insurance.

8.24.10. Provision of a list of discharge criteria from the crisis apartments and related policies and procedures regarding the apartment beds to the Department within thirty (30) days of the contract effective date for Department approval.

8.24.11. Peer Support Specialists engage individuals through methods including, but not limited to Intentional Peer Support (IPS).

8.24.12. Reports are submitted to the Department for Crisis Apartments in the format and frequency determined by the Department that includes but is not limited to:

8.24.12.1. Admission and Discharge Dates

8.24.12.2. Discharge disposition (community or higher level of care)

8.24.12.3. Number of referrals refused for admission.

9. Adult Assertive Community Treatment (ACT) Teams

9.1. The Contractor shall maintain Adult ACT Teams that meet the SAMHSA Model and are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00 A.M.. The Contractor shall ensure:

9.1.1. Adult ACT Teams deliver comprehensive, individualized, and flexible services, supports, targeted case management, treatment, and rehabilitation in a timely manner as needed, onsite in the individuals' homes and in other natural environments and community settings, or alternatively, via telephone where appropriate to meet the needs of the individual.

9.1.2. Each Adult ACT Team is composed of seven (7) to ten (10) dedicated professionals who make-up a multi-disciplinary team including, a psychiatrist, a nurse, a Masters-level clinician, or functional equivalent therapist, functional support worker and a full time equivalent (FTE) certified peer specialist.

9.1.3. Each Adult ACT Team includes an individual trained to provide substance abuse support services including competency in providing co-occurring groups and individual sessions, and supported employment.

9.1.4. Caseloads for Adult ACT Teams serve no more than twelve (12) individuals per Adult ACT Team member, excluding the psychiatrist who serves more than seventy (70) people served per 0.5 FTE psychiatrist, unless otherwise approved by the Department.

9.2. The Contractor shall ensure ACT staff, with the exception of psychiatrist and nurse, receive:

9.2.1. A minimum of 15 hours in basic ACT training within one (1) year of hire date that is consistent with the ACT EBP SAMHSA toolkit approved by BMHS.

9.2.2. A minimum of 4 hours of advanced ACT training of co-occurring disorders within fifteen (15) months of hire date that is consistent with the ACT EBP SAMSHA toolkit and Integrated Dual Disorder Model approved by BMHS.

9.3. The Contractor shall ensure Adult ACT Teams do not have waitlists for screening purposes and/or admission to the ACT Team. The Contractor shall ensure:

9.3.1. Individuals do not wait longer than 30 days for either assessment or placement.

9.3.2. Work with the Department at identifying solutions and appropriate levels of care for any individual waiting for Adult ACT Team

services for more than 30 days in order to meet the demand for services and implement the solutions within forty-five (45) days..

9.3.3. Individuals receiving services from Adult ACT Team members, if psychiatrically hospitalized, are offered a same day or next day appointment with any Adult ACT Team member upon date of discharge.

9.4. The Contractor shall report its level of compliance with the above listed requirements on a monthly basis at the staff level in the format, and with content, completeness, and timeliness as specified by the Department as part of the Phoenix submissions, which are due no later than the 15th of the month. The Department may waive this provision in whole or in part in lieu of an alternative reporting protocol, being provided under an agreement with DHHS contracted Medicaid Managed Care Organizations. The Contractor shall:

9.4.1. Ensure services provided by the Adult ACT Team are identified in the Phoenix submissions as part of the ACT cost center.

9.4.2. Screen for ACTper Administrative Rule He-M 426.08, Psychotherapeutic Services.

9.4.3. Report all ACT screenings with the outcome of the screening to indicate whether the individual is appropriate for ACT, as part of the Phoenix submissions, or in the format, content, completeness, and timelines as specified by the Department.

9.4.4. Make a referral for an ACT assessment within (7) days of:

9.4.4.1. A screening outcome that an individual may be appropriate to receive ACT services.

9.4.4.2. The Contractor shall complete such assessments for ACT services within seven (7) days of an individual being referred for an ACT assessment.

9.4.5. Report the outcome of ACT assessments to the Department as part of the Phoenix submissions, in the format, content, completeness, and timelines as specified by the Department.

9.4.6. Ensure, fall individuals assessed as appropriate for ACT services are admitted to the ACT team caseload and begin receiving ACT services within seven (7) days, with the exception of individuals who decline such services, or are not available to receive such services for reasons that may include, but are not limited to:

9.4.6.1. Extended hospitalization or incarceration.

9.4.6.2. Relocation of individuals out of the Contractor's designated community mental health region.

9.4.7. Ensure, in the event that admitting the individual to the ACT Team caseload causes the ACT Team to exceed the caseload size limitations specified above, consultation with the Department to seek approval:

9.4.7.1. To exceed caseload size requirements, or

9.4.7.2. To provide alternative services to the individual until the individual can be admitted to the ACT caseload.

10. Evidence-Based Supported Employment (EBSE)

10.1. The Contractor shall gather employment status for all adults with Severe Mental Illness(SMI)/Severe Persistent Mental Illness (SPMI) at intake and every quarter thereafter.

10.2. The Contractor shall report the employment status for all adults with SMI/SMPI to the Department in the format, content, completeness, and timelines specified by the Department. For those indicating a need for EBSE, these service shall be provided.

10.3. The Contractor shall provide a referral for all individuals who express an interest in receiving Evidence-Based Supported Employment (EBSE) services to the Supported Employment team within seven (7) days.

10.4. The Contractor shall deemed the individual as waiting for SE services if the SE team cannot accommodate enrollment of SE services at which the individual will be added to the waitlist, which is reported to the Department, as specified by the Department.

10.5. The Contractor shall provide EBSE to eligible individuals in accordance with the SAMHSA and/or Dartmouth model.

10.6. The Contractor shall ensure EBSE services include, but are not limited to:

10.6.1. Job development.

10.6.2. Work incentive counseling.

10.6.3. Rapid job search.

10.6.4. Follow along supports for employed individuals.

10.6.5. Engagement with mental health treatment teams and local NH Vocational Rehabilitation services.

10.7. The Contractor shall ensure EBSE services do not have waitlists, ensuring individuals do not wait longer than 30 days for EBSE services. If waitlists are identified, Contractor shall:

10.7.1. Work with the Department to identify solutions to meet the demand for services; and

10.7.2. Implement such solutions within 45 days.

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10.8. The Contractor shall maintain the penetration rate of individuals receiving EBSE at a minimum of 18.6 percent (18.6%) as per the CMHA agreement.

10.9. The Contractor shall ensure SE staff receive:

10.9.1. A minimum of 15 hours in basic training within one year of hire date as approved by the IPS Employment Center and approved by BMHS.

10.9.2. A minimum of 7 hours of advanced SE Job Development Training within 15 months of hire as approved by the IPS-SE Employment Center and BMHS.

11. Work Incentives Counselor Capacity Building

11.1. The Contractor shall employ a minimum of one FTE equivalent Work Incentive Counselor located onsite at the CMHC for a minimum of one (1) state fiscal year.

11.2. The Contractor shall ensure services provided by the Work Incentive Counselor include, but are not limited to:

11.2.1. Connecting individuals and applying for Vocational Rehabilitation services, ensuring a smooth referral transition.

11.2.2. Engaging individuals in supported employment (SE) and/or increased employment by providing work incentives counseling and planning.

11.2.3. Providing accurate and timely work incentives counseling for beneficiaries with mental illness who are pursuing SE and self-sufficiency.

11.3. The Contractor shall develop a comprehensive plans for individuals that include visualization of the impact of two or three different levels of income on existing benefits and what specific work incentive options individuals might use to:

11.3.1. Increase financial independence;

11.3.2. Accept pay raises; or

11.3.3. Increase earned income.

11.4. The Contractor shall develop comprehensive documentation of all individual existing disability benefits programs including, but not limited to:

11.4.1. SSA disability programs;

11.4.2. SSI income programs;

11.4.3. Medicaid, Medicare;

11.4.4. Housing Programs; and

11.4.5. Food stamps and food subsidy programs.

11.5. The Contractor shall collect data to develop quarterly reports in a format requested by the Department, on employment outcomes and work incentives counseling benefits that includes but is not limited to:

11.5.1. The number of benefits orientation presentations provided to individuals.

11.5.2. The number of individuals referred to Vocational Rehabilitation who receive mental health services.

11.5.3. The number of individuals who engage in SE services.

11.5.3.1. Percentage of individuals seeking part-time employment.

11.5.3.2. Percentage of individuals seeking full-time employment.

11.5.3.3. The number of individuals who increase employment hours to part-time and full-time.

11.6. The Contractor shall ensure the Work Incentive Counselor staff are certified to provide Work Incentives Planning and Assistance (WIPA) through the no-cost training program offered by Virginia Commonwealth University.

11.7. The Contractor shall collaborate with the Vocational Rehabilitation providers to develop the Partnership Plus Model to identify how Social Security funding will be obtained to support the Work Incentives Counselor position after Vocational Rehabilitation funding ceases.

11.8. The Department will monitor Contractor performance by reviewing data to determine outcomes that include:

11.8.1. An increased engagement of individuals in supported employment based on the SE penetration rate.

11.8.2. An increase in Individual Placement in both part-time and full-time employment and;

11.8.3. Improved fidelity outcomes specifically targeting:

11.8.3.1. Work Incentives Planning

11.8.3.2. Collaboration between Employment Specialists & Vocational Rehab.

12. Coordination of Care from Residential or Psychiatric Treatment Facilities

12.1. The Contractor shall designate a member of its staff to serve as the primary liaison to New Hampshire Hospital (NHH) who works with the applicable NHH staff, payer(s), guardian(s), other community service providers, and the applicable individual, to assist with coordinating the seamless transition of

care for individuals transitioning from NHH to community based services or transitioning to NHH from the community.

12.2. The Contractor shall not close the case of any individual who is admitted to NHH. Notwithstanding, the Contractor shall be deemed to be in compliance with all Administrative He-M 408, Clinical Records rules regarding documentation if it is noted in the record that the individual is an inpatient at NHH or another treatment facility. All documentation requirements as per He-M 408 will be required to resume upon re-engagement of services following the individual's discharge from inpatient care.

12.3. The Contractor shall participate in transitional and discharge planning within 24 hours of admission to an inpatient facility.

12.4. The Contractor shall work with the Department, payers and guardians (if applicable) to review cases of individuals that NHH, Transitional Housing, or alternative treatment facility or the Contractor, have indicated will have difficulty returning to the community to identify barriers to discharge, and to develop an appropriate plan to transition into the community.

12.5. The Contractor shall make a face-to-face appointment available to an individual leaving NHH, Transitional Housing or alternative residential setting who desires to reside in the region served by the Contractor within seven (7) calendar days of receipt of notification of the individual's discharge, or within seven (7) calendar days of the individual's discharge, whichever is later.

12.6. The Contractor shall ensure individuals who are discharged and are new to a CMHC have an intake appointment within seven (7) calendar days. If the individual declines to accept the appointment, declines services, or requests an appointment to be scheduled beyond the seven (7) calendar days, the Contractor may accommodate the individual's request provided the accommodation is clinically appropriate, and does not violate the terms of a conditional discharge. The Contractor's Adult ACT Team must see individuals who are on the ACT caseload and transitioning from NHH into the community within 24 hours of NHH discharge.

12.7. The Contractor shall make all reasonable efforts to ensure that no appropriate bed is available at any other inpatient psychiatric unit, Designated Receiving Facility (DRF) per NH RSA 135-C and NH Administrative Rule He-M 405, Designation of Receiving Facilities, Mobile Crisis Apartment, Peer Support Recovery Center, or Adult Psychiatric Residential Treatment Program (APRTP) prior to referring an individual to NHH.

12.8. The Contractor shall collaborate with NHH and Transitional Housing Services (THS) to develop and execute conditional discharges from NHH to THS in order to ensure that individuals receive treatment in the least restrictive environment. The Department will review the requirements of NH

Administrative Rule He-M 609 to ensure obligations under this section allow CMHC delegation to the THS vendors for clients who reside there.

12.9. The Contractor shall have all necessary staff members available to receive, evaluate, and treat individuals discharged from NHH seven (7) days per week, consistent with the provisions in NH Administrative Rule He-M 403 and NH Administrative Rule He-M 426.

12.10. For individuals at NHH who formerly resided in the Contractor's designated community mental health region prior to NHH admission, who have been identified for transition planning to the Glencliff Home, the Contractor shall, at the request of the individual or guardian, or of NHH or Glencliff Home staff, participate in transition planning to determine if the individual can be supported in the Contractor's region with community based services and supports instead of transitioning to the Glencliff Home. In the event the individual would require supports from multiple funding sources or the Department's systems of care, the Contractor shall collaborate with additional Department staff at NHH's request, to address any barriers to discharge the individual to the community.

13. COORDINATED CARE AND INTEGRATED TREATMENT

13.1. Primary Care

13.1.1. The Contractor shall request written consent from each individual to allow the designated primary care provider to release information for the purpose of coordinating care regarding mental health services or substance misuse services or both.

13.1.2. The Contractor shall support each individual with linking to an available primary care provider, if the individual does not have an identified primary care provider, to:

13.1.2.1. Monitor health;

13.1.2.2. Provide medical treatment as necessary; and

13.1.2.3. Engage in preventive health screenings.

13.1.3. The Contractor shall consult with each primary care provider at least annually, or as necessary, to integrate care between mental and physical health for each individual, which may include the exchange of pertinent information including, but not limited to medication changes or changes in the individual's medical condition.

13.1.4. The Contractor shall document on the release of information form the reason(s) written consent to release information was refused in the event an individual refuses to provide consent to release information.

13.2. Substance Misuse Treatment, Care and/or Referral

13.2.1. The Contractor shall provide services and meet requirements to address substance misuse and to support recovery intervention implementation, which include, but are not limited to:

13.2.1.1. Screening no less than 95% of eligible individuals for substance misuse at the time of intake, and annually thereafter.

13.2.1.2. Conducting a full assessment for substance misuse disorder and associated impairments for each individual that screens positive for substance use.

13.2.1.3. Developing an individualized service plan for each eligible individual based on information from substance misuse screening.

13.2.2. The Contractor shall utilize the SAMSHA evidence-based models for Co-Occurring Disorders Treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model.

13.2.3. The Contractor shall make all appropriate referrals if the individual requires additional substance use disorder care utilizing the current New Hampshire system of care, and ensuring linkage to and coordination with resources.

13.3. Area Agencies

13.3.1. The Contractor shall collaborate with the Area Agency that serves the region to address processes that include:

13.3.1.1. Enrolling individuals for services who are dually eligible for both organizations.

13.3.1.2. Ensuring transition-aged clients are screened for the presence of mental health and developmental supports and refer, link and support transition plans for youth leaving children's services into adult services identified during screening.

13.3.1.3. Following the "Protocol for Extended Department Stays for Individuals served by Area Agency" issued December 1, 2017 by the State of New Hampshire Department of Health and Humans Services, as implemented by the regional Area Agency.

13.3.1.4. Facilitating collaborative discharge planning meetings to assess individuals who are leaving NHH to re-engage them with both the CMHC and Area Agency representatives.

13.3.1.5. Ensuring annual training is designed and completed for intake, eligibility, and case management for dually diagnosed individuals and that attendee's include intake clinicians, case-managers, service coordinators and other frontline staff identified by both CMHC's and Area Agencies. The Contractor shall ensure the training utilizes the Diagnostic Manual for Intellectual Disability 2 that is specific to intellectual disabilities, in conjunction with the DSM V.

13.3.1.6. Planning for each person who receives dual case management by outlining the responsibilities of each organization and expectations for collaboration between the organizations.

13.3.1.7. Participating in shared service annual treatment meetings to assess quality and progress towards treatment goals as well as monitoring continued need for dual services when waivers are required for services between agencies.

13.4. Peer Supports

13.4.1. The Contractor shall promote recovery principles and integrate peer support services through the agency, which includes, but is not limited to:

13.4.1.1. Employing peers as integrated members of the CMHC treatment team(s) with the ability to deliver conventional interventions that include case management or psychotherapy, and interventions uniquely suited to the peer role that includes intentional peer support.

13.4.1.2. Supporting peer specialists to promote hope and resilience, facilitate the development and use of recovery-based goals and care plans, encourage treatment engagement and facilitate connections with natural supports.

13.4.1.3. Establishing working relationships with the local Peer Support Agencies, including any Peer Respite, step-up/step-down, and Clubhouse Centers and promote the availability of these services.

13.5. Transition of Care with MCO's

13.5.1. The Contractor shall ensure ongoing coordination occurs with the MCO Care Managers to support care coordination among and between services providers.

13.5.2.

14. Supported Housing

14.1. The Contractor shall stand up a minimum of six (6) new supported housing beds including, but not limited to, transitional or community residential beds by December 31, 2021. The Contractor shall:

14.1.1. Submit a plan for expanding supported housing in the region including a budget to the Department for approval by August 15, 2021, that includes but is not limited to:

14.1.1.1. Type of supported housing beds.

14.1.1.2. Staffing plan.

14.1.1.3. Anticipated location.

14.1.1.4. Implementation timeline.

14.1.2. Provide reporting in the format and frequency requested by the Department that includes, but is not limited to:

14.1.2.1. Number of referrals received.

14.1.2.2. Number of individuals admitted.

14.1.2.3. Number of people transitioned into other local community residential settings.

15. CANS/ANSA or Other Approved Assessment

15.1. The Contractor shall ensure all clinicians providing community mental health services to individuals eligible for services in accordance with NH Administrative Rule He-M 426, are certified in the use of:

15.1.1. The New Hampshire version of the Child and Adolescent Needs and Strengths Assessment (CANS) if serving the child and youth population; and

15.1.2. The New Hampshire version of the Adult Needs and Strengths Assessment (ANSA), or other approved evidence based tool, if serving the adult population.

15.2. The Contractor shall ensure clinicians are maintain certification by through successful completion of a test provided by the Praed Foundation, annually.

15.3. The Contractor shall ensure ratings generated by the New Hampshire version of the CANS or ANSA assessment are:

15.3.1. Utilized to develop an individualized, person-centered treatment plan.

15.3.2. Utilized to document and review progress toward goals and objectives and to assess continued need for community mental health services.

15.3.3. Submitted to the database managed for the Department that allows client-level, regional, and statewide outcome reporting by the 15th of every month, in CANS/ANSA format.

15.3.4. Employed to assist in determining eligibility for State Psychiatric Rehabilitation services.

15.4. The Contractor shall complete documentation of re-assessments using the New Hampshire version of the CANS or ANSA 2.0 in accordance with NH Administrative Rule He-M 401.04-09 for eligibility determination and in accordance with NH Administrative Rule He-M 401.12-13 for periodic Individual Service Plan (ISP) reviews.

15.5. The Contractor may use an alternate evidence based, assessment tool that meets all ANSA 2.0 domains, subject to written Department approval. There is no alternate assessment tool allowed for the use of CANS. If an alternative tool is approved, monthly reporting of data generated by the Contractor must be in ANSA 2.0 format, to enable client-level, regional and statewide reporting.

15.6. The Contractor shall consult with the Medicaid Managed Care Organizations (MCO) to develop and implement a process that meets the MCOs' need to measure program effectiveness.

15.7. The Contractor shall correct all errors or complete all system corrections to ensure data is submitted in its entirety and completeness no later than six (6) months from contract effective date. Failure to complete all correction may result in withholding of funds until all corrections are completed.

16. Pre-Admission Screening and Resident Review

16.1. The Contractor shall assist the Department with Pre-Admission Screening and Resident Review (PASRR) to meet the requirements of the PASRR provisions of the Omnibus Budget Reconciliation Act of 1987.

16.2. Upon request by the Department, the Contractor shall:

16.2.1. Provide the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident; and

16.2.2. Conduct evaluations and examinations needed to provide the data to determine if an individual being screened or reviewed:

16.2.2.1. Requires nursing facility care; and

16.2.2.2. Has active treatment needs.

17. Application for Other Services

17.1. The Contractor shall assist eligible individuals in accordance with NH Administrative Rule He-M 401, with completing applications for all sources of financial, medical, and housing assistance, according to their respective rules, requirements and filing deadlines. The Contract shall assist with applications that may include, but are not limited to:

17.1.1. Medicaid.

17.1.2. Medicare.

17.1.3. Social Security Disability Income.

17.1.4. Veterans Benefits.

17.1.5. Public Housing.

17.1.6. Section 8 Subsidies.

18. Community Mental Health Program (CMHP) Status

18.1. The Contractor shall meet the approval requirements of NH Administrative Rule He-M 403 as a governmental or non-governmental non-profit agency, or the contract requirement of NH RSA 135-C:3 as an individual, partnership, association, public or private, for profit or nonprofit, agency or corporation to provide services in the state mental health services system.

18.2. The Contractor shall provide all applicable documentation, policies and procedures, and shall participate in an onsite compliance review, as requested by the Department, to determine compliance with NH Administrative Rule He-M 403 and NH RSA 135-C:3. Compliance reviews will be at times to be determined by the Department, and will occur no less than once every five (5) years.

19. Quality Improvement

19.1. The Contractor shall perform, or cooperate with the performance of, quality improvement and/or utilization review activities, as are determined to be necessary and appropriate by the Department within timeframes reasonably specified by the Department.

19.2. The Contractor shall cooperate with the Department-conducted individual satisfaction survey. The Contractor shall:

19.2.1. Furnish information necessary, within HIPAA regulations, to complete the survey.

19.2.2. Furnish complete and current contact information so that individuals may be contacted to participate in the survey.

19.2.3. Support the efforts of the Department to conduct the survey.

19.2.4. Encourage all individuals sampled to participate.

19.2.5. Display posters and other materials provided by the Department to explain the survey and otherwise support attempts by the Department to increase participation in the survey.

19.3. The Contractor shall demonstrate efforts to incorporate findings from their individual survey results into their Quality Improvement Plan goals.

19.4. The Contractor shall engage and comply with all aspects of fidelity reviews based on a model approved by the Department and on a schedule approved by the Department.

20. Maintenance of Fiscal Integrity

20.1. The Contractor shall submit to the Department the Balance Sheet, Profit and Loss Statement, and Cash Flow Statement for the Contractor and all related parties that are under the Parent Corporation of the mental health provider organization each month.

20.2. The Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. These statements shall be individualized by providers, as well as a consolidated (combined) statement that includes all subsidiary organizations.

20.3. Statements shall be submitted within thirty (30) calendar days after each month end, and shall include, but are not limited to:

20.3.1. Days of Cash on Hand:

20.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

20.3.1.2. Formula: Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

20.3.1.3. Performance Standard: The Contractor shall have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed.

20.3.2. Current Ratio:

20.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

20.3.2.2. Formula: Total current assets divided by total current liabilities.

20.3.2.3. Performance Standard: The Contractor shall maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

20.3.3. Debt Service Coverage Ratio:

20.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

20.3.3.2. Definition: The ratio of Net Income to the year to date debt service.

20.3.3.3. Formula: Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.

20.3.3.4. Source of Data: The Contractor's Monthly Financial Statements identifying current portion of long-term debt payments (principal and interest).

20.3.3.5. Performance Standard: The Contractor shall maintain a minimum standard of 1.2:1 with no variance allowed.

20.3.4. Net Assets to Total Assets:

20.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

20.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

20.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

20.3.4.4. Source of Data: The Contractor's Monthly Financial Statements.

20.3.4.5. Performance Standard: The Contractor shall maintain a minimum ratio of .30:1, with a 20% variance allowed.

20.4. In the event that the Contractor does not meet either:

20.4.1. The standard regarding Days of Cash on Hand and the standard regarding Current Ratio for two (2) consecutive months; or

20.4.2. Three (3) or more of any of the Maintenance of Fiscal Integrity standards for three (3) consecutive months:

20.4.2.1. The Department may require that the Contractor meet with Department staff to explain the reasons that the Contractor has not met the standards.

20.4.2.2. The Department may require the Contractor to submit a comprehensive corrective action plan within thirty (30) calendar days of notification and plan shall be updated at least every thirty (30) calendar days until compliance is achieved.

20.4.2.3. The Department may request additional information to assure continued access to services.

20.4.2.4. The Contractor shall provide requested information in a timeframe agreed upon by both parties.

20.5. The Contractor shall inform the Director of the Bureau of Mental Health Services (BMHS) by phone and by email within twenty-four (24) hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement

20.6. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement. These reports are due within thirty (30) calendar days after the end of each month.

20.7. The Contractor shall provide its Revenue and Expense Budget within twenty (20) calendar days of the contract effective date.

20.8. The Contractor shall complete the Fiscal Year Revenue and Expense Budget on a form supplied by the Department, which shall include but not be limited to, all the Contractor's cost centers. If the Contractor's cost centers are a combination of several local cost centers, the Contractor shall display them separately as long as the cost center code is unchanged.

20.9. The Contractor shall provide quarterly Revenue and Expense Reports (Budget Form A), within thirty (30) calendar days after the end of each fiscal quarter, defined as July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

21. Reduction or Suspension of Funding

21.1. In the event that the State funds designated as the Price Limitation in Form P-37, General Provisions, Block 1.8. of the General Provisions are materially reduced or suspended, the Department shall provide prompt written notification to the Contractor of such material reduction or suspension.

21.2. In the event that the reduction or suspension in federal or state funding shall prevent the Contractor from providing necessary services to individuals, the

Contractor shall develop a service reduction plan, detailing which necessary services will no longer be available.

21.3. Any service reduction plan is subject to approval from the Department, and shall include, at a minimum, provisions that are acceptable to the Department, with services that include, but are not limited to:

21.3.1. Evaluation of and, if eligible, an individual service plan for all new applicants for services.

21.3.2. Emergency services for all individuals.

21.3.3. Services for individuals who meet the criteria for involuntary admission to a designated receiving facility.

21.3.4. Services to individuals who are on a conditional discharge pursuant to RSA 135-C:50 and NH Administrative Rule He-M 609.

22. Elimination of Programs and Services by Contractor

22.1. The Contractor shall provide a minimum thirty (30) calendar days written notice prior to any reductions in delivery of services, or notice as soon as possible if the Contactor is faced with a more sudden need to reduce delivery of services.

22.2. The Contractor shall consult and collaborate with the Department prior to elimination or reduction of services in order to reach a mutually agreeable solution as to the most effective way to provide necessary services.

22.3. The Department reserves the right to require the Contractor to participate in a mediation process with the Commissioner of the Department of Health and Human Services, and to invoke an additional thirty (30) calendar day extension in the event of a proposal to reduce or eliminate any contracted services.

22.4. If the parties are still unable to come to a mutual agreement within the thirty (30) calendar day extension, the Contractor may proceed with its proposed program change(s) so long as proper notification to eligible individuals is provided.

22.5. The Contractor shall not redirect funds allocated in the budget for the program or service that has been eliminated or substantially reduced to another program or service without the mutual agreement of both parties.

22.6. In the event that an agreement cannot be reached, the Department shall control the expenditure of the unspent funds.

23. Data Reporting

23.1. The Contractor shall submit any data needed to comply with federal or other reporting requirements to the Department or contractor designated by the Department.

23.2. The Contractor shall submit all required data elements via the Phoenix system except for the CANS/ANSA and Projects for Assistance in Transition from Homelessness program (PATH) data, as specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

23.3. The Contractor shall submit individual demographic and encounter data, including data on non-billable individual-specific services and rendering staff providers on all encounters, to the Department's Phoenix system, or its successors, in the format, content, completeness, frequency, method and timeliness as specified by the Department. Individual data must include a Medicaid ID number for individuals who are enrolled in Medicaid.

23.4. The Contractor shall include client eligibility with all Phoenix services in alignment with current reporting specifications. For an individual's services to be considered BMHS eligible, SPMI, SMI, Low Utilizer (LU), SED, and Severe Emotional Disturbance Interagency (SEDIA) are acceptable.

23.5. The Contractor shall meet the general requirements for the Phoenix system which include, but are not limited to:

23.5.1. Agreeing that all data collected in the Phoenix system is the property of the Department to use as it deems necessary.

23.5.2. Ensuring data files and records are consistent with file specification and specification of the format and content requirements of those files.

23.5.3. Ensuring that errors in data returned to the Contractor are corrected and resubmitted to the Department within ten (10) business days.

23.5.4. Ensuring data is current and updated in the Contractor's systems as required for federal reporting and other reporting requirements and as specified by the Department.

23.5.5. Implementing review procedures to validate data submitted to the Department to confirm:

23.5.5.1. All data is formatted in accordance with the file specifications;

23.5.5.2. No records will reject due to illegal characters or invalid formatting; and

23.5.5.3. The Department's tabular summaries of data submitted by the Contractor match the data in the Contractor's system.

23.6. The Contractor shall meet the following standards:

23.6.1. <u>Timeliness</u>: monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data unless

otherwise approved by the Department, and the Contractor shall review the Department's tabular summaries within five (5) business days.

23.6.2. Completeness: submitted data must represent at least ninety-eight percent (98%) of billable services provided, and ninety-eight percent (98%) individuals served by the Contractor.

23.6.3. Accuracy: submitted service and member data shall conform to submission requirements for at least ninety-eight percent (98%) of the records, and one-hundred percent One–hundred percent (100%) of unique member identifiers shall be accurate and valid.

23.7. The Department may waive requirements for fields in Phoenix on a case by case basis through a written waiver communication that specifies the items being waived. In all circumstances:

23.7.1. The waiver length shall not exceed 180 days.

23.7.2. Where the Contractor fails to meet standards, the Contractor shall submit a corrective action plan within thirty (30) calendar days of being notified of an issue.

23.7.3. After approval of the corrective action plan, the Contractor shall implement the plan.

23.7.4. Failure of the Contractor to implement the plan may require:

23.7.4.1. Another plan; or

23.7.4.2. Other remedies, as specified by the Department.

24. Behavioral Health Services Information System (BHSIS)

24.1. The Contractor may receive funding for data infrastructure projects or activities, depending upon the receipt of federal funds and the criteria for use of those funds, as specified by the federal government. The Contractor shall ensure funding-specific activities include:

24.2. Identification of costs associated with client-level Phoenix and CANS/ANSA databases including, but not limited to:

24.2.1. Rewrites to database and/or submittal routines.

24.2.2. Information Technology (IT) staff time used for re-writing, testing or validating data.

24.2.3. Software and/or training purchased to improve data collection.

24.2.4. Staff training for collecting new data elements.

24.2.5. Development of any other BMHS-requested data reporting system.

24.3. Progress Reports from the Contractor that:

24.3.1. Outline activities related to Phoenix database;

24.3.2. Include any costs for software, scheduled staff trainings; and

24.3.3. Include progress to meet anticipated deadlines as specified.

25. Path Services

25.1. The Contractor shall provide services through the PATH program in compliance with the Federal Public Health Services Act, Section 522(b)(10), Part C to individuals who are homeless or at imminent risk of being homeless and who are believed to have Severe Mental Illness (SMI), or SMI and a co-occurring substance use disorder.

25.2. The Contractor shall ensure PATH services include, but are not limited to:

25.2.1. Outreach.

25.2.2. Screening and diagnostic treatment.

25.2.3. Staff training.

25.2.4. Case management.

25.3. The Contractor shall ensure PATH case management services include; but are not limited to:

25.3.1. Assisting eligible homeless individuals with obtaining and coordinating services, including referrals for primary health care.

25.3.2. Assisting eligible individuals with obtaining income support services, including, but not limited to:

25.3.2.1. Housing assistance.

25.3.2.2. Food stamps.

25.3.2.3. Supplementary security income benefits.

25.4. The Contractor shall acknowledge that provision of PATH outreach services may require a lengthy engagement process and that eligible individuals may be difficult to engage, and may or may not have been officially diagnosed with a mental illness at the time of outreach activities.

25.5. The Contractor shall identify a PATH worker to:

25.5.1. Conduct outreach, early intervention, case management, housing and other services to PATH eligible clients.

25.5.2. Participate in periodic Outreach Worker Training programs scheduled by the Bureau of Homeless and Housing Services; and

25.5.3. Provide housing supports, as identified by the Department.

25.6. The Contractor shall comply with all reporting requirements under the PATH Grant.

25.7. The Contractor shall be licensed to provide client level data into the New Hampshire Homeless Management Information System (NH HMIS).

25.8. The Contractor shall be familiar with and follow NH-HMIS policy, including specific information that is required for data entry, accuracy of data entered, and time required for data entry.

25.9. Failure to submit reports or enter data into HMIS in a timely manner could result in delay or withholding of reimbursements until such reports are received or data entries are confirmed by the Department.

25.10. The Contractor shall ensure that each PATH worker provides outreach through ongoing engagement with individuals who:

25.10.1. Are potentially PATH eligible; and

25.10.2. May be referred to PATH services by street outreach workers, shelter staff, police and other concerned individuals.

25.11. The Contractor shall ensure that each PATH worker is available to team up with other outreach workers, police or other professionals in active outreach efforts to engage difficult to engage or hard to serve individuals.

25.12. The Contractor shall conduct PATH outreach is conducted wherever PATH eligible clients may be found.

25.13. The Contractor shall ensure the designated PATH worker assesses each individual for immediacy of needs, and continues to work with each individual to enhance treatment and/or housing readiness.

25.14. The Contractor shall ensure the PATH worker's continued efforts enhance individual safety and treatment while assisting the individual with locating emergency and/or permanent housing and mental health treatment.

25.15. The Department reserves the option to observe PATH performance, activities and documents through this agreement ensuring observations do not unreasonably interfere with Contractor performance.

25.16. The Contractor shall inform BHHS of any staffing changes relative to PATH services.

25.17. The Contractor shall retain all records related to PATH services the latter of either:

25.17.1. A period of five (5) years following the contract completion date and receipt of final payment by the Contractor; or

25.17.2. Until an audit is completed and all questions are resolved.

25.18. The Department reserves the right to make changes to the contract service that do not affect its scope, duration, or financial limitations upon agreement between the Contractor and the Department.

26. Deaf Services

26.1. The Contractor shall work with the Deaf Services Team, employed by Region 6, for all individuals seeking services who would benefit from receiving treatment in American Sign Language (ASL) or from staff who are specially trained to work with the deaf and hard of hearing population.

26.2. The Contractor shall work with the Deaf Services Team in Region 6 for consultation for disposition and treatment planning, as appropriate.

26.3. The Contractor shall ensure treatment plans take the importance of access to culturally and linguistically appropriate services on treatment outcomes into consideration.

26.4. The Contractor shall ensure services are client-directed, which may result in:

26.4.1. Clients being seen only by the Deaf Services Team through CMHC Region 6;

26.4.2. Care being shared across the regions; or

26.4.3. The individual's local CMHC providing care after consultation with the Deaf Services Team.

27. Refugee Interpreter Services

27.1. The Contractor shall ensure general funds are used to provide language interpreter services for eligible uninsured, non-English speaking refugees receiving community mental health services through the mental health provider.

27.2. The Contractor qualifies for general funds for Refugee Interpreter Services because it is located in one of the primary refugee resettlement areas in New Hampshire.

Exhibit B Amendment #2

Method and Conditions Precedent to Payment

1. This Agreement is funded by:
   1.1. 3.68%, Projects for Assistance in Transition from Homelessness (PATH), as awarded on 9/17/2020, by the U.S. Department of Health and Human Services, CFDA 93.150, FAIN X06SM083717-01.
   1.2. 95.71% General funds.
   1.3. 0.61% Other funds. Behavioral Health Services Information System (BHSIS), U.S. Department of Health and Human Services
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The State shall pay the Contractor an amount not to exceed the Price Limitation, specified in Form P-37, General Provisions, Block 1.8 for the services provided by the Contractor pursuant to Exhibit A, Amendment #2 Scope of Services.
4. The Contractor agrees to provide the services in Exhibit A, Amendment #2 Scope of Services in compliance with funding requirements.
5. The Contractor shall provide a Revenue and Expense Budget on a Department-provided template within twenty (20) business days from the effective date of the contract, for Department approval.
6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:
   7.1. For Medicaid enrolled individuals:
      7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
      7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
   7.2. For individuals with other insurance or payors:
      7.2.1. The Contractor shall directly bill the other insurance or payors.
8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the table below define how many units to report or bill.

Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit

23-37 minutes	2 units
38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:

9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program to be Funded	SFY2018 Amount	SFY2019 Amount	SFY2020 Amount	SFY2021 Amount	SFY2022 Amount
Div. for Children Youth and Families (DCYF) Consultation	$ 1,770	$ 1,770	$ 1,770	$ 1,770	$ 1,770
Emergency Services/Mobile Crisis Services (effective SFY 22)	$ 7,708	$ 7,708	$ 7,708	$ 7,708	$ 1,768,077
Mobile Crisis Apartments Occupancy (effective SFY 22)	-	-	-	-	$ 143,000
Assertive Community Treatment Team (ACT) - Adults	$ 225,000	$ 225,000	$ 225,000	$ 225,000	$ 225,000
ACT Enhancement Payments	-	$ 25,000	-	-	$ 12,500
Child and Youth Based Programming and Team Based Approaches (BCBH)	$ 140,000	$ 140,000	$ 140,000	$ 140,000	$ 140,000
Behavioral Health Services Information System (BHSIS)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 10,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)	-	$ 4,000	$ 5,000	$ 5,000	$ 5,000
Rehabilitation for Empowerment, Education and Work (RENEW)	$ 3,945	$ 3,945	$ 6,000	$ 6,000	$ 6,000
PATH Provider (BHS Funding)	$ 36,250	$ 36,250	$ 38,234	$ 38,234	$ 38,234
Housing Bridge Start Up Funding	-	$ 25,000	$ -	-	-
General Training Funding	-	$ 10,000	-	-	$ 5,000
System Upgrade Funding	-	$ 30,000	-	-	$ 15,000
Refugee Interpreter Services	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
VR Work Incentives	-	-	-	-	$ 80,000
System of Care 2.0		-	-	-	$ 263,028
Total	**$ 424,673**	**$ 518,673**	**$ 433,712**	**$ 433,712**	**$ 2,717,609**

9.2. Payment for each contracted service in the above table shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the Department approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of the Department, result in financial penalties not greater than the amount of the directed expenditure.

9.4. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each Department approved invoice for Contractor services provided pursuant to this Agreement.

9.6. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of ***$73.75*** per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Amendment #2 Scope of Services, Division for Children, Youth, and Families (DCYF).

9.7. Emergency Services/Mobile Crisis Services: The Department shall reimburse the Contractor only for those Emergency Services provided to clients defined in Exhibit A, Amendment #2 Scope of Services, Provision of Crisis Services. Effective July 1, 2021, the Contractor shall bill and seek reimbursement for mobile crisis services provided to individuals pursuant to this Agreement as follows:

9.7.1. For Medicaid enrolled individuals through the Department Medicaid Fee for Service program in accordance with the current, publically posted Fee for Service (FFS) schedule.

9.7.2. For Managed Care Organization enrolled individuals the Contractor shall be reimbursed pursuant to the Contractor's agreement with the applicable Managed Care Organization for services.

9.7.3. For individuals with other health insurance or other coverage for the services they receive, the Contractor will directly bill the other insurance or payors.

9.7.4. For individuals without health insurance or other coverage for the services they receive, and for operational costs contained in Exhibits B, Amendment #2 Methods and Conditions Precedent to Payment, or which the Contractor cannot otherwise seek reimbursement from an insurance or third-party payer, the Contractor will directly bill the Department to access contract funds provided through this Agreement.

9.7.4.1. Invoices of this nature shall include general ledger detail indicating the Department is only being invoiced for net expenses, shall only be reimbursed up to the current Medicaid rate for the services provided and contain the following items for each client and line item of service:

9.7.4.1.1. First and last name of client.

9.7.4.1.2. Date of birth.

9.7.4.1.3. Medicaid ID Number.

9.7.4.1.4. Date of Service identifying date, units, and any possible third party reimbursement received.

9.7.5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in the Department-approved budget.

9.7.5.1. The Contractor shall provide a Mobile Crisis Budget on a Department-provided template within twenty (20) business days from the contract effective date for Department approval.

9.7.5.2. Law enforcement is not an authorized expense.

9.8. Crisis Apartments Occupancy: The Contractor shall invoice the Department for the prior month based on the number of beds, the number of days in that month and the daily rate of ***$97.94***. At the end of each quarter the Department will conduct a review of occupancy rates of crisis apartments. The Department may recoup funding to the actual average occupancy rate for the quarter, in whole or in part, if the occupancy rate, on average, is less than 80%

9.9. Assertive Community Treatment Team (ACT) Adults: The Contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A Amendment #2, Scope of Services, Adult Assertive Community Treatment (ACT) Teams.

ACT Costs	**INVOICE TYPE**	**TOTAL COST**
Invoice based payments on invoice	Programmatic costs as outlined on invoice by month	$225,000
ACT Enhancements	Agencies may choose one of the following for a total of 5 (five) one time payments of $5,000.00. Each item may only be reported on one time for payment. 1. Agency employs a minimum of .5 Psychiatrist on Team based on SFY 19 or 20 Fidelity Review. 2. Agency receives a 4 or higher score on their SFY 19 or 20 Fidelity Review for Consumer on Team, Nurse on Team, SAS on Team, SE on Team, or Responsibility for crisis services. ACT Incentives can be drawn down upon completion of the CMHC FY22 Fidelity Review. $6,250 can be drawn down for each incentive to include; intensity and frequency of individualized client care to total $12,500. Intensity of services must be measured between 50-84 minutes of services per client per week on average. Frequency of service	$25,000 in SFY 2019, $12,500 per SFY for 2022

	for an individual must be between 2-3 times per client per week.	

9.10. Child and Youth Based Programming and Team Based Approaches funding to support programming specified in Exhibit A, Amendment #2, Scope of Services.

9.11. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A Amendment #2, Scope of Services.

9.12. MATCH: Funds to be used to support services and trainings outlined in Exhibit A, Amendment #2 Scope of Services. The breakdown of this funding per SFY effective SFY 2020 is outlined below.

TRAC COSTS	CERTIFICATION OR RECERTIFICATION	TOTAL COST
$2,500	$250/Person X 10 People = $2,500	$5,000

9.13. RENEW Sustainability Continuation: The Department shall reimburse the Contractor for RENEW activities outlined in Exhibit A, Amendment #2, Scope of Services, RENEW Sustainability. RENEW costs will be billed on green sheets and will have detailed information regarding the expense associated with each of the following items, not to exceed ***$6,000*** annually. Funding can be used for training of new facilitators; training for an internal coach; coaching IOD for facilitators, coach, and implementation teams; and travel costs.

9.14. PATH Funding: Subject to change based on performance standards, HMIS compliance, SAMHSA requirements, and PATH grant requirements as outlined in Exhibit A, Amendment #2, Scope of Services, PATH Services.

9.15. Housing Support Services including Bridge: The Contractor shall be paid based on an activity and general payment as outlined below. Funds to be used for the provision of services as outlined in Exhibit A, Amendment #2, Scope of Services, in SFY 2019.

Housing Services Costs	INVOICE TYPE	TOTAL COST
Hire of a designated housing support staff	One time payment	$15,000
Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A	One time payment	$10,000

9.16. General Training Funding: Funds are available in SFY 2019 and SFY 2022 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.17. System Upgrade Funding: Funds are available in SFY 2019 and SFY 2022 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Amendment #2, Scope of Services, Data Reporting. Funds may also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, ensuring invoices specify purpose for use of funds.

9.18. Refugee Interpreter Services: Funding to support interpreter services outlined in Exhibit A, Amendment #2 Scope of Services.

9.19. System of Care 2.0: Funds are available in SFY 2022 to support a School Liaison position and associated program expenses as outlined in the below budget table.

School Liaison and Supervisory Positions & Benefits	$130,000
Program Staff Travel	$12,075
Program Office Supplies, Copying and Postage	$8,700
Implementation Science and MATCH-ADTC Training for CMHC staff	$7,500
Professional development for CMHC staff in support of grant goals and deliverables	$30,000
Expenses incurred in the delivery of services not supported by Medicaid, private insurance, or other source	$60,000
Indirect Costs (not to exceed 6%)	$14,753
Total	**$263,028**

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

New Hampshire Department of Health and Human Services

Exhibit K, Amendment #2

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all non-public information owned, managed, created, received for or on behalf of, the Department that is protected by information security, privacy or confidentiality rules, Agreement and state and federal laws or policy. This information may include but is not limited to, derivative data, Protected Health Information (PHI), Personally Identifiable Information (PII), Substance Use Disorder Information (SUD), Federal Tax Information, Social Security Administration, and CJIS (Criminal Justice Information Services) data, including the copy of information submitted known as the Phoenix Data. Confidential Information or Confidential Data shall not include medical records produced and maintained by the contractor in the course of their practice or information owned by the patient/client. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the contractor

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives Confidential Data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or Confidential data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

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

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that Confidential Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees Confidential Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the Confidential Data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting Confidential Data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to

access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the Confidential Data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. If it is infeasible to return or destroy the Confidential Data, protections pursuant to this Information Security Requirements Exhibit survive this contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process Confidential Data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.
6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting

infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such Confidential Data upon request or contract termination; and will obtain written certification for any State of New Hampshire Confidential Data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire Confidential Data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the Confidential Data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate Confidential Data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the Confidential Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to

contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. Omitted.

10. The Contractor will not store, knowingly or unknowingly, any Confidential Data or State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the

level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

    e. limit disclosure of the Confidential Information to the extent permitted by law.

    f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

    g. only authorized End Users may transmit the Confidential Data, including any

derivative files containing personally identifiable information, and in all cases, such Confidential Data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

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VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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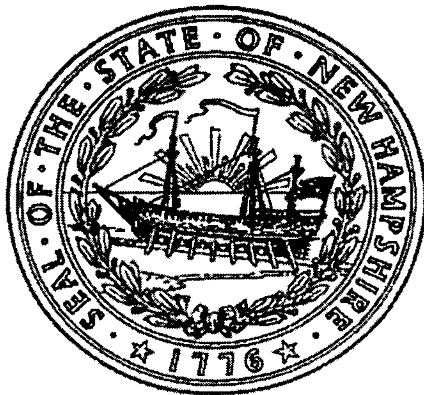
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that RIVERBEND COMMUNITY MENTAL HEALTH, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 25, 1966. 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: **62509**
Certificate Number: **0005334419**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2021.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Andrea D. Beaudoin, hereby certify that:

1. I am a duly elected Assistant Board Secretary of Riverbend Community Mental Health, Inc.

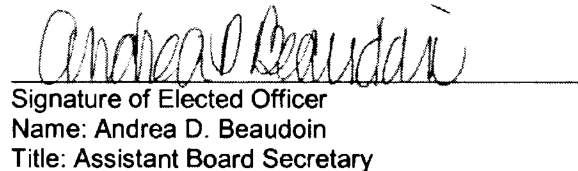
2. The following is a true copy of a vote taken at a meeting of the Board of Directors of the Corporation, duly called and held on February 25, 2021, at which a quorum of the Directors/shareholders were present and voting.

   VOTE: That the President and/or Treasurer is duly authorized on behalf of Riverbend Community Mental Health, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Vote. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed below currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

4. Lisa K. Madden is duly elected President & CEO of the Corporation.

Dated: 6/11/2021



Signature of Elected Officer
Name: Andrea D. Beaudoin
Title: Assistant Board Secretary

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RIVERCOM12

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/09/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	PHONE (A/C, No, Ext): 855 874-0123	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Philadelphia Indemnity Insurance Co.	18058
INSURED Riverbend Community Mental Health Inc. 278 Pleasant Street Concord, NH 03301	INSURER B : Granite State Healthcare & Human Svc WC	NONAIC
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT [X] LOC OTHER:			PHPK2187101	10/01/2020	10/01/2021	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
								$
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			PHPK2187103	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB CLAIMS-MADE DED [X] RETENTION $10K			PHUB740241	10/01/2020	10/01/2021	EACH OCCURRENCE	$10,000,000
							AGGREGATE	$10,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		HCHS20210000416 HCHS20210000418 3A States: NH	02/01/2021 02/01/2021	02/01/2022 02/01/2022	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	Professional Liability			PHPK2187101	10/01/2020	10/01/2021	$1,000,000 Ea. Incident $3,000,000 Aggregate	

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

CERTIFICATE HOLDER	CANCELLATION
NH DHHS 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

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Mission

We care for the behavioral health of our community.

Vision

- *We provide responsive, accessible, and effective mental health services.*
- *We seek to sustain mental health and promote wellness.*
- *We work as partners with consumers and families.*
- *We view recovery and resiliency as an on-going process in which choice, education, advocacy, and hope are key elements.*
- *We are fiscally prudent and work to ensure that necessary resources are available to support our work, now and in the future.*

Values

- *We value diversity and see it as essential to our success.*
- *We value staff and their outstanding commitment and compassion for those we serve.*
- *We value quality and strive to continuously improve our services by incorporating feedback from consumers, families and community stakeholders.*
- *We value community partnerships as a way to increase connections and resources that help consumers and families achieve their goals.*

Revised 8-23-07

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Riverbend Community Mental Health, Inc.

FINANCIAL STATEMENTS

June 30, 2020

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Riverbend Community Mental Health, Inc.
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Kittell Branagan & Sargent
Certified Public Accountants
Vermont License # 167

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Riverbend Community Mental Health, Inc.
Concord, New Hampshire

Report on the Financial Statements

We have audited the accompanying financial statements of Riverbend Community Mental Health, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2020 and 2019, and the related statements of operations and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Riverbend Community Mental Health, Inc. as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on Pages 18 through 21 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

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Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated September 22, 2020, on our consideration of Riverbend Community Mental Health, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Riverbend Community Mental Health, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Riverbend Community Mental Health, Inc.'s internal control over financial reporting and compliance.

Kittell, Branagan + Sargent

St. Albans, Vermont
September 22, 2020

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Riverbend Community Mental Health, Inc.
STATEMENTS OF FINANCIAL POSITION
June 30,

ASSETS

	2020	2019
CURRENT ASSETS		
Cash and cash equivalents	$ 8,821,845	$ 2,392,018
Client service fees receivable, net	1,340,309	1,929,981
Other receivables	2,041,243	1,430,061
Investments	7,676,854	7,718,954
Prepaid expenses	158,782	107,016
Tenant security deposits	27,244	26,286
TOTAL CURRENT ASSETS	20,066,277	13,604,316
PROPERTY & EQUIPMENT, NET	11,930,491	12,344,584
OTHER ASSETS		
Investment in Behavioral Information Systems	109,099	105,125
TOTAL ASSETS	$ 32,105,867	$ 26,054,025

LIABILITIES AND NET ASSETS

	2020	2019
CURRENT LIABILITIES		
Accounts payable	$ 170,683	$ 314,218
Accrued expenses	1,050,813	1,148,220
Tenant security deposits	27,244	26,286
Accrued compensated absences	925,969	766,213
Current portion of long-term debt	242,475	229,808
Deferred revenue	10,936	27,362
TOTAL CURRENT LIABILITIES	2,428,120	2,512,107
LONG-TERM LIABILITIES		
Long-term debt, less current portion	12,278,876	7,505,192
Unamortized debt issuance costs	(222,971)	(248,865)
Long-term debt, net of unamortized debt issuance costs	12,055,905	7,256,327
Interest rate swap liability	486,672	155,125
TOTAL LONG-TERM LIABILITIES	12,542,577	7,411,452
NET ASSETS		
Net Assets without donor restrictions	14,515,692	13,441,914
Net Assets with donor restrictions	2,619,478	2,688,552
TOTAL NET ASSETS	17,135,170	16,130,466
TOTAL LIABILITIES AND NET ASSETS	$ 32,105,867	$ 26,054,025

See Accompanying Notes to Financial Statements.

Riverbend Community Mental Health, Inc.
STATEMENTS OF OPERATIONS
For the Years Ended June 30,

	2020			
	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	All Funds	2019
PUBLIC SUPPORT AND REVENUES				
Public support -				
Federal	$ 2,776,396	$ -	$ 2,776,396	$ 1,669,950
State of New Hampshire -- BBH	1,877,726	10,186	1,887,912	1,418,392
In-kind donations	170,784	-	170,784	170,784
Contributions	174,980	-	174,980	158,523
Other	905,006	-	905,006	740,599
Total Public Support	5,904,892	10,186	5,915,078	4,158,248
Revenues -				
Client service fees, net of provision for bad debts	24,332,689	-	24,332,689	23,739,832
Other	5,498,640	-	5,498,640	5,396,063
Net assets released from restrictions	102,264	(102,264)	-	-
Total Revenues	29,933,593	(102,264)	29,831,329	29,135,895
TOTAL PUBLIC SUPPORT AND REVENUES	35,838,485	(92,078)	35,746,407	33,294,143
PROGRAM AND ADMINISTRATIVE EXPENSES				
Children and adolescents	5,282,195	-	5,282,195	5,412,364
Emergency services	1,030,095	-	1,030,095	984,337
Behavioral Crisis Treatment Ctr	1,504,620	-	1,504,620	319,996
ACT Team	1,582,224	-	1,582,224	1,662,062
Outpatient - Concord	4,834,709	-	4,834,709	5,219,641
Outpatient - Franklin	2,371,863	-	2,371,863	2,371,863
Multi-Service Team - Community Support Program	6,440,718	-	6,440,718	6,311,862
Mobile Crisis Team	2,003,129	-	2,003,129	2,259,419
Community Residence - Twitchell	973,232	-	973,232	995,823
Community Residence - Fellowship	548,445	-	548,445	539,079
Restorative Partial Hospital	410,899	-	410,899	554,519
Supportive Living - Community	1,335,925	-	1,335,925	1,441,949
Other Non-BBH	4,180,076	-	4,180,076	3,811,589
Administrative	1,998,798	-	1,998,798	35,308
TOTAL PROGRAM & ADMINISTRATIVE EXPENSES	34,496,928	-	34,496,928	31,919,811
EXCESS OF PUBLIC SUPPORT AND REVENUE OVER EXPENSES FROM OPERATIONS	1,341,557	(92,078)	1,249,479	1,374,332
OTHER INCOME				
Investment Income	63,767	23,004	86,771	148,904
TOTAL INCREASE (DECREASE) IN NET ASSETS	1,405,324	(69,074)	1,336,250	1,523,236
NET ASSETS, BEGINNING OF YEAR	13,441,914	2,688,552	16,130,466	14,812,490
Change in fair value of interest rate swap	(331,546)	-	(331,546)	(205,260)
NET ASSETS, END OF YEAR	$ 14,515,692	$ 2,619,478	$ 17,135,170	$ 16,130,466

See Accompanying Notes to Financial Statements.

Riverbend Community Mental Health, Inc.
STATEMENTS OF CASH FLOWS
For the Years Ended June 30,

	2020	2019
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in net assets	$ 1,336,250	$ 1,523,236
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,154,082	986,676
Unrealized (gain) loss on investments	(40,114)	58,896
Loss on disposal of fixed assets	-	3,422
Changes in:		
Client service fee receivables	589,672	(708,001)
Other receivables	(611,182)	(929,033)
Prepaid expenses	(51,766)	(17,755)
Tenant security deposits	-	(125)
Accounts payable and accrued expenses	(81,186)	656,944
Deferred revenue	(16,426)	(40,808)
NET CASH PROVIDED BY OPERATING ACTIVITIES	2,279,330	1,533,452
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of fixed assets	(714,094)	(1,667,168)
Investment activity, net	78,240	(200,671)
NET CASH (USED) BY INVESTING ACTIVITIES	(635,854)	(1,867,839)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from issuance of PPP loan	5,017,927	-
Principal payments on long-term debt	(231,576)	(200,000)
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	4,786,351	(200,000)
NET INCREASE (DECREASE) IN CASH	6,429,827	(534,387)
CASH AT BEGINNING OF YEAR	2,392,018	2,926,405
CASH AT END OF YEAR	$ 8,821,845	$ 2,392,018
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION		
Cash payments for interest	$ 252,221	$ 215,104
Fixed assets acquired through issuance of long-term debt	$ -	$ 1,200,000

See Accompanying Notes to Financial Statements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Riverbend Community Mental Health, Inc. (Riverbend) is a nonprofit corporation, organized under New Hampshire law to provide services in the areas of mental health, and related non-mental health programs. The organization qualifies for the charitable contribution deduction under Section 170 (b)(1)(a) and has been classified as an organization that is not a private foundation under Section 509(a)(2). It operates in the Merrimack and Hillsborough counties of New Hampshire.

Income Taxes

Riverbend Community Mental Health, Inc., is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, it is exempt from income taxes on its exempt function income.

Consideration has been given to uncertain tax positions. The federal income tax returns for the years ended after June 30, 2017, remain open for potential examination by major tax jurisdictions, generally for three years after they were filed.

Related Organizations

Riverbend is an affiliate of Capital Region Health Care (CRHC). CRHC is a comprehensive healthcare service system consisting of one hospital, one visiting nurse association, real estate holding companies and a variety of physician service companies. The affiliation exists for the purpose of integrating and improving the delivery of healthcare services to the residents of the central New Hampshire area.

Penacook Assisted Living Facility (PALF) is managed by Riverbend. PALF is a 501(c)(3) organization and operates the "John H. Whitaker Place" assisted care community located in Penacook, New Hampshire.

Basis of Presentation

The financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) "Audit and Accounting Guide for Not-for-Profit Organizations" (the "Guide"). (ASC) 958-205 was effective January 1, 2018.

Under the provisions of the Guide, net assets and revenues and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of Riverbend and changes therein are classified as follows:

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 Riverbend. Riverbend's board may designate assets without restrictions for specific operational purposes from time to time.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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 Non-Profit Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles require management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Property
Property is recorded at cost or, if donated, at fair market value at the date of donation. Depreciation is provided using both straight-line and accelerated methods, over the estimated useful lives of the assets.

Depreciation
The cost of property, equipment and leasehold improvements is depreciated over the estimated useful life of the assets using the straight-line method. Estimated useful lives range from 3 to 40 years.

Grants
Riverbend receives a number of grants from and has entered into various contracts with the State of New Hampshire and the federal government related to the delivery of mental health services.

Vacation Pay and Fringe Benefits
Vacation pay is accrued and charged to the programs when earned by the employee. Fringe benefits are allocated to the appropriate program expense based on the percentage of actual time spent on the programs.

In-Kind Donations
Various public and private entities have donated facilities for Riverbend's operational use. The estimated fair value of such donated services is recorded as offsetting revenues and expenses in the accompanying statement of revenue support and expenses of general funds.

Revenue
Grant revenue received by Riverbend is deferred until the related services are provided.

Accounts Receivable
Accounts receivable are recorded based on the amount billed for services provided, net of respective allowances.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Policy for Evaluating Collectability of Accounts Receivable

In evaluating the collectability of accounts receivable, Riverbend analyzes past results and identifies trends for each major payor source of revenue for the purpose of estimating the appropriate amounts of the allowance for doubtful accounts. Data in each major payor source is regularly reviewed to evaluate the adequacy of the allowance for doubtful accounts. Specifically, for receivables relating to services provided to clients having third-party coverage, an allowance for doubtful accounts and a corresponding provision for bad debts are established for amounts outstanding for an extended period of time and for third-party payors experiencing financial difficulties; for receivables relating to self-pay clients, a provision for bad debts is made in the period services are rendered based on experience indicating the inability or unwillingness of clients to pay amounts for which they are financially responsible.

Based on management's assessment, Riverbend provides for estimated uncollectible amounts through a charge to earnings and a credit to a valuation allowance. Balances that remain outstanding after Riverbend has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable.

Riverbend has recorded an estimate in the allowance for doubtful accounts of $1,545,038 and $2,133,943 as of June 30, 2020 and 2019, respectively. The allowance for doubtful accounts represents 54% and 53% of total accounts receivable as of June 30, 2020 and 2019, respectively.

Client Service Revenue

Riverbend recognizes client service revenue relating to services rendered to clients that have third-party payor coverage and are self-pay. Riverbend receives reimbursement from Medicare, Medicaid and Insurance Companies at defined rates for services to clients covered by such third-party payor programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as allowances when received. For services rendered to uninsured clients (i.e., self-pay clients), revenue is recognized on the basis of standard or negotiated discounted rates. At the time services are rendered to self-pay clients, a provision for bad debts is recorded based on experience and the effects of newly identified circumstances and trends in pay rates. Client service revenue (net of contractual allowances and provision for bad debts) recognized during the year ended June 30, 2020 totaled $24,332,689, of which $23,875,118 was revenue from third-party payors and $457,571 was revenue from self-pay clients.

Riverbend has agreements with third-party payors that provide payments to Riverbend at established rates. These payments include:

New Hampshire Medicaid

Riverbend is reimbursed for services rendered to Medicaid clients on the basis of fixed Fee for Service rates.

New Hampshire Healthy Families

This a managed care organization that reimburses Riverbend Medicaid funds for services rendered on a fee for service and capitated structure.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Beacon Wellness
This a managed care organization that reimburses Riverbend Medicaid funds for services rendered on a fee for service and capitated structure.

Amerihealth
This a managed care organization that reimburses Riverbend Medicaid funds for services rendered on a fee for service and capitated structure.

State of New Hampshire
Riverbend is reimbursed for certain expenses through support from the State of New Hampshire general funds accounts. Assertive Continuous Treatment Teams (ACT) for both adults and children, Mobile Crisis Teams, Refugee Interpreter Services are such accounts.

Concord Hospital
Riverbend is reimbursed for certain projects through support from the Concord Hospital for behavioral health services rendered in the emergency room inpatient psychiatric unit and for general administrative services are all reimbursed on a contractual basis.

Approximately 86% and 83% of net client service revenue is from participation in the state-sponsored Medicaid programs for the year ended June 30, 2020, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is possible that recorded estimates could change materially in the near term.

Interest Rate Swap Agreements
Riverbend has adopted professional accounting standards which require that derivative instruments be recorded at fair value and included in the statement of financial position as assets or liabilities. Riverbend uses interest rate swaps to manage risks related to interest rate movements. Interest rate swap contracts are reported at fair value. Riverbend's interest rate risk management strategy is to stabilize cash flow requirements by maintaining contracts to convert variable rate debt to a fixed rate.

Advertising
Advertising costs are expensed as incurred. Total costs were $105,856 and $168,402 at June 30, 2020 and 2019, respectively.

NOTE 2 CASH

At June 30, 2020 and 2019, the carrying amount of cash deposits was $8,849,089 and $2,418,304 and the bank balance was $8,960,504 and $2,578,539. Of the bank balance, $633,352 and $631,957 was covered by federal deposit insurance under written agreement between the bank and Riverbend, $8,325,265 and $1,946,453 was offset by debt, and the remaining $1,886 and $129 is uninsured.

NOTE 3 ACCOUNTS RECEIVABLE

	2020	2019
ACCOUNTS RECEIVABLE - TRADE		
Due from clients	$ 549,836	$1,386,938
Receivable from insurance companies	384,282	643,200
Medicaid receivable	1,592,141	1,672,318
Medicare receivable	352,906	355,388
Housing fees	6,182	6,080
	2,885,347	4,063,924
Allowance for doubtful accounts	(1,545,038)	(2,133,943)
	$1,340,309	$1,929,981

	2020	2019
ACCOUNTS RECEIVABLE - OTHER		
Merrimack County Drug Court	$ -	$ 125,244
Concord Hospital	224,245	560,969
Federal Grants	831,148	556,152
Behavioral Information System - BIS	80,690	58,910
Beacon Health Options - MCO	292,525	76,081
MCO Directed Payments	488,022	-
State of NH - LTCSP	66,300	-
Due from Penacook Assisted Living Facility	13,545	23,104
Other	44,768	29,601
	$2,041,243	$1,430,061

NOTE 4 INVESTMENTS

Riverbend has invested funds in various pooled funds with Harvest Capital Management. The approximate breakdown of these investments are as follows at June 30,:

2020	Cost	Unrealized Gain (Loss)	Market Value
Cash & Money Market	$ 433,019	$ -	$ 433,019
Corporate Bonds	410,571	(11,028)	399,543
Exchange Traded Funds	4,157,008	391,102	4,548,110
Equities	74,672	(13,490)	61,182
Mutual Funds	2,303,481	(68,481)	2,235,000
	$7,378,751	$ 298,103	$7,676,854

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NOTE 4 INVESTMENTS (continued)

2019	Cost	Unrealized Gain (Loss)	Market Value
Cash & Money Market	$ 104,999	$ -	$ 104,999
Corporate Bonds	636,487	(17,410)	619,077
Exchange Traded Funds	4,323,234	414,084	4,737,318
Equities	115,144	(7,966)	107,178
Mutual Funds	2,200,571	(50,189)	2,150,382
	$7,380,435	$ 338,519	$7,718,954

Investment income (losses) consisted of the following at June 30,:

	2020	2019
Interest and dividends	$ 221,171	$ 219,369
Realized losses	(50,750)	(90,398)
Unrealized gains (losses)	(40,114)	58,896
Fee expenses	(47,510)	(42,748)
Returns from BIS	3,974	3,785
TOTAL	$ 86,771	$ 148,904

NOTE 5 FAIR VALUE MEASUREMENTS

Professional accounting standards established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1- Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2- Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

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NOTE 5 FAIR VALUE MEASUREMENTS (continued)

Level 3- Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

All investments are categorized as Level 1 and recorded at fair value, as of June 30, 2020. As required by professional accounting standards, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

NOTE 6 PROPERTY AND EQUIPMENT

Property and equipment, at cost:

	2020	2019
Land	$ 1,275,884	$ 1,275,884
Buildings	17,652,170	17,183,576
Leasehold Improvements	530,136	439,942
Furniture and Fixtures	3,962,983	3,770,563
Equipment	1,930,086	1,930,086
Software licenses	162,848	162,848
CIP	-	37,024
	25,514,107	24,799,923
Accumulated Depreciation	(13,583,616)	(12,455,339)
NET BOOK VALUE	$11,930,491	$12,344,584

NOTE 7 OTHER INVESTMENTS

Behavioral Information System

Riverbend entered into a joint venture with another New Hampshire Community Mental Health Center. Under the terms of the joint venture, Riverbend invested $52,350 for a 50% interest in Behavioral Information Systems (BIS).

The investment is being accounted for under the equity method. Accordingly, 50% of the BIS operating income for the year has been reflected on the books of Riverbend.

During the years June 30, 2020 and 2019, Riverbend paid BIS $179,660 and $278,271, respectively, for software support and services.

Included in accounts receivable was $80,540 and $58,910 in amounts due from BIS at June 30, 2020 and 2019, respectively.

Included in accounts payable was $12,762 and $58,268 in amounts due to BIS at June 30, 2020 and 2019, respectively.

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NOTE 8 LONG-TERM DEBT

Long-term debt consisted of the following as of June 30,:

	2020	2019
Mortgage payable, $1,200,000 note dated 6/10/19, secured by Pleasant St. property. Interest at 3.8%, annual principal and interest payments of $5,630 with a final balloon payment of $946,441 due June, 2029	$ 1,178,424	$1,200,000
Bond payable, TD Banknorth dated February 2003, interest at a fixed rate of 3.06% with annual debt service payments of varying amounts ranging from $55,000 in July 2004 to $375,000 in July 2034. Matures July 2034. The bond is subject to various financial covenant calculations.	3,045,000	3,205,000
Bond payable, NHHEFA dated September 2017, interest at a fixed rate of 2.76% through a swap agreement expiring 9/1/2028 annual debt service payments of varying amounts ranging from $55,000 in July 2017 to $475,000 in July 2038. Matures July 2038. The bond is subject to various financial covenant calculations.	3,280,000	3,330,000
Note payable, TD Banknorth dated April 2020. PPP loan with the ability to be forgiven in FY 21. Interest at 1%, monthly principal and interest payments of $278,774 beginning November 2020 due March 2022.	5,017,927	-
	12,521,351	7,735,000
Less: Current Portion	(242,475)	(229,808)
Long-term Debt	12,278,876	7,505,192
Less: Unamortized debt issuance costs	(222,971)	(248,865)
	$ 12,055,905	$ 7,256,327

NOTE 8 LONG-TERM DEBT (continued)

The aggregate principal payments of the long-term debt for the next five years and thereafter are as follows:

Year Ending June 30,	Amount
2021	$ 242,475
2022	5,271,284
2023	264,272
2024	275,109
2025	286,295
Thereafter	6,181,916
	$ 12,521,351

Riverbend has an irrevocable direct pay letter of credit which is associated with the 2008 bond. The letter of credit is for the favor of the Trustee of the bond for the benefit of the bond holders under the bond indenture dated September 1, 2017. The letter is for $3,395,000 and expires September 1, 2028.

NOTE 9 DEFERRED INCOME

	2020	2019
Concord Hospital/Dartmouth Hitchcock	$ 10,936	$ 27,362

NOTE 10 LINE OF CREDIT

As of June 30, 2020, Riverbend had available a line of credit with an upper limit of $1,500,000. At that date no borrowings were outstanding against the line of credit. These funds are available with an interest rate of TD Bank, N.A. base rate plus .25%, adjusted daily. This line of credit is secured by all accounts receivable of the company and is due on demand. The next review date will be November 30, 2020 and the decision to review the line of credit will be at the sole discretion of the lender.

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NOTE 11 RELATED PARTY

Penacook Assisted Living Facility, Inc., an affiliate, owed Riverbend at year end.

The balance is comprised of the following at June 30,:

	2020	2019
Ongoing management and administrative services, recorded in other accounts receivable	$ 12,302	$ 21,243

Riverbend collected $110,539 and $95,992 for property management services, $55,918 and $54,710 for contracted housekeeping services and $-0- and $75,000 for a developers fee from the affiliate during the years ended June 30, 2020 and 2019, respectively.

NOTE 12 EMPLOYEE BENEFIT PLAN

Riverbend makes contributions to a 403(b) plan on behalf of its employees. This program covers substantially all full-time employees. During the years ended June 30, 2020 and 2019, such contributions were $366,705 and $338,574, respectively.

NOTE 13 OPERATING LEASES

Riverbend leases operating facilities from various places. The future minimum lease payments are as follows:

Year Ending June 30,	Amount
2021	$ 122,722
2022	124,470
2023	91,491
2024	35,070
2025	32,042
	$ 405,795

Total rent expense for the years ended June 30, 2020 and 2019 was $138,092 and $144,593, respectively.

NOTE 14 LIQUIDITY

The following reflects Riverbend's financial assets available within one year of June 30, 2020 for general expenditures are as follows:

Cash and Cash Equivalents	$ 8,821,845
Accounts Receivable (net)	3,381,552
Investments	7,676,854
Financial assets, at year end	19,880,251
Less those unavailable for general expenditures within one year due to:	
Restricted by donor with time or purpose restrictions	(2,619,478)
Financial assets available within one year for general expenditures	$17,260,773

Restricted deposits, and reserves are restricted for specific purposes and therefore are not available for general expenditures.

Investments in real estate and partnerships are not included as they are not considered to be available within one year.

As part of the Riverbend's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.

NOTE 15 NET ASSETS WITH DONOR RESTRICTIONS

Net Assets with donor restrictions are restricted and summarized as follows as of June 30, 2020:

	2020		
	Purpose Restricted	Perpetual in Nature	Total
Babcock Fund	$ 144,835	$ -	$ 144,835
Capital Campaign Fund	-	2,332,760	2,332,760
Development Fund	141,883	-	141,883
	$ 286,718	$ 2,332,760	$ 2,619,478

NOTE 15 NET ASSETS WITH DONOR RESTRICTIONS (continued)

	2019		
	Purpose Restricted	Perpetual in Nature	Total
Babcock Fund	$ 144,835	$ -	$ 144,835
Capital Campaign Fund	-	2,412,487	2,412,487
Development Fund	131,230	-	131,230
	$ 276,065	$ 2,412,487	$ 2,688,552

On December 28, 1978 the Jo Babcock Memorial Fund was established by Henry Frances Babcock of Belmont, MA, in memory of their daughter. Designated for the treatment of outpatients, in particular those who are unable to pay for services, the Babcock Fund, may also be used to purchase equipment for research or treatment.

The initial gift consisted of 250 shares of Merck stock, in street form. The stocks were subsequently sold. In 1979, the Babcock Family sent additional funds in the form of bonds, etc.

Capital Campaign Fund – *(Charles Schwab)*

In the spring of 2003, Riverbend Community Mental Health completed a campaign seeking to raise capital support from community leaders, families, friends, corporations, and foundations. The campaign was intended to identify urgent capital projects that could expand and improve services to a relatively underserved population of clients.

The overall campaign is also intended to provide new and improved facilities for the Riverbend community, and enhance the services provided to the patients at Riverbend Community Mental Health, Inc.

The Development Fund – *(Charles Schwab)*

The Development Fund consists of agreements with various corporations and foundations that specifically designate their contributions to be utilized for supporting program service expenses; funds are restricted in order for Riverbend to ensure that almost all of each individual contribution received can go toward supporting programs and initiatives that benefit the community.

NOTE 15 NET ASSETS WITH DONOR RESTRICTIONS (continued)

Below is the breakdown of the restricted activity above for the year ending June 30, 2020:

	2020	2019
Investment Income	$ 71,912	$ 21,918
Unrealized gain (loss) on Investments	(32,028)	16,098
Investment Fees	(16,880)	(17,963)
Total Annuity Activity	23,004	20,053
New Grants	10,186	3,260
Net assets released from restrictions	(102,264)	(96,431)
Beginning Assets with Donor Restrictions	2,688,552	2,761,670
Ending Assets with Donor Restrictions	$ 2,619,478	$ 2,688,552

NOTE 16 RISKS & UNCERTAINTIES

As a result of the spread of the COVID-19 Coronavirus, economic uncertainties have arisen which are likely to negatively impact net income. Other financial impact could occur though such potential impact and the duration cannot be reasonably estimated at this time. Possible effects may include, but are not limited to, disruption to the Riverbend's customers and revenue, absenteeism in the Riverbend's labor workforce, unavailability of products and supplies used in operations, and decline in value of assets held by the Riverbend, including receivables and property and equipment.

Due to these economic uncertainties Riverbend applied for and received Federal support and aid funding through the Paycheck Protection Program (aka PPP) and the Provider Relief Fund, which was implemented as part of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). These proceeds were used to cover payroll costs, certain interest payments, rent, and utility costs. These funds were one-off unanticipated payments and any future relief is uncertain.

On April 1, 2020, Riverbend successfully petitioned all three managed care organizations to waive the Maintenance of Effort (MOE) provisions in each of the respective provider service agreements. The waiver period is effective only for the period of July 1, 2019 through June 30, 2020, and is thereafter reinstated. An extension to waive the MOE requirements beyond this effective period is also uncertain at this time.

NOTE 17 SUBSEQUENT EVENTS

In accordance with professional accounting standards, Riverbend has evaluated subsequent events through September 22, 2020, which is the date the financial statements were available to be issued. Events requiring recognition as of June 30, 2020, have been incorporated into the financial statements herein.

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SUPPLEMENTARY INFORMATION

Riverbend Community Mental Health Inc.
SCHEDULE OF FUNCTIONAL REVENUES
For the Year Ended June 30, 2020, with
Comparative Totals for 2019

	2020 Total	Total Admin.	Total Programs	Children & Adolescents	Emergency Services/ Assessment	Behavioral Crisis Treatment Ctr.	Restorative Partial Hospital	Choices, RCA, Inpatient, Autism, Drug Court (Non-Eligibles)	ACT Team	Multi-Service Team	Mobile Crisis Team	Comm. Res. Twitchell	Comm. Res. Fellowship	Comm. Supp. Living	Other (Non-BBH)	2019
PROGRAM SERVICE FEES																
Net Client Fees	$ 457,571	$ 37	$ 457,534	$ 65,825	$ (1,016)	$ (8,322)	$ (4,725)	$ 78,036	$ 19,465	$ 194,510	$ 13,110	$ 47,248	$ (1,094)	$ 30,842	$ 23,655	$ 469,281
HMO's	731,912	-	731,912	257,867	17,281	8,473	118	273,360	9,106	143,843	18,339	-	-	-	3,525	962,740
Blue Cross/Blue Shield	429,731	-	429,731	102,922	12,790	8,215	(1,447)	185,944	9,031	94,565	13,764	-	-	-	3,947	534,156
Medicaid	21,012,213	1,413,163	19,599,050	4,467,136	129,761	112,178	234,994	1,371,081	861,779	10,834,013	175,288	428,680	313,226	400,347	270,567	19,781,476
Medicare	729,129	-	729,129	1,591	609	3,388	3,787	253,624	20,206	439,241	5,949	(9)	-	46	697	895,652
Other Insurance	538,458	-	538,458	107,201	16,218	9,440	(1,303)	275,389	10,098	107,279	11,801	-	-	-	2,335	655,435
Other Program Fees	433,675	-	433,675	21,674	700	(169)	5,867	8,485	-	10,403	40	137,328	-	241,962	7,385	441,092
PROGRAM SALES																
Service	5,498,640	6,600	5,492,040	2,145	1,085,857	-	-	1,616,638	-	35,241	40,000	-	-	-	2,712,159	5,396,063
PUBLIC SUPPORT																
United Way	11,465	-	11,465	8,662	-	-	-	-	-	-	-	-	-	-	2,803	3,366
Local/County Gov't.	2,500	-	2,500	2,500	-	-	-	-	-	-	-	-	-	-	-	4,000
Donations/Contributions	174,980	7,620	167,360	41,252	-	-	1,115	3,136	1,330	26,204	1,000	1,135	-	-	92,188	158,523
Other Public Support	576,388	13,788	562,600	7,931	-	-	-	530,534	-	6,125	-	-	-	-	18,010	650,050
FEDERAL FUNDING																
Other Federal Grants	2,738,162	550,000	2,188,162	-	-	711,356	-	-	120,234	5,000	573,870	-	-	-	777,702	1,633,700
PATH	38,234	-	38,234	-	-	-	-	-	-	-	-	-	-	38,234	-	36,250
IN-KIND DONATIONS	170,784	-	170,784	5,200	-	-	-	-	-	-	-	144,886	-	20,698	-	170,784
OTHER REVENUES	314,653	7,590	307,063	17,621	17,396	24,904	1,230	17,627	9,316	51,734	47,026	23,597	-	34,321	62,291	83,183
BBH	1,887,912	-	1,887,912	8,456	7,708	711,356	-	88,179	244,766	3,000	824,447	-	-	-	-	1,418,392
TOTAL PROGRAM REVENUES	$ 35,746,407	$ 1,998,798	$ 33,747,609	$ 5,117,983	$ 1,287,304	$ 1,580,819	$ 239,636	$ 4,702,033	$ 1,305,331	$ 11,951,158	$ 1,724,634	$ 782,865	$ 312,132	$ 766,450	$ 3,977,264	$ 33,294,143

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Riverbend Community Mental Health Inc.
SCHEDULE OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2020, with
Comparative Totals for 2019

	2020 Totals	Total Admin.	Total Programs	Children & Adolescents	Emergency Services/ Assessment	Behavioral Crisis Treatment Ctr.	Restorative Partial Hospital	Choices, RCA, Inpatient, Autism, Drug Court (Non-Eligibles)	ACT Team	Mult-Service Team	Mobile Crisis Team	Comm. Res. Twitchell	Comm. Res. Fellowship	Comm. Supp. Living	Other (Non-BBH)	2019
PERSONNEL COSTS																
Salary &Wages	$ 22,118,232	$ 1,370,750	$ 20,747,482	$ 3,366,838	$ 734,428	$ 914,008	$ 216,508	$ 3,303,600	$ 1,040,212	$ 5,804,684	$ 1,458,898	$ 528,323	$ -	$ 724,749	$ 2,655,234	$ 20,281,709
Employee Benefits	4,425,729	348,488	4,077,241	745,730	96,387	140,167	53,548	451,245	277,669	1,331,484	197,913	111,703	-	206,177	465,218	4,100,848
Payroll Taxes	1,472,693	93,820	1,378,873	237,670	51,227	48,377	15,134	208,135	57,514	402,141	85,357	35,241	-	52,422	185,655	1,471,532
PROFESSIONAL FEES																
Substitute Staff	404,546	41,863	362,683	550	2,800	188,537	-	61,175	-	22,400	-	-	-	-	87,221	594,780
Accounting	43,370	43,370	-	-	-	-	-	-	-	-	-	-	-	-	-	46,363
Legal Fees	86,998	86,998	-	-	-	-	-	-	-	-	-	-	-	-	-	35,305
Other Prof. Fees/Consul.	1,384,293	536,764	847,529	54,892	3,491	12,263	1,194	77,602	3,714	55,967	3,080	2,336	541,245	1,793	89,952	1,324,110
STAFF DEV. & TRAINING																
Journals & Pub.	4,844	1,167	3,677	442	-	233	22	1,134	23	361	296	519	-	-	647	8,606
Conferences and Conv.	79,752	3,972	75,780	11,822	1,467	4,050	123	18,180	2,459	21,442	5,099	1,084	-	1,344	8,710	77,539
OCCUPANCY COSTS																
Rent	166,169	27,412	138,757	22,220	-	-	36,256	38,537	884	-	-	-	-	-	40,860	169,440
Heating Costs	64,562	9,182	55,380	6,974	1,377	2,401	1,373	8,605	752	11,488	1,456	-	-	18,157	2,797	62,127
Other Utilities	205,592	29,850	175,742	25,892	3,955	6,928	5,470	22,243	6,028	43,610	4,446	12,202	-	34,741	10,227	195,146
Maintenance and Repairs	172,695	37,090	135,605	21,331	2,604	4,477	561	22,702	3,829	31,967	5,425	3,531	-	30,923	8,255	171,632
Taxes	29,216	-	29,216	-	-		-	16,939	-	-	-	-	-	10,395	1,882	5,304
Other Occupancy Costs	41,372	16,857	24,515	1,831	107	209	212	4,597	384	4,200	145	1,352	-	3,766	7,712	42,249
CONSUMABLE SUPPLIES																
Office	417,041	90,428	326,613	56,429	4,330	16,540	5,216	40,936	17,296	100,477	22,423	10,588	-	12,887	39,491	266,863
Building/Household	94,557	10,645	83,912	9,523	1,138	2,110	3,099	8,407	2,510	17,762	10,273	9,837	-	15,031	4,222	69,529
Educational/Training	21,278	-	21,278	14,379	-	-	402	3,379	433	2,059	-	94	-	-	532	33,330
Food	75,139	12,444	62,695	4,923	310	3,024	13,391	5,584	223	4,155	10,166	16,184	-	2,649	2,086	83,208
Medical	232,232	11,008	221,224	1,925	60	557	206	43,156	1,090	6,957	1,806	1,339	-	484	163,644	97,346
ADVERTISING	105,856	50,626	55,230	7,648	595	7,362	641	4,595	2,067	12,175	3,110	1,202	-	1,671	14,164	168,401
PRINTING	38,301	27,289	11,012	1,962	45	226	92	2,328	81	4,162	323	-	-	-	1,793	38,665
TELEPHONE/																
COMMUNICATIONS	369,736	68,280	301,456	51,585	32,594	10,197	2,589	46,517	9,695	69,749	20,428	14,025	-	14,318	29,759	333,255
POSTAGE/SHIPPING	24,708	4,867	19,841	3,442	568	993	774	1,889	810	7,126	1,078	442	-	1,186	1,533	19,134
TRANSPORTATION																
Staff	338,377	55,414	282,963	57,000	132	1,432	45	12,944	32,581	158,285	2,964	1,364	-	7,865	8,351	385,394
Clients	29,204	1,968	27,236	3,560	-	85	12,818	208	3	350	2,964	4,491	-	1,986	771	38,144
INSURANCE															-	
Malpractice and Bonding	179,542	29,682	149,860	18,349	15,430	15,067	2,749	14,185	6,267	30,775	16,238	3,050	-	4,343	23,407	164,333
Vehicles	14,913	1,408	13,505	2,027	-	-	5,077	-	-	767	-	3,713	-	1,921	-	14,142
Comp. Property & Liab.	23,273	4,154	19,119	4,070	393	688	118	3,126	635	4,991	884	86	-	2,936	1,192	21,173
INTEREST EXPENSE	252,221	126,808	125,413	60,463	213	3,046	-	34,566	2,478	-	2,990	-	-	14,828	6,829	215,104
IN-KIND EXPENSE	170,784	-	170,784	5,200	-	-	-	-	-	-	-	144,886	-	20,698	-	170,784
DEPRECIATION AND																
AMORTIZATION	1,154,082	569,612	584,470	157,362	16,188	32,894	6,841	82,411	19,036	131,393	25,501	4,847	-	68,485	39,512	986,676
EQUIPMENT MAINTENANCE	36,147	7,482	28,665	9,694	1,179	846	1,049	3,405	1,170	5,632	610	1,671	-	976	2,433	37,206
MEMBERSHIP DUES	44,393	37,088	7,305	405	-	-	-	5,146	150	794	440	220	-	-	150	43,325
OTHER EXPENDITURES	175,081	45,458	129,623	19,043	1,156	3,299	2,286	15,381	3,264	29,704	6,182	4,178	-	4,076	41,054	147,109
TOTAL EXPENSES	34,496,928	3,802,244	30,694,684	4,985,181	972,174	1,420,016	387,794	4,562,857	1,493,257	8,317,057	1,890,495	918,508	541,245	1,260,807	3,945,293	31,919,811
ADMIN ALLOCATION	-	(1,803,446)	1,803,446	297,014	57,921	84,604	23,105	271,852	88,967	495,524	112,634	54,724	7,200	75,118	234,783	-
TOTAL PROGRAM EXPENSES	34,496,928	1,998,798	32,498,130	5,282,195	1,030,095	1,504,620	410,899	4,834,709	1,582,224	8,812,581	2,003,129	973,232	548,445	1,335,925	4,180,076	31,919,811
SURPLUS/(DEFICIT)	$ 1,249,479	$ -	$ 1,249,479	$ (164,212)	$ 257,209	$ 76,199	$ (171,263)	$ (132,676)	$ (276,893)	$ 3,138,577	$ (278,495)	$ (190,367)	$ (236,313)	$ (569,475)	$ (202,812)	$ 1,374,332

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Riverbend Community Mental Health, Inc.
ANALYSIS OF DHHS-BBH REVENUES, RECEIPTS AND RECEIVABLES
For the Year Ended June 30, 2020

	Receivable From BBH Beginning of Year	BBH Revenues Per Audited Financial Statements	Receipts for Year	Receivable from BBH End of Year
Contract Year, June 30, 2020	$ 137,090	$ 1,887,912	$ (1,803,605)	$ 221,397

Analysis of Receipts:

BBH & Federal Fund Payments

Date	Amount	Date	Amount	Date	Amount
07/19/19	$ 111	11/05/19	$ 116,364	03/17/20	$ 36,913
07/23/19	141,796	11/05/19	3,487	03/17/20	167,577
07/24/19	8,177	11/05/19	5,000	03/17/20	129,440
07/26/19	830	11/13/19	1,927	03/17/20	5,164
07/29/19	11,084	12/04/19	60,418	03/23/20	17,994
07/31/19	117,405	12/06/19	10,000	03/23/20	104,791
07/31/19	158,871	12/06/19	4,300	03/23/20	16,879
08/05/19	40,947	12/06/19	20,374	03/27/20	8,232
08/21/19	77,874	12/06/19	14,548	04/09/20	8,833
09/24/19	15,000	12/06/19	122,145	04/09/20	106,164
09/24/19	12,254	12/06/19	127,619	04/10/20	71,379
09/24/19	129,075	12/06/19	3,376	04/14/20	580
09/24/19	128,014	12/09/19	5,781	04/14/20	26,402
09/24/19	3,376	01/02/20	41,259	04/14/20	17,165
09/30/19	25,633	01/16/20	28,345	04/14/20	143,247
09/30/19	136,329	01/16/20	15,597	04/14/20	3,505
10/16/19	5,000	01/16/20	193,366	05/18/20	11,894
10/16/19	33,966	01/16/20	115,841	05/27/20	8,867
10/16/19	20,842	01/16/20	3,376	05/27/20	877
10/16/19	99,914	01/27/20	4,397	05/27/20	7,138
10/16/19	5,264	01/30/20	13,208	05/27/20	11,391
10/29/19	51,791	02/05/20	49,282	05/27/20	201,221
11/04/19	49,322	02/12/20	154,638	05/27/20	128,899
11/04/19	35,682	02/24/20	8,127	05/27/20	3,376
11/05/19	20,464	02/24/20	25,766	06/03/20	4,166
11/05/19	14,337	02/24/20	15,872	06/15/20	478,621
11/05/19	128,432	02/24/20	3,418	06/16/20	68,068
		02/26/20	54,194	06/26/20	2,723
				Less: Federal Monies	(2,681,716)
					$ 1,803,605

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Riverbend Community Mental Health, Inc.
ANALYSIS OF CLIENT SERVICE FEES
For the Year Ended June 30, 2020

	Accounts Receivable, Beginning	Gross Fees	Contractual Allowances & Discounts	Bad Debts and Other Charges	Cash Receipts	Accounts Receivable, Ending
Client fees	$ 1,386,938	$ 3,438,061	$ (2,732,343)	$ (1,069,969)	$ (472,851)	$ 549,836
Blue Cross/Blue Shield	89,397	785,423	(353,221)	13,970	(442,512)	93,057
Medicaid	1,672,318	43,272,696	(22,747,093)	(421,225)	(20,184,555)	1,592,141
Medicare	355,388	1,040,609	(311,481)	3,270	(734,880)	352,906
Other insurance	553,803	2,060,356	(781,983)	(42,225)	(1,498,726)	291,225
Housing fees	6,080	412,285	(8,727)	(2,190)	(401,266)	6,182
TOTALS	$ 4,063,924	$ 51,009,430	$ (26,934,848)	$ (1,518,369)	$ (23,734,790)	$ 2,885,347

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SINGLE AUDIT REPORTS

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Riverbend Community Mental Health, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
For the Year Ended June 30, 2020

Federal Grantor/Program Title	Pass-Through Entity Number	CFDA Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Passed through the State of New Hampshire,			
Department of Health and Human Services:			
NH State Opioid Response		93.788	$ 731,517
Medical Assistance Program		93.778	45,136
Medical Assistance Program		93.778	75,098
			120,234
SAMSHA Projects of Regional and National Significance	5H79SM062163-02	93.243	51,791
Projects for Assistance in Transition from Homelessness	95-42-123010-7926	93.150	38,234
Provider Relief Fund		93.498	550,000
TOTAL EXPENDITURES OF FEDERAL AWARDS			$ 1,491,776

NOTE A BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of Riverbend Community Mental Health, Inc. under programs of the federal government for the year ended June 30, 2030. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Riverbend Community Mental Health, Inc. it is not intended to and does not present the financial position, changes in net assets, or cash flows of Riverbend Community Mental Health, Inc.

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Riverbend Community Mental Health, Inc., has not elected to use the 10 percent de miminis indirect cost rate as allowed under the Uniform Guidance.

Kittell Branagan & Sargent
Certified Public Accountants
Vermont License #167

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

To the Board of Directors
Riverbend Community Mental Health, Inc.
Concord, New Hampshire

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Riverbend Community Mental Health, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2020, and the related statements of operations and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 22, 2020.

Internal Control over Financial Reporting

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

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

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

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Compliance and Other Matters

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

Purpose of this Report

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

Kittell, Branagan + Sargent

St. Albans, Vermont
September 22, 2020

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Kittell Branagan & Sargent
Certified Public Accountants
Vermont License #167

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors of
Riverbend Community Mental Health, Inc.
Concord, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited Riverbend Community Mental Health, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Riverbend Community Mental Health, Inc.'s major federal programs for the year ended June 30, 2020. Riverbend Community Mental Health, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Riverbend Community Mental Health, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Riverbend Community Mental Health, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Riverbend Community Mental Health, Inc.'s compliance.

154 North Main Street, St. Albans, Vermont 05478 | P 802.524.9531 | 800.499.9531 | F 802.524.9533
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Opinion on Each Major Federal Program

In our opinion, Riverbend Community Mental Health, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2020.

Report on Internal Control Over Compliance

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

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

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

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

St. Albans, Vermont
September 22, 2020

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Riverbend Community Mental Health, Inc.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
June 30, 2020

A. SUMMARY OF AUDIT RESULTS

1. The auditor's report expresses an unmodified opinion on whether the financial statements of Riverbend Community Mental Health, Inc. were prepared in accordance with GAAP.

2. There were no significant deficiencies disclosed during the audit of the financial statements. No material weaknesses are reported.

3. No instances of noncompliance material to the financial statements of Riverbend Community Mental Health, Inc., which would be required to be reported in accordance with *Government Auditing Standards,* were disclosed during the audit.

4. There were no significant deficiencies in internal control over major federal award programs disclosed during the audit. No material weaknesses are reported.

5. The auditor's report on compliance for the major federal award programs for Riverbend Community Mental Health, Inc. expresses an unmodified opinion on all major federal programs.

6. There were no audit findings required to be reported in accordance with 2 CFR Section 200.516(a).

7. The programs tested as a major program were:

   93.788 - The Doorways - Hub & Spoke Concord
   93.788 - Medication Assisted Treatment (Waypoint FKA Child & Fam. Svs.)

8. The threshold used for distinguishing between Types A and B programs was $750,000.

9. Riverbend Community Mental Health, Inc. was determined to not be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENTS AUDIT

- There were no findings related to the financial statements audit.

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

- There were no findings or questioned costs related to the major federal award programs.

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Riverbend Community Mental Health, Inc.
Board of Directors
2020-2021

John Barthelmes, **Chair**
James Doremus, **Vice Chair**
Andrea Beaudoin, **Assistant Secretary**
Lisa Madden, **President/CEO**, *Ex Officio*
Frank Boucher
Leslie Combs
Christopher Eddy
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Rabbi Robin Nafshi
Bradley Osgood
Glenn Shepherd
James Snodgrass
Carol Sobelson
Robert Steigmeyer, *Ex Officio*

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Chris Mumford

Experience

2017-present Riverbend Community Mental Health Center Concord, NH

Chief Operating Officer

- Responsible for all administrative aspects within service programs including budget development and management, program planning, working with the Community Affairs Office to develop revenue streams, reporting to funders, and resource deployment.
- Works with program management to insure adequate staff resources by promoting a work environment in which staff are supported, offered rich career development opportunities, and held accountable for performance.
- Develop, monitor, and oversee Riverbend facilities, in conjunction with the Chief Financial Officer, to provide adequate, safe space for clients and staff.
- Work with Chief Financial Officer to develop and oversee a strategic plan for Riverbend facilities.
- Develop, monitor, and oversee Riverbend technology to provide efficient service delivery, documentation, and revenue generation.
- Maintain agency credibility in the community through strong working relationships with other area agencies, working with development and public relations staff to feature positive agency profile, and preparing reports to monitor efficiency and effectiveness of services for internal and external stakeholders.
- Oversee creation of policies and procedures for existing/future services.
- Establish and maintain relationships with insurers and managed care companies as needed.
- Attend agency, community and State meetings to represent Riverbend.
- Update and maintain professional knowledge and skills by attending relevant workshops and trainings, actively reviewing professional literature and seeking ongoing supervision and peer discussion.
- Work with the Bureau of Behavioral Health to implement Bureau directives and programming to meet Bureau expectations.
- Communicate agency values to staff and provide positive leadership to help staff view change as an opportunity.
- Engage in strategic and tactical planning to identify and maximize opportunities to meet community need.
- Maintain positive working relationships with colleagues, direct reports, and others within Riverbend and in the community.
- Act, along with CFO, as CEO in his/her absence.
- Work effectively with other members of senior management and share in coverage of management and clinical responsibilities.

2013-present Riverbend Community Mental Health Center Concord, NH

CSP Program Director

- Provides leadership for program of ~1200 adults with severe and persistent mental illness.
- Direct Supervision for 12 Managers overseeing a program of 80+ staff.
- Assures quality of clinical services of the program.
- Clinical Program development including integrated primary care, therapeutic evidenced-based practices, issues of engagement, and Trauma-informed service delivery.
- Manages program operations to optimize efficient service delivery including policy development.
- Manages resources to obtain positive financial outcomes including budget development.
- Actively engages in collaboration, teamwork, and relationship building to optimize the quality of services, program and agency effectiveness, and employee job satisfaction.

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- Collaboration with other program directors to assure positive and effective program interface.
- Works with senior management to assure program needs are met with regard to personnel, IT, space, and financial resources.
- Establishes and maintains strong working relationships with 5 West, NHH, NFI, NH State Prison, MCHOC, and BBH.
- Assures compliance with documentation and other quality assurance requirements.
- Oversees requirements of State law, rules and regulations including the implementation of the Community Mental Health Agreement as it relates to the program.
- Consultation and education across the agency regarding the Adult Needs & Strengths Assessment, Supported Employment, ACT, DBT, and IMR.
- Member of Agency Committees: Clinical Records, Evidence-based practices, Investment and Quality Council.
- Key participant in the program move to the West Street location including needs assessment, design and coordination of the move.
- Ongoing development and training around working with Borderline Personality Disorder.
- Agency trainer for Adult Eligibility Determinations.

2009-2013 Riverbend Community Mental Health Center Concord, NH

Clinical Team Leader

- Provided clinical and administrative supervision to 7 Adult Clinicians.
- Provided licensure supervision to clinicians from other programs.
- Developed and provided staff training on the topics of Borderline Personality Disorder (BPD) and Dialectical Behavioral Therapy (DBT).
- Managed referrals for individual and group psychotherapy at CSP.
- Managed the intake schedule for CSP.
- Reviewed all forensic referrals to the CSP program and authorizing admission to CSP intake.
- Served as interim NHH liaison and back-up to the NHH liaison.
- Assured program adherence to HeM 401 regarding intakes and eligibility.
- Provided individual psychotherapy to a caseload of up to 20.
- Exceeded benchmark by over 275 hours since 2009 averaging more than 15 hours over per quarter.
- Served on the Clinical Records Committee.
- Coordinated internship opportunities at CSP.
- Trained as a trainer for the Adult Needs and Strengths Assessment (ANSA) tool in 2011.

2003-2009 Riverbend Community Mental Health Center Concord, NH

Adult Clinician I, II, & III

- Provided individual and group psychotherapy for adults suffering with Severe and Persistent Mental Illness.
- Completed weekly assessments for State-supported services (eligibility determinations).
- Provided linkage to outside resources for those CSP applicants determined not eligible for CSP.
- Worked closely with interdisciplinary team.
- Co-led DBT Skills group for over 5 years.
- Proficiency with Dialectical Behavioral Therapy.
- Developed and provided staff training sessions for DBT.
- Developed and facilitated a Men's Anger Management Group.
- Developed and facilitated a Social Skills Group for adults with psychotic disorders.
- Provided short-term and solutions-focused individual psychotherapy with the privately insured client population (those not eligible for CSP) at Riverbend Counseling Associates part-time for about 18 months.

2002-2003 Riverbend Community Mental Health Center Concord, NH

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Residential Psychiatric Rehabilitation Specialist

- Provided Mental Illness Management Services (MIMS) to adults with severe mental illness living in supported housing.
- Medication support services

2002-2003 New Hampshire Hospital Concord, NH

Psychiatric Social Worker *internship*

- Initial assessments on an admission unit.
- Discharge coordination with numerous community agencies.

2001-2002 Carroll County Mental Health Center Wolfeboro, NH

Adult Clinician *internship*

- Individual psychotherapy with adults living with severe mental illness.
- Emergency Services assessment, intervention, and linkage.
- Facilitated voluntary and involuntary psychiatric hospitalizations.

Participation in DBT Skills group

Education

2001-2003 University of New Hampshire Durham, NH

Master of Social Work

- Magna Cum Laude

1994-1998 University of New Hampshire Durham, NH

Bachelor of Arts in Psychology

- Cum Laude

Licensure

Licensed Independent Clinical Social Worker

- March 17, 2007
- License #1367
- Provision of licensure supervision since 2007.

References

References are available on request.

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Jennifer Griffey

Chief Financial Officer

Growth-focused executive with 15 years proven success in all aspects of hospital financial operations, displaying strong leadership and fiscal responsibility even in times of crisis. Drive improvements in budgeting, analytics, financing, and audits. Data-based decision maker with deep understanding of healthcare industry including legal aspects. Strong problem-solving leader who builds rapport and trust with high-performing teams, communicates effectively, achieves consensus among key stakeholders, and directs organizations to success.

Areas of Expertise

- Financial Operations
- Budget Control
- Leadership | Operations
- Contract Negotiations
- Business Strategy
- Performance Improvement
- Controller / GAAP
- ERPs
- Risk Management
- Long-range Financing
- Regulatory Compliance
- Rural/Safety Net Health Systems

Career Accomplishments

Financed $14M radiology department renovation, $13M primary care facility acquisition, and $1.2M pharmacy infusion project.

Revamped patient financial services, reducing days in AR by 10, increasing clean claims rate by 25%, and increasing cash collections by 15% through audit, employee training initiatives, and new software.

Reduced operating expenses by 15% with improved contract negotiation, reducing unnecessary service subscriptions and streamlining inefficient departments.

Maximized cash availability and met all cash obligations to avoid insolvency during COVID 19 and Chapter 11 by limiting non-essential expenses and projects, crafting innovative employee schedules to limit force reduction, and utilizing alternative service lines such as telehealth.

Professional Experience

Chief Finance Officer

Riverbend Community Mental Health Center 2020 to Present

Direct fiscal management of a private, nonprofit community mental health center with 24/7 emergency mobile crisis, addiction counseling, residential programs, counseling services and a $35M annual operating budget.. Key member of the executive team collaborating with the Board of Directors, Senior Management Team and outside stakeholders on key financial issues to ensure financial stability and growth. Oversees the preparation of key statistical and financial reports for submission to major funding sources, regulatory bodies, managed care companies and internal stakeholders. Oversees critical business functions such as A/R, reimbursement rates, internal financial reporting, annual budget, cash management, insurance and acquisition/financing of real estate to meet programmatic needs.

...continued...

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Key Accomplishments:

- Maintained a strong budget and financial plan, achieving support of board and senior leaders, ensuring financial stability during the time of COVID19.
- Negotiated and renewed annual liability insurance with a minimal increase to the annual premium..
- Fostered collaborative environment, providing financial expertise to department managers.

Chief Finance and Operations Officer

Calais Regional Hospital, Calais, Maine 2019 to 2020

Direct fiscal management and operations of 25-bed critical access hospital with Rural Health Clinic and Home Health Divisions and $25M annual budget. Key member of the executive team, collaborating with administration, managers, medical staff, Board of Trustees, outside auditors, financial institutions, and third-party suppliers. Lead operating and capital budgets, maintain funds, expenditures, and business activities, and create strategic plans while complying with regulations. Present information to the Board, managers, auditors, and public. Subject matter expert on several committees to improve hospital direction and functioning.

Key Accomplishments:

- Recruited for role due to unique combination of finance and legal expertise.
- Created a strong budget and financial plan, achieving support of board and senior leaders, establishing financial viability for Chapter 11 bankruptcy exit.
- Negotiated essential vendor contracts to ensure continuity of service during bankruptcy transition.
- Fostered collaborative environment, providing financial expertise to department managers.
- Reduced days in AR from 50 to 40 with effective fiscal policies and procedures, finding weaknesses in revenue cycle, increasing patient service cash collection, and reducing claims denial.

Hospital Controller

Natividad Medical Center, Salinas, CA 2015 to 2019

Led financial operations and internal controls of 173-bed safety net hospital with Level 2 Trauma Center funded through CA 1115 Medicaid Waiver with annual budget of $275M. Oversaw department directors, creating financial plans to increase revenue, contain costs, and meet budget goals. Analyzed revenue trends, service lines, payor mix, and operational statistics, recommending strategic actions for improvements. Produced accurate, timely, and complete financial reports, including balance sheet reconciliation, annual cost report, quarterly OSHPD report, and audits. Maintained comprehensive internal controls to mitigate risk and ensure compliance with GAAP and GASB. Established long range financial plan and annual operating and capital budgets.

Key Accomplishments:

- Implemented financial reporting dashboard providing real time access to financial data and improving decision making and annual budget process.
- Cut AP days outstanding from 30 to 15 by streamlining workflow and establishing KPIs.

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- Managed A/R aging days, ensuring collections met cash needs, monitoring payor contracts and chargemaster data, and reducing repayments due to inaccurate reimbursement.
- Added key information during union labor negotiations, modeling pay/benefit scenarios, and determining financial feasibility of various proposals.
- Reduced month end close days from 25 to 5 by revamping close process and training team on best practices.

Earlier Professional Highlights

Assistant Controller | Accounting Manager

Central California Alliance for Health, Scotts Valley, CA

- Managed financial operations of Medi-Cal Health Plan with $50M operating budget for three counties including month end close, accounts payable, payroll, and annual audits.
- Reduced month end close days from 15 to 5 by automating key reports and journal entries.
- Implemented 1095 reporting requirements under ACA.

Education and Credentials

Master of Science in Accounting, Southern New Hampshire University, Hooksett, NH

Juris Doctor, Lincoln Law School, San Jose, CA

Bachelor of Arts in History, Brigham Young University, Provo, UT

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LISA K. MADDEN, MSW, LICSW

PROFESSIONAL EXPERIENCE

Riverbend Community Mental Health Center, Inc., Concord, NH, 5/2020 – present
President and Chief Executive Officer
Concord Hospital, Concord, NH, 5/2020 – present
Vice President of Behavioral Health
Chief executive for a full service community mental health center serving the greater Concord community. This position is responsible for the oversight of all clinical, financial, human resource, community advocacy and fundraising operations. Riverbend is a member of the Capital Region Health Care system and the President & CEO sits on the Board of Directors. This Vice President of Behavioral Health at Concord Hospital is a member of the senior leadership team. This position works collaboratively with medical and administrative leadership to advance services for those dealing with mental illness and addiction issues. This position is responsible for the oversight of all professional psychiatric services in the facility. The VP works closely with the nursing leadership to manage the inpatient psychiatric treatment services as well.

Southern New Hampshire Health, Nashua, NH, 7/15 – 5/2020
Associate Vice President of Behavioral Health
Executive Director of Region 3 Integrated Delivery Network
Responsible for the oversight of all behavioral health services within Southern New Hampshire Health system, this includes services at Southern New Hampshire Medical Center (SNHMC) and Foundation Medical Partners (FMP). In addition, serve as the Executive Director of the 1115 DSRIP Integrated Delivery Network (ION) for the Greater Nashua region. Duties for both positions include:

- Member of the Executive Leadership Team for both SNHMC and FMP.
- Oversee the program development, implementation and clinical services in the following departments:
    - Emergency Department
    - Partial Hospital Program (PHP)
    - Intensive Outpatient Program for Substance Use Disorders (IOP)
    - 18 bed inpatient behavioral health unit (BHU)
    - Foundation Counseling and Wellness -outpatient clinical services
    - Foundation Collaborative Care - outpatient psychiatric evaluation and medication management
    - Center for Recovery Management - medication for addiction treatment (MAT)
    - Integrated Behavioral Health in Primary Care Practices
- Responsible for the fiscal management of the above.
- Work closely with medical providers, practice managers and staff to address the needs of people living with mental illness and addictions. Addressing issues related to stigma and supporting their efforts to treat everyone with dignity and respect.
- Represent SNHH in community forums including:
    - New Hampshire Hospital Association Behavioral Health Peer Group

- New Hampshire Hospital Association Behavioral Health Learning Collaborative
- Mayor's Suicide Prevention Task Force

- Seek funding for programs from various foundations and organizations.
- Participate in quality reviews and discussions with private insurance companies and state managed care organizations. Discussions include incentive options and program development opportunities for their members.
- Work closely with DHHS leadership to advance clinical treatment options in the community.
- Responsible for the implementation of the 1115 DSRIP waiver in Greater Nashua
  - SNHMC is the fiscal agent for the demonstration.
  - Work closely with 30 community partners to achieve the goals of the waiver.
  - Member of the Workforce Development Policy Subcommittee, focus on legislative opportunities that will assist with addressing the workforce shortage in NH.
  - Participate in extensive governance process that assures transparency in the distribution of funds to community partners.
  - Assure the special terms and conditions established by the state are implemented.

Center for Life Management, Derry, NH
Vice President and Chief Operating Officer, 6/05 - 6/15

Responsible for the oversight of efficient operations of outpatient clinical systems of care in accordance with all federal and state requirements.

- Oversee all clinical services for the Community Mental Health Center for Region 10 in New Hampshire. Services include various therapeutic interventions, targeted case management, supported housing, wellness services, integrated care and community support services.
- Increased revenue by over 100% and increased staff by 41%. Responsible for the management of approximately 200 employees under operations.
- Established and maintain clinical service goals and incentive pay for performance system within a financially self-sustaining model of care.
- Provide leadership for extensive program development. Responsible for the implementation and expansion of new or existing programs in response to community needs.
- Responsible for monitoring clinical and administrative costs and revenue generation as well as the submission of the annual program budgets to the President and CEO.
- Collaborate with the Vice President of Quality and Compliance to determine the training needs for clinical and administrative staff.
- Assist the President and CEO in developing short and long range strategic plan including program expansions, business development, facilities and capital usage and/or improvements.
- Responsible for the establishment and maintenance of an integrated care model which allows for seamless access to services within the agency, coordination of services with area healthcare providers, as well as provision of behavioral healthcare consultation services at the physicians offices.
- Assisted in the process of consolidating three sites into one new facility in July 2007. Primary responsibility for the expansion of services in Salem in September 2014.
- Worked closely with the COO of a local hospital to develop and expand a long term contract to provide emergency evaluation services at the hospital and to assist

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with disposition to appropriate level of care.
- Worked extensively with Senior Management to prepare for Medicaid Care Management in New Hampshire. Part of the team that established the first in the state per member per month contract with the MCO's inclusive of incentive metrics.

Lisa K Madden, LICSW, LLC
Consultant, 6/04 - 6105
Independent contractor providing consultation services to a community counseling center and a specialized foster care organization.
Interim Clinic Director, 8104 - 5105
Wayside Youth and Family Support, Framingham, MA
Responsible for the turnaround management of a large community counseling center in Framingham. Accomplishments include:
- Reorganized clinical team, supervisory structure and support staff functions
- Implemented necessary performance improvement plans
- Hired staff with significantly increased productivity expectations
- Assisted in the implementation of a new Performance Management and Billing System
- Worked diligently to foster a positive work environment through extensive verbal and written communication; staff involvement in decisions when appropriate; providing direct feedback when necessary; and by providing support. The goal was to foster a positive and cooperative "culture" in the clinic.
- Assisted senior management with budget development.

Clinical Supervisor, 7104 - 6105
The Mentor Network, Lawrence MA
- Provide clinical supervision to MSW's seeking independent licensure.
- Provide training and consultation to the staff on such topics as diagnostic evaluations, treatment plans and case presentations.
- Provide group support and trauma debriefing after a critical incident.

The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)
The Family Counseling Center
Northeast Regional Clinic Director, Lawrence, .MA 12/99 - 9/03
Responsible for turnaround management of the clinics in the Northeast Region of MSPCC, specifically the cities of Lawrence, Lynn and Lowell. The clinics had been struggling with staff recruitment and retention, reduced revenue, poor management of contracts, as well as significant problems in the medical records department. Responsibilities included budget development, implementation and accountability. Accomplishments include:
- Grew clinical team from 15 to 32 clinicians in three years.
- Developed Multi-Cultural Treatment Team.
- Increased annual third party revenue by 70%; increased annual contract revenue by 65%.
- Contracts with the Department of Social Services; the Department of Mental Health in conjunction with the Professional Parent Advocacy League; the Department of Education and the Community Partnerships for Children and HeadStart.
- Organized a successful site visit for re-licensure from the Department of Public Health (DPH) as well as the Council on Accreditation (COA).
- Reorganized Medical Records to meet DPH and COA standards; reorganize claims support resulting in increased revenue received for services rendered and significantly reduced write-offs.
- Participated on the HIPAA Task force-assisted in the development and implementation of the federally mandated Health Information Portability and Accountability Act policies and procedures for **MSPCC.**

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Clinic Director, Hyannis, MA 9/95-12/99

Responsible for the turnaround management of a regional clinic serving children and families on Cape Cod. The clinic had experienced over 70% turnover, significant reduction in revenue, and a series of very negative stories in the local media because of the agency's response to the implementation of managed care. Responsible for marketing and public relations; redevelopment of a high quality clinical treatment team: as well as, increasing revenue and program development. Accomplishments include:

- Grew clinical team from 12 to 37 in three years.
- Streamlined intake procedures to increase access to services and reduce wait times.
- Increased annual third party revenue by 80%.
- Developed consultative relationships with two of Cape Cod's most well respected children's services providers.
- Developed first private/public partnership between MSPCC and a private practice to increase the availability of specialty clinical services.
- Developed internship program for Master's level clinician candidates.

North Essex Community Mental Health Center, (NECMHC, Inc.), Newburyport/Haverhill, MA
Employee Assistance Professional, Clinical Social Worker, 9/93-7/95

NECMHC, Inc., Newburyport/Haverhill, MA
Clinical Social Worker - Intern, 5193-9/93

Worcester Children's Friend Society, Worcester, MA
Clinical Social Worker - Intern, 9/92-4/93

The Jernberg Corporation, Worcester, MA
EAP Case Management Supervisor, 4190-4/93
EAP Case Manager, 2/89-4/90

The Carol Schmidt Diagnostic Center and Emergency Shelter, YOU, Inc., Worcester, MA, 10/85-2/89
Clinical Counselor I & II

EDUCATION

University of Connecticut, School of Social Work, West Hartford, CT
Masters in Social Work, Casework/Administration, August 1993

Clark University, Worcester, MA
Bachelor of Arts, Government/Human Services, May 1985

PROFESSIONAL LICENSE

Licensed Independent Clinical Social Worker, MA # 1026094

TEACHING and PUBLICATION

Mental Health Management, New England College, Graduate School
Summer2007

Madden, Lisa K., 2009. Targeted Case Management Implementation at the Center for Life Management, Compliance Watch, volume 2, issue 3, p. 8-10.

References available upon request

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Riverbend Community Mental Health, Inc.

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Lisa K. Madden	CEO	$200,000/year	0%	$0.00
Chris Mumford	COO	$130,000/year	0%	$0.00
Jennifer Griffey	CFO	$140,000/year	0%	$0.00

State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Mental Health Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Monadnock Family Services ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017, (Late Item A), as amended on June 19, 2019, (Item #29), 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, 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, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $3,268,983.

3. Modify Exhibit A, Amendment #1, Scope of Services by replacing in its entirety with Exhibit A Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
5. Add Exhibit K, Amendment #2, DHHS Information Security Requirements, 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

6/15/2021

Date

DocuSigned by:
Katja Fox
ED9D05B04C63442

Name: Katja Fox
Title: Director

Monadnock Family Services

6/14/2021

Date

DocuSigned by:
Philip Wyzik
643F02AA3F57407...

Name: Philip Wyzik
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

6/15/2021

Date

DocuSigned by:

D5CA9202E32C4AE

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:

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 shall operate a Community Mental Health Center (CMHC) that provides services intended to promote recovery from mental illness for eligible residents in the State of New Hampshire (individuals) for Region 5. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.

1.4. Prior to termination of this contract the parties will agree on a plan for transition and destruction of confidential data in accordance with Exhibit K.

1.5. The Contractor shall provide individualized, recovery based services and supports in the manner that best allows each individual to stay in their home and within the community providing current treatment and recovery options that are based on scientific research and evidence based practices (EBP).

1.6. The Contractor acknowledges the requirements of the Community Mental Health Agreement (CMHA) and shall demonstrate progress toward meeting the following terms in the CMHA: 1.) Assertive Community Treatment Teams; 2.) Evidence-Based Supported Employment; and 3.) Transition planning for individuals at New Hampshire Hospital and Glencliff Home and 4.) Supported Housing. Further, the Contractor shall participate in annual Quality Service Reviews (QSR) conducted under the terms of the CMHA.

1.7. The Contractor shall enter into a capitation model of contracting with all NH Managed Care Organizations to support the delivery and coordination of behavioral health services and supports for children, youth, transition-aged youth, young adults, and adults3

1.8. The Contractor shall support the integration of physical and behavioral health as a standard of practice; implementing the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Levels of Collaboration/Integration to the maximum extent feasible.

1.9. The Contractor shall ensure that clinical standards and operating procedures are consistent with trauma-informed models of care, as defined by SAMHSA.

The clinical standards and operating procedures must reflect a focus on wellness, recovery, and resiliency.

1.10. The Contractor shall engage in ongoing implementation, service improvements, and expansion efforts associated with New Hampshire's 10 Year Mental Health Plan.

1.11. For the purposes of this agreement, all references to days shall mean calendar days unless otherwise specified.

1.12. For the purposes of this agreement, all references to days shall mean calendar days unless otherwise specified.

1.13. The Contractor shall provide individuals, caregivers and youth the opportunity for feedback and leadership within the agency to help improve services in a person-centered manner when applicable and appropriate.

1.14. The Contractor shall ensure rapid access to services is available to each individual by offering an appointment slot on the same or next calendar day of the initial contact.

2. System of Care for Children's Mental Health

2.1. The Contractor shall collaborate with the Department on the implementation of NH RSA 135-F, System of Care for Children's Mental Health.

2.2. The Contractor shall provide services for children, youth, and young adults with serious emotional disturbance (SED) in a manner that aligns with NH RSA 135-F. The Contractor shall ensure services are:

2.2.1. Family Driven - services and supports are provided in a manner that best meets the needs of the family and the family goals;

2.2.2. Youth Driven - services and supports are provided in a manner that best meets the needs of the child, youth or young adult and that supports their goals;

2.2.3. Community Based - services and supports are provided in a manner that best allow children, youth, and young adults to stay within their home and community; and

2.2.4. Cultural and Linguistic Competent - Services are provided in a manner that honors a child, youth, or young adult and their family-identified culture, beliefs, ethnicity, preferred language, gender and gender identity and sexual orientation.

2.3. The Contractor shall collaborate with the FAST Forward program, ensuring services are available for all children and youth enrolled in the program.

2.4. The Contractor shall make referrals to the FAST Forward program for any child, youth, or young adult that may be eligible.

3. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

3.1. The Contractor shall maintain appropriate levels of certification through a contract with the Judge Baker Center for Children.

3.2. The Contractor shall ensure new and incoming staff work towards meeting a goal of 70% of their children and youth client's needs with the evidence-based practice of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC).

3.3. The Contractor shall maintain a use of the Judge Baker's Center for Children (JBCC) TRAC system to support each case with MATCH-ADTC as the identified treatment modality.

3.4. The Contractor shall invoice BCBH through green sheets for

3.4.1. The costs for both the certification of incoming therapists and the recertification of existing clinical staff, not to exceed the budgeted amount

3.4.2. The full of the annual fees paid to the JBCC for the use of their TRAC system to support MATCH-ADTC.

4. Division for Children, Youth and Families (DCYF)

4.1. The Contractor shall provide mental health consultation to staff at Division for Children, Youth and Families (DCYF) District Offices related to mental health assessments and/or ongoing treatment for children served by DCYF.

4.2. The Contractor shall provide Foster Care Mental Health Assessments for children and youth younger than eighteen (18) years of age who are entering foster care for the first time.

5. Crisis Services

5.1. If the Contractor has, or enters into, an agreement with a hospital to provide crisis services to individuals who are eligible, or presumed eligible in the emergency department, for Medicaid services, the Contractor may bill Medicaid according to fee schedules or MCO contracts for services rendered.

5.2. The Contractor shall document crisis services delivered in the emergency department setting as part of its Phoenix Submissions, in a format, and with content, completeness, and timelines specified by the Department, ensuring documented information includes screenings performed, diagnosis codes, and referrals made.

5.3. The Contractor shall provide documentation of each collaborative relationship with acute care hospitals in its region, at the request of the Department.

5.4. The Contractor shall provide emergency services as defined in NH Administrative Rule He-M 403.06 (a)(6) and NH Administrative Rule He-M 426.09.

5.5. As part of the crisis resolution, the Contractor shall screen each individual for Assertive Community Treatment (ACT). If clinically appropriate, the Contractor shall:

5.5.1. Refer the individual for an expedited ACT assessment and/or intake and treatment upon discharge; or

5.5.2. Inform the appropriate regional CMHC in order to expedite the ACT assessment and/or intake and treatment upon discharge from emergency department or inpatient psychiatric or medical care setting, if the individual resides in a region other than the region in which the individual is receiving crisis services.

5.6. The Contractor shall not refer an individual for hospitalization at New Hampshire Hospital (NHH) unless the Contractor has determined that NHH is the least restrictive setting in which the individual's immediate psychiatric treatment needs can be met. The Contractor shall:

5.6.1. Make all reasonable efforts to ensure no other clinically appropriate bed is available at any other NH inpatient psychiatric unit, Designated Receiving Facility (DRF), Adult Psychiatric Residential Treatment Program (APRTP), Mobile Crisis apartments, or other step-up/step-down beds prior to referring an individual to NHH; and

5.6.2. Work collaboratively with the Department and contracted Managed Care Organizations for the implementation of the Zero Suicide within emergency departments.

5.7. The Contractor shall provide services to individuals experiencing a psychiatric and/or substance use related crisis through a rapid response team that includes, but is not limited to:

5.7.1. One (1) Master's level clinician.

5.7.2. One (1) peer support specialist as defined by HeM 426.13(d)(4).

5.7.2.1. Bachelor's level staff or a Certified Recovery Support Worker (CRSW) may be substituted into the peer role up to 50% of FTE peer allocation.

5.7.3. Access to telehealth, including tele-psychiatry, for additional capacity, as needed.

5.8. The Contractor shall ensure all staff have the necessary qualifications as defined under New Hampshire Administrative Rule He-M 400, Community Mental Health, Parts 403 and 426.

5.9. The Contractor shall develop an implementation and/or transition plan with a timeline for transitioning crisis services for Department approval no later than 30 days from the contract effective date. The Contractor shall ensure the implementation and/or transition plan includes, but is not limited to:

5.9.1. The plan to educate current community partners and individuals on the use of the Access Point Number.

5.9.2. Staffing adjustments needed in order to meet the full crisis response scope and titrated up to meet the 24/7 nature of this crisis response.

5.9.3. The plan to meet each performance measure over time.

5.9.4. How data will be sent to the Access Point if calls are received directly at the center and are addressed by the center during the transition period.

5.10. The Contractor shall work in tandem with the designated vendor providing services through the Rapid Response Access Point contract as approved by the Governor and Executive Council.

5.11. The Contractor shall enter into a Memorandum of Understanding within 30 days of contract effective date with the Rapid Response Access Point, which provides the Regional Response Teams information regarding the nature of the crisis through verbal and/or electronic communication including but not limited to:

5.11.1. The location of the crisis.

5.11.2. The safety plan either developed over the phone or on record from prior contact(s).

5.11.3. Any accommodations needed.

5.11.4. Treatment history of the individual, if known.

5.12. The Contractor shall promote the use of the telephone number for the Rapid Response Access Point as the primary contact for crisis services, which utilizes Global Positioning System (GPS) enabled technology to identify the closest and available Regional Response Team.

5.13. The Contractor shall ensure all rapid response team members participate in a crisis response training, as designated by the Department, which follows the concepts and topics identified in the National Guidelines for Crisis Care Best Practice Toolkit published by the Substance Abuse and Mental health Services Administration (SAMHSA).

5.14. The Contractor shall provide the physical address of the physical location to the Rapid Response Access Point where the rapid response team may provide office-based urgent assessments.

5.15. The Contractor shall ensure a rapid response team is available twenty-four (24) hours per day, seven (7) days a week for deployment within their region and boarder regions, as directed by the Rapid Response Access Point.

5.16. The Contractor shall ensure the rapid response team is trained and available to provide crisis response services to avoid unnecessary hospitalization, incarceration or institutionalization. The Contractor shall ensure services include but are not limited to:

5.16.1. Face-to-face assessments.

5.16.2. Disposition and decision making.

5.16.3. Initial care and safety planning.

5.16.4. Post crisis and stabilization services. .

5.17. The Contractor may utilize presumptive eligibility when responding to individuals who are not connected to a CMHC or who may be considered low utilizers.

5.18. The Contractor shall ensure the rapid response team responds to all dispatches either face-to-face in the community or via telehealth, as appropriate, within one (1) hour of the request ensuring:

5.18.1. The response team includes a minimum of two (2) individuals for safety purposes, which includes a Master's level staff and a peer and/or BS and/or CRSW if occurring at locations based on individual and family choice that include but are not limited to:

5.18.1.1. In or at the individual's home.

5.18.1.2. In an individual's school setting.

5.18.1.3. Other natural environments of residence including foster homes.

5.18.1.4. Community settings.

5.18.1.5. Peer run agencies.

5.18.2. The response team includes a minimum of one (1) Master's level team member if occurring at safe, staffed sites or public service locations which may include, but are not limited to:

5.18.2.1. Schools.

5.18.2.2. Jails.

5.18.2.3. Police departments.

5.18.2.4. Emergency departments.

5.18.3. A no-refusal policy upon triage and all requests for mobile response receive a response and assessment regardless of the individual's disposition, which may include current substance use.

5.18.4. Documented clinical rationale with administrative support when a mobile intervention is not provided.

5.18.5. Coordination with law enforcement personnel, if required, when responding to individuals in a mental health crisis presenting a safety concern or when active rescue is required. The Contractor shall:

5.18.5.1. Work in partnership with the Rapid Response Access Point and Department to establish protocols to ensure a bi-directional partnership with law enforcement.

5.18.6. A face-to-face lethality assessment as needed that includes, but is not limited to:

5.18.6.1. Obtaining a client's mental health history including, but not limited to:

5.18.6.1.1. Psychiatric, including recent inpatient hospitalizations and current treatment providers.

5.18.6.1.2. Substance misuse.

5.18.6.1.3. Social, familial and legal factors.

5.18.6.2. Understanding the client's presenting symptoms and onset of crisis.

5.18.6.3. Obtaining medication list, adherence to prescribed medications and brief medical history.

5.18.6.4. Conducting a mental status exam.

5.18.7. Developing a mutually agreed upon individualized safety plan and care disposition and decision making, with the client, which may include, but is not limited to:

5.18.7.1. Staying in place with:

5.18.7.1.1. Stabilization services;

5.18.7.1.2. A safety plan; and

5.18.7.1.3. Outpatient providers.

5.18.7.2. Stepping up to crisis stabilization services or apartments.

5.18.7.3. Admission to peer respite.

5.18.7.4. Voluntary hospitalization.

5.18.7.5. Initiation of Involuntary Emergency Admission (IEA).

5.18.7.6. Medical hospitalization.

5.19. The Contractor shall provide Crisis Stabilization Services, which are services and supports that are provided until the crisis episode subsides. The Contractor shall ensure:

5.19.1. Crisis Stabilization Services are delivered by the rapid response team for individuals who are in active treatment prior to the crisis in order to assist with stabilizing the individual and family as rapidly as possible.

5.19.2. Services are provided in the individual and family home, as desired by the individual.

5.19.3. Stabilization services are implemented using methods that include, but are not limited to:

5.19.3.1. Involving peer support specialist(s) and/or Bachelor level crisis staff by providing follow up contact within forty-eight (48) hours post-crisis for all face-to-face interventions, which may include, but are not limited to:

5.19.3.1.1. Promoting recovery.

5.19.3.1.2. Building upon life, social and other skills.

5.19.3.1.3. Offering support.

5.19.3.1.4. Facilitating referrals.

5.19.3.2. Providing warm hand offs for post-crisis support services, including connecting back to existing treatment providers and/or providing a referral for additional peer support specialist contacts.

5.19.3.3. Providing crisis stabilization services with a Master's level clinician through short-term, trauma informed approaches, which may include, but are not limited to:

5.19.3.3.1. Cognitive Behavior Therapy (CBT).

5.19.3.3.2. Dialectical Behavior Therapy (DBT).

5.19.3.3.3. Solution-focused therapy.

5.19.3.3.4. Developing concrete discharge plans.

5.19.3.3.5. Providing substance use disorder assessment and counseling techniques for dually diagnosed individuals.

5.19.4. Crisis Stabilization in a Residential Treatment facility for children and youth are provided by a Department certified and approved Residential Treatment Provider.

5.20. The Contractor may provide Sub-Acute Care services for up to 30 days to individuals who are not connected to any treatment provider prior to contact with the regional rapid response team or Regional Response Access Point in order assist individuals with bridging the gap between the crisis event and ongoing treatment services. The Contractor shall:

5.20.1. Ensure sub-acute care services are provided by the CMHC region in which the individual is expected to receive long-term treatment.

5.20.2. Work with the Rapid Response Access Point to conduct educational and outreach activities within the local community and to institutional stakeholders in order to promote appropriate referrals to, and the utilization of, rapid response team resources.

5.20.3. Work with the Rapid Response Access Point to ensure the community is aware of, and is able to, access rapid response mobile crisis services and supports through the outreach and educational plan of the Rapid Response Access Point outreach and educational plan, which includes but is not limited to:

5.20.3.1. A website that prominently features the Rapid Response Access Point phone number and links with information about Rapid Response and connectivity to the Rapid Response Access Point.

5.20.3.2. All newly printed appointment cards that include the Rapid Response Access point crisis telephone number as a prominent feature.

5.20.3.3. Direct communications with partners to the Rapid Response Access Point for crisis services and deployment.

5.20.4. Work with the Rapid Response Access Point to change existing patterns of hospital emergency departments (ED) for crisis response in the region and collaborate by:

5.20.4.1. Meeting regularly with local police and first responders to discuss interface, procedures, and collaborations to understand challenges and improve outcomes for individuals in the community;

5.20.4.2. Educating partners, clients and families on all diversionary services available, by encouraging early intervention;

5.20.4.3. Maintaining and developing relationships with local hospitals and work together to promote the use of the Rapid Response Access Point number and rapid response services, in order to reduce ED use;

5.20.4.4. Coordinating with homeless outreach services; and

5.20.4.5. Conducting outreach to at-risk seniors programming.

5.21. The Contractor shall ensure that within ninety (90) days of the contract effective date:

5.21.1. Connection with the Rapid Response Access Point and the identified GPS system that enables transmission of information needed to:

5.21.1.1. Determine availability of the Regional Rapid Response Teams;

5.21.1.2. Facilitate response of dispatched teams; and

5.21.1.3. Resolve the crisis intervention.

5.21.2. Connection to the designated resource tracking system.

5.21.3. A bi-directional referral system is in place with electronic scheduling to support information sharing that facilitates closed loop referrals and transmission of clinical triage summaries, safety plans and shared care plans with community providers.

5.22. The Contractor shall submit reports relative to the rapid response services provided in this agreement. The Contractor shall:

5.22.1. Document all contacts in the medical record for both State eligible and non-eligible individuals who receive regional rapid response team services.

5.22.2. Provide monthly reports by the fifteenth (15th) day of each month, on a template provided by the Department which includes, but is not limited to:

5.22.2.1. Number of unique individuals who received services.

5.22.2.2. Date and time of mobile arrival.

5.22.3. Submit information through the Department's Phoenix System beginning no later than six (6) months from the contract effective date, unless otherwise instructed on a temporary basis by the Department:

5.22.3.1. Diversions from hospitalizations;

5.22.3.2. Diversions from Emergency Rooms;

5.22.3.3. Services provided;

5.22.3.4. Location where services were provided;

5.22.3.5. Length of time service or services provided;

5.22.3.6. Whether law enforcement was involved for safety reasons;

5.22.3.7. Whether law enforcement was involved for other reasons;

5.22.3.8. Identification of follow up with the individual by a member of the Contractor's regional rapid response team within 48 hours post face-to-face intervention;

5.22.3.9. Indication that referral for ongoing mental health services following the immediate crisis was provided; and

5.22.3.10. Outcome of service provided, which may include but is not limited to:

5.22.3.10.1. Remained in home.

5.22.3.10.2. Hospitalization.

5.22.3.10.3. Crisis stabilization services.

5.22.3.10.4. Crisis apartment.

5.22.3.10.5. Emergency department.

5.23. The Contractor's performance will be monitored by ensuring Contractor performance by ensuring seventy (70%) of clients receive a post-crisis follow up from a member of the Contractor's regional rapid response team within forty-eight (48) hours of a face-to- face intervention, as identified through Phoenix encounter data.

6. Adult Assertive Community Treatment (ACT) Teams

6.1. The Contractor shall maintain Adult ACT Teams that meet the SAMHSA Model and are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00 A.M.. The Contractor shall ensure:

6.1.1. Adult ACT Teams deliver comprehensive, individualized, and flexible services, supports, targeted case management, treatment, and rehabilitation in a timely manner as needed, onsite in the individuals' homes and in other natural environments and community settings, or alternatively, via telephone where appropriate to meet the needs of the individual.

6.1.2. Each Adult ACT Team is composed of seven (7) to ten (10) dedicated professionals who make-up a multi-disciplinary team including, a psychiatrist, a nurse, a Masters-level clinician, or functional equivalent therapist, functional support worker and a full time equivalent (FTE) certified peer specialist.

6.1.3. Each Adult ACT Team includes an individual trained to provide substance abuse support services including competency in providing co-occurring groups and individual sessions, and supported employment.

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6.1.4. Caseloads for Adult ACT Teams serve no more than twelve (12) individuals per Adult ACT Team member, excluding the psychiatrist who serves more than seventy (70) people served per 0.5 FTE psychiatrist, unless otherwise approved by the Department.

6.2. The Contractor shall ensure ACT staff, with the exception of psychiatrist and nurse, receive:

6.2.1. A minimum of 15 hours in basic ACT training within one (1) year of hire date that is consistent with the ACT EBP SAMHSA toolkit approved by BMHS.

6.2.2. A minimum of 4 hours of advanced ACT training of co-occurring disorders within fifteen (15) months of hire date that is consistent with the ACT EBP SAMSHA toolkit and Integrated Dual Disorder Model approved by BMHS.

6.3. The Contractor shall ensure Adult ACT Teams do not have waitlists for screening purposes and/or admission to the ACT Team. The Contractor shall ensure:

6.3.1. Individuals do not wait longer than 30 days for either assessment or placement.

6.3.2. Work with the Department at identifying solutions and appropriate levels of care for any individual waiting for Adult ACT Team services for more than 30 days in order to meet the demand for services and implement the solutions within forty-five (45) days.

6.3.3. Individuals receiving services from Adult ACT Team members, if psychiatrically hospitalized, are offered a same day or next day appointment with any Adult ACT Team member upon date of discharge.

6.4. The Contractor shall report its level of compliance with the above listed requirements on a monthly basis at the staff level in the format, and with content, completeness, and timeliness as specified by the Department as part of the Phoenix submissions, which are due no later than the 15th of the month. The Department may waive this provision in whole or in part in lieu of an alternative reporting protocol, being provided under an agreement with Department contracted Medicaid Managed Care Organizations. The Contractor shall:

6.4.1. Ensure services provided by the Adult ACT Team are identified in the Phoenix submissions as part of the ACT cost center.

6.4.2. Screen for ACTper Administrative Rule He-M 426.08, Psychotherapeutic Services.

6.4.3. Report all ACT screenings with the outcome of the screening to indicate whether the individual is appropriate for ACT, as part of

the Phoenix submissions, or in the format, content, completeness, and timelines as specified by the Department.

6.4.4. Make a referral for an ACT assessment within (7) days of:

6.4.4.1. A screening outcome that an individual may be appropriate to receive ACT services.

6.4.4.2. An individual being referred for an ACT assessment and completing the assessment within seven days of the referral.

6.4.5. Report the outcome of ACT assessments to the Department as part of the Phoenix submissions, in the format, content, completeness, and timelines as specified by the Department.

6.4.6. Ensure, fall individuals assessed as appropriate for ACT services are admitted to the ACT team caseload and begin receiving ACT services within seven (7) days, with the exception of individuals who decline such services, or are not available to receive such services for reasons that may include, but are not limited to:

6.4.6.1. Extended hospitalization or incarceration.

6.4.6.2. Relocation of individuals out of the Contractor's designated community mental health region.

6.4.7. Ensure, in the event that admitting the individual to the ACT Team caseload causes the ACT Team to exceed the caseload size limitations specified above, consultation with the Department to seek approval:

6.4.7.1. To exceed caseload size requirements, or

6.4.7.2. To provide alternative services to the individual until the individual can be admitted to the ACT caseload.

7. Evidence-Based Supported Employment (EBSE)

7.1. The Contractor shall gather employment status for all adults with Severe Mental Illness(SMI)/Severe Persistent Mental Illness (SPMI) at intake and every quarter thereafter.

7.2. The Contractor shall report the employment status for all adults with SMI/SMPI to the Department in the format, content, completeness, and timelines specified by the Department, for individuals indicating a need for EBSE, and for whom services shall be provided.

7.3. The Contractor shall provide a referral for all individuals who express an interest in receiving Evidence-Based Supported Employment (EBSE) services to the Supported Employment team within seven (7) days.

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7.4. The Contractor shall deemed the individual as waiting for SE services if the SE team cannot accommodate enrollment of SE services at which the individual will be added to the waitlist, which is reported to the Department, as specified by the Department.

7.5. The Contractor shall provide EBSE to eligible individuals in accordance with the SAMHSA and/or Dartmouth model.

7.6. The Contractor shall ensure EBSE services include, but are not limited to:

7.6.1. Job development.

7.6.2. Work incentive counseling.

7.6.3. Rapid job search.

7.6.4. Follow along supports for employed individuals.

7.6.5. Engagement with mental health treatment teams and local NH Vocational Rehabilitation services.

7.7. The Contractor shall ensure EBSE services do not have waitlists, ensuring individuals do not wait longer than 30 days for EBSE services. If waitlists are identified, Contractor shall:

7.7.1. Work with the Department to identify solutions to meet the demand for services; and

7.7.2. Implement such solutions within 45 days.

7.8. The Contractor shall maintain the penetration rate of individuals receiving EBSE at a minimum of 18.6 percent (18.6%) as per the CMHA agreement.

7.9. The Contractor shall ensure SE staff receive:

7.9.1. A minimum of 15 hours in basic training within one year of hire date, as approved by the IPS Employment Center and approved by BMHS.

7.9.2. A minimum of 7 hours of advanced SE Job Development Training within 15 months of hire as approved by the IPS-SE Employment Center and BMHS.

8. Work Incentives Counselor Capacity Building

8.1. The Contractor shall employ a minimum of one FTE equivalent Work Incentive Counselor located onsite at the CMHC for a minimum of one (1) state fiscal year.

8.2. The Contractor shall ensure services provided by the Work Incentive Counselor include, but are not limited to:

8.2.1. Connecting individuals to and assisting individuals with applying for Vocational Rehabilitation services, ensuring a smooth referral transition.

8.2.2. Engaging individuals in supported employment (SE) and/or increased employment by providing work incentives counseling and planning.

8.2.3. Providing accurate and timely work incentives counseling for beneficiaries with mental illness who are pursuing SE and self-sufficiency.

8.3. The Contractor shall develop a comprehensive plans for individuals that include visualization of the impact of two or three different levels of income on existing benefits and what specific work incentive options individuals might use to:

8.3.1. Increase financial independence;

8.3.2. Accept pay raises; or

8.3.3. Increase earned income.

8.4. The Contractor shall develop comprehensive documentation of all individual existing disability benefits programs including, but not limited to:

8.4.1. SSA disability programs;

8.4.2. SSI income programs;

8.4.3. Medicaid, Medicare;

8.4.4. Housing Programs; and

8.4.5. Food stamps and food subsidy programs.

8.5. The Contractor shall collect data to develop quarterly reports in a format requested by the Department, on employment outcomes and work incentives counseling benefits that includes but is not limited to:

8.5.1. The number of benefits orientation presentations provided to individuals.

8.5.2. The number of individuals referred to Vocational Rehabilitation who receive mental health services.

8.5.3. The number of individuals who engage in SE services, including the:

8.5.3.1. Percentage of individuals seeking part-time employment;

8.5.3.2. Percentage of individuals seeking full-time employment; and

8.5.3.3. Number of individuals who increase employment hours to part-time and full-time.

8.6. The Contractor shall ensure the Work Incentive Counselor staff are certified to provide Work Incentives Planning and Assistance (WIPA) through the no-cost training program offered by Virginia Commonwealth University.

8.7. The Contractor shall collaborate with the Vocational Rehabilitation providers to develop the Partnership Plus Model to identify how Social Security funding will be obtained to support the Work Incentives Counselor position after Vocational Rehabilitation funding ceases.

8.8. The Department will monitor Contractor performance by reviewing data to determine outcomes that include:

8.8.1. An increased engagement of individuals in supported employment based on the SE penetration rate.

8.8.2. An increase in Individual Placement in both part-time and full-time employment and;

8.8.3. Improved fidelity outcomes specifically targeting:

8.8.3.1. Work Incentives Planning; and

8.8.3.2. Collaboration between Employment Specialists & Vocational Rehab.

9. Coordination of Care from Residential or Psychiatric Treatment Facilities

9.1. The Contractor shall designate a member of its staff to serve as the primary liaison to New Hampshire Hospital (NHH) who works with the applicable NHH staff, payer(s), guardian(s), other community service providers, and the applicable individual, to assist with coordinating the seamless transition of care for individuals transitioning from NHH to community based services or transitioning to NHH from the community.

9.2. The Contractor shall not close the case of any individual who is admitted to NHH. Notwithstanding, the Contractor shall be deemed to be in compliance with all Administrative He-M 408, Clinical Records rules regarding documentation if it is noted in the record that the individual is an inpatient at NHH or another treatment facility. All documentation requirements as per He-M 408 will be required to resume upon re-engagement of services following the individual's discharge from inpatient care.

9.3. The Contractor shall participate in transitional and discharge planning within 24 hours of admission to an inpatient facility.

9.4. The Contractor shall work with the Department, payers and guardians (if applicable) to review cases of individuals that NHH, Transitional Housing, or alternative treatment facility or the Contractor, have indicated will have difficulty returning to the community to identify barriers to discharge, and to develop an appropriate plan to transition into the community.

9.5. The Contractor shall make a face-to-face appointment available to an individual leaving NHH, Transitional Housing or alternative residential setting who desires to reside in the region served by the Contractor within seven (7) calendar days of receipt of notification of the individual's discharge, or within seven (7) calendar days of the individual's discharge, whichever is later.

9.6. The Contractor shall ensure individuals who are discharged and are new to a CMHC have an intake appointment within seven (7) calendar days. If the individual declines to accept the appointment, declines services, or requests an appointment to be scheduled beyond the seven (7) calendar days, the Contractor may accommodate the individual's request provided the accommodation is clinically appropriate, and does not violate the terms of a conditional discharge. The Contractor's Adult ACT Team must see individuals who are on the ACT caseload and transitioning from NHH into the community within 24 hours of NHH discharge.

9.7. The Contractor shall make all reasonable efforts to ensure that no appropriate bed is available at any other inpatient psychiatric unit, Designated Receiving Facility (DRF) per NH RSA 135-C and NH Administrative Rule He-M 405, Designation of Receiving Facilities, Mobile Crisis Apartment, Peer Support Recovery Center, or Adult Psychiatric Residential Treatment Program (APRTP) prior to referring an individual to NHH.

9.8. The Contractor shall collaborate with NHH and Transitional Housing Services (THS) to develop and execute conditional discharges from NHH to THS in order to ensure that individuals receive treatment in the least restrictive environment. The Department will review the requirements of NH Administrative Rule He-M 609 to ensure obligations under this section allow CMHC delegation to the THS vendors for clients who reside there.

9.9. The Contractor shall have all necessary staff members available to receive, evaluate, and treat individuals discharged from NHH seven (7) days per week, consistent with the provisions in NH Administrative Rule He-M 403 and NH Administrative Rule He-M 426.

9.10. For individuals at NHH who formerly resided in the Contractor's designated community mental health region prior to NHH admission, who have been identified for transition planning to the Glencliff Home, the Contractor shall, at the request of the individual or guardian, or of NHH or Glencliff Home staff, participate in transition planning to determine if the individual can be supported in the Contractor's region with community based services and supports instead of transitioning to the Glencliff Home. In the event the individual would require supports from multiple funding sources or the Department's systems of care, the Contractor shall collaborate with additional Department staff at NHH's request, to address any barriers to discharge the individual to the community.

10. COORDINATED CARE AND INTEGRATED TREATMENT

10.1. Primary Care

10.1.1. The Contractor shall request written consent from each individual to allow the designated primary care provider to release information for the purpose of coordinating care regarding mental health services or substance misuse services or both.

10.1.2. The Contractor shall support each individual with linking to an available primary care provider, if the individual does not have an identified primary care provider, to:

10.1.2.1. Monitor health;

10.1.2.2. Provide medical treatment as necessary; and

10.1.2.3. Engage in preventive health screenings.

10.1.3. The Contractor shall consult with each primary care provider at least annually, or as necessary, to integrate care between mental and physical health for each individual, which may include the exchange of pertinent information including, but not limited to medication changes or changes in the individual's medical condition.

10.1.4. The Contractor shall document on the release of information form the reason(s) written consent to release information was refused in the event an individual refuses to provide consent to release information.

10.2. Substance Misuse Treatment, Care and/or Referral

10.2.1. The Contractor shall provide services and meet requirements to address substance misuse and to support recovery intervention implementation, which include, but are not limited to:

10.2.1.1. Screening no less than 95% of eligible individuals for substance misuse at the time of intake, and annually thereafter.

10.2.1.2. Conducting a full assessment for substance misuse disorder and associated impairments for each individual that screens positive for substance use.

10.2.1.3. Developing an individualized service plan for each eligible individual based on information from substance misuse screening.

10.2.2. The Contractor shall utilize the SAMSHA evidence-based models for Co-Occurring Disorders Treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model.

10.2.3. The Contractor shall make all appropriate referrals if the individual requires additional substance use disorder care utilizing the current New Hampshire system of care, and ensuring linkage to and coordination with resources.

10.3. Area Agencies

10.3.1. The Contractor shall collaborate with the Area Agency that serves the region to address processes that include:

10.3.1.1. Enrolling individuals for services who are dually eligible for both organizations.

10.3.1.2. Ensuring transition-aged clients are screened for the presence of mental health and developmental supports and refer, link and support transition plans for youth leaving children's services into adult services identified during screening.

10.3.1.3. Following the "Protocol for Extended Department Stays for Individuals served by Area Agency" issued December 1, 2017 by the State of New Hampshire Department of Health and Humans Services, as implemented by the regional Area Agency.

10.3.1.4. Facilitating collaborative discharge planning meetings to assess individuals who are leaving NHH to re-engage them with both the CMHC and Area Agency representatives.

10.3.1.5. Ensuring annual training is designed and completed for intake, eligibility, and case management for dually diagnosed individuals and that attendee's include intake clinicians, case-managers, service coordinators and other frontline staff identified by both CMHC's and Area Agencies. The Contractor shall ensure the training utilizes the Diagnostic Manual for Intellectual Disability 2 that is specific to intellectual disabilities, in conjunction with the DSM V.

10.3.1.6. Planning for each person who receives dual case management by outlining the responsibilities of each organization and expectations for collaboration between the organizations.

10.3.1.7. Participating in shared service annual treatment meetings to assess quality and progress towards treatment goals as well as monitoring continued need for

dual services when waivers are required for services between agencies.

10.4. Peer Supports

10.4.1. The Contractor shall promote recovery principles and integrate peer support services through the agency, which includes, but is not limited to:

10.4.1.1. Employing peers as integrated members of the CMHC treatment team(s) with the ability to deliver conventional interventions that include case management or psychotherapy, and interventions uniquely suited to the peer role that includes intentional peer support.

10.4.1.2. Supporting peer specialists to promote hope and resilience, facilitate the development and use of recovery-based goals and care plans, encourage treatment engagement and facilitate connections with natural supports.

10.4.1.3. Establishing working relationships with the local Peer Support Agencies, including any Peer Respite, step-up/step-down, and Clubhouse Centers and promote the availability of these services.

10.5. Transition of Care with MCO's

10.5.1. The Contractor shall ensure ongoing coordination occurs with the MCO Care Managers to support care coordination among and between services providers.

11. Supported Housing

11.1. The Contractor shall stand up a minimum of six (6) new supported housing beds including, but not limited to, transitional or community residential beds by December 31, 2021. The Contractor shall:

11.1.1. Submit a plan for expanding supported housing in the region including a budget to the Department for approval by August 15, 2021, that includes but is not limited to:

11.1.1.1. Type of supported housing beds.

11.1.1.2. Staffing plan.

11.1.1.3. Anticipated location.

11.1.1.4. Implementation timeline.

11.1.2. Provide reporting in the format and frequency requested by the Department that includes, but is not limited to:

11.1.2.1. Number of referrals received.

11.1.2.2. Number of individuals admitted.

11.1.2.3. Number of people transitioned into other local community residential settings.

12. CANS/ANSA or Other Approved Assessment

12.1. The Contractor shall ensure all clinicians providing community mental health services to individuals eligible for services in accordance with NH Administrative Rule He-M 426, are certified in the use of:

12.1.1. The New Hampshire version of the Child and Adolescent Needs and Strengths Assessment (CANS) if serving the child and youth population; and

12.1.2. The New Hampshire version of the Adult Needs and Strengths Assessment (ANSA), or other approved evidence based tool, if serving the adult population.

12.2. The Contractor shall ensure clinicians are maintain certification by through successful completion of a test provided by the Praed Foundation, annually.

12.3. The Contractor shall ensure ratings generated by the New Hampshire version of the CANS or ANSA assessment are:

12.3.1. Utilized to develop an individualized, person-centered treatment plan.

12.3.2. Utilized to document and review progress toward goals and objectives and to assess continued need for community mental health services.

12.3.3. Submitted to the database managed for the Department that allows client-level, regional, and statewide outcome reporting by the 15th of every month, in CANS/ANSA format.

12.3.4. Employed to assist in determining eligibility for State Psychiatric Rehabilitation services.

12.4. The Contractor shall complete documentation of re-assessments using the New Hampshire version of the CANS or ANSA 2.0 in accordance with NH Administrative Rule He-M 401.04-09 for eligibility determination and in accordance with NH Administrative Rule He-M 401.12-13 for periodic Individual Service Plan (ISP) reviews.

12.5. The Contractor may use an alternate evidence based, assessment tool that meets all ANSA 2.0 domains, subject to written Department approval. There is no alternate assessment tool allowed for the use of CANS. If an alternative tool is approved, monthly reporting of data generated by the Contractor must

be in ANSA 2.0 format, to enable client-level, regional and statewide reporting.

12.6. The Contractor shall consult with the Medicaid Managed Care Organizations (MCO) to develop and implement a process that meets the MCOs' need to measure program effectiveness.

12.7. The Contractor shall correct all errors or complete all system corrections to ensure data is submitted in its entirety and completeness no later than six (6) months from contract effective date. Failure to complete all correction may result in withholding of funds until all corrections are completed.

13. Pre-Admission Screening and Resident Review

13.1. The Contractor shall assist the Department with Pre-Admission Screening and Resident Review (PASRR) to meet the requirements of the PASRR provisions of the Omnibus Budget Reconciliation Act of 1987.

13.2. Upon request by the Department, the Contractor shall:

13.2.1. Provide the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident; and

13.2.2. Conduct evaluations and examinations needed to provide the data to determine if an individual being screened or reviewed:

13.2.2.1. Requires nursing facility care; and

13.2.2.2. Has active treatment needs.

14. Application for Other Services

14.1. The Contractor shall assist eligible individuals in accordance with NH Administrative Rule He-M 401, with completing applications for all sources of financial, medical, and housing assistance, according to their respective rules, requirements and filing deadlines. The Contract shall assist with applications that may include, but are not limited to:

14.1.1. Medicaid.

14.1.2. Medicare.

14.1.3. Social Security Disability Income.

14.1.4. Veterans Benefits.

14.1.5. Public Housing.

14.1.6. Section 8 Subsidies.

15. Community Mental Health Program (CMHP) Status

15.1. The Contractor shall meet the approval requirements of NH Administrative Rule He-M 403 as a governmental or non-governmental non-profit agency,

or the contract requirement of NH RSA 135-C:3 as an individual, partnership, association, public or private, for profit or nonprofit, agency or corporation to provide services in the state mental health services system.

15.2. The Contractor shall provide all applicable documentation, policies and procedures, and shall participate in an onsite compliance review, as requested by the Department, to determine compliance with NH Administrative Rule He-M 403 and NH RSA 135-C:3. Compliance reviews will be at times to be determined by the Department, and will occur no less than once every five (5) years.

16. Quality Improvement

16.1. The Contractor shall perform, or cooperate with the performance of, quality improvement and/or utilization review activities, as are determined to be necessary and appropriate by the Department within timeframes reasonably specified by the Department.

16.2. The Contractor shall cooperate with the Department-conducted individual satisfaction survey. The Contractor shall:

16.2.1. Furnish information necessary, within HIPAA regulations, to complete the survey.

16.2.2. Furnish complete and current contact information so that individuals may be contacted to participate in the survey.

16.2.3. Support the efforts of the Department to conduct the survey.

16.2.4. Encourage all individuals sampled to participate.

16.2.5. Display posters and other materials provided by the Department to explain the survey and otherwise support attempts by the Department to increase participation in the survey.

16.3. The Contractor shall demonstrate efforts to incorporate findings from their individual survey results into their Quality Improvement Plan goals.

16.4. The Contractor shall engage and comply with all aspects of fidelity reviews based on a model approved by the Department and on a schedule approved by the Department.

17. Maintenance of Fiscal Integrity

17.1. The Contractor shall submit to the Department the Balance Sheet, Profit and Loss Statement, and Cash Flow Statement for the Contractor and all related parties that are under the Parent Corporation of the mental health provider organization each month.

17.2. The Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. These statements shall be individualized by

providers, as well as a consolidated (combined) statement that includes all subsidiary organizations.

17.3. Statements shall be submitted within thirty (30) calendar days after each month end, and shall include, but are not limited to:

17.3.1. Days of Cash on Hand:

17.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

17.3.1.2. Formula: Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

17.3.1.3. Performance Standard: The Contractor shall have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed.

17.3.2. Current Ratio:

17.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

17.3.2.2. Formula: Total current assets divided by total current liabilities.

17.3.2.3. Performance Standard: The Contractor shall maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

17.3.3. Debt Service Coverage Ratio:

17.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

17.3.3.2. Definition: The ratio of Net Income to the year to date debt service.

17.3.3.3. Formula: Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.

17.3.3.4. Source of Data: The Contractor's Monthly Financial Statements identifying current portion of long-term debt payments (principal and interest).

17.3.3.5. Performance Standard: The Contractor shall maintain a minimum standard of 1.2:1 with no variance allowed.

17.3.4. Net Assets to Total Assets:

17.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

17.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

17.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

17.3.4.4. Source of Data: The Contractor's Monthly Financial Statements.

17.3.4.5. Performance Standard: The Contractor shall maintain a minimum ratio of .30:1, with a 20% variance allowed.

17.4. In the event that the Contractor does not meet either:

17.4.1. The standard regarding Days of Cash on Hand and the standard regarding Current Ratio for two (2) consecutive months; or

17.4.2. Three (3) or more of any of the Maintenance of Fiscal Integrity standards for three (3) consecutive months:

17.4.2.1. The Department may require that the Contractor meet with Department staff to explain the reasons that the Contractor has not met the standards.

17.4.2.2. The Department may require the Contractor to submit a comprehensive corrective action plan within thirty (30) calendar days of notification and plan shall be updated at least every thirty (30) calendar days until compliance is achieved.

17.4.2.3. The Department may request additional information to assure continued access to services.

17.4.2.4. The Contractor shall provide requested information in a timeframe agreed upon by both parties.

17.5. The Contractor shall inform the Director of the Bureau of Mental Health Services (BMHS) by phone and by email within twenty-four (24) hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement

17.6. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of

accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement. These reports are due within thirty (30) calendar days after the end of each month.

17.7. The Contractor shall provide its Revenue and Expense Budget within twenty (20) calendar days of the contract effective date.

17.8. The Contractor shall complete the Fiscal Year Revenue and Expense Budget on a form supplied by the Department, which shall include but not be limited to, all the Contractor's cost centers. If the Contractor's cost centers are a combination of several local cost centers, the Contractor shall display them separately as long as the cost center code is unchanged.

17.9. The Contractor shall provide quarterly Revenue and Expense Reports (Budget Form A), within thirty (30) calendar days after the end of each fiscal quarter, defined as July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

18. Reduction or Suspension of Funding

18.1. In the event that the State funds designated as the Price Limitation in Form P-37, General Provisions, Block 1.8. of the General Provisions are materially reduced or suspended, the Department shall provide prompt written notification to the Contractor of such material reduction or suspension.

18.2. In the event that the reduction or suspension in federal or state funding shall prevent the Contractor from providing necessary services to individuals, the Contractor shall develop a service reduction plan, detailing which necessary services will no longer be available.

18.3. Any service reduction plan is subject to approval from the Department, and shall include, at a minimum, provisions that are acceptable to the Department, with services that include, but are not limited to:

18.3.1. Evaluation of and, if eligible, an individual service plan for all new applicants for services.

18.3.2. Emergency services for all individuals.

18.3.3. Services for individuals who meet the criteria for involuntary admission to a designated receiving facility.

18.3.4. Services to individuals who are on a conditional discharge pursuant to RSA 135-C:50 and NH Administrative Rule He-M 609.

19. Elimination of Programs and Services by Contractor

19.1. The Contractor shall provide a minimum thirty (30) calendar days written notice prior to any reductions in delivery of services, or notice as soon as possible if the Contactor is faced with a more sudden need to reduce delivery of services.

19.2. The Contractor shall consult and collaborate with the Department prior to elimination or reduction of services in order to reach a mutually agreeable solution as to the most effective way to provide necessary services.

19.3. The Department reserves the right to require the Contractor to participate in a mediation process with the Commissioner of the Department of Health and Human Services, and to invoke an additional thirty (30) calendar day extension in the event of a proposal to reduce or eliminate any contracted services.

19.4. If the parties are still unable to come to a mutual agreement within the thirty (30) calendar day extension, the Contractor may proceed with its proposed program change(s) so long as proper notification to eligible individuals is provided.

19.5. The Contractor shall not redirect funds allocated in the budget for the program or service that has been eliminated or substantially reduced to another program or service without the mutual agreement of both parties.

19.6. In the event that an agreement cannot be reached, the Department shall control the expenditure of the unspent funds.

20. Data Reporting

20.1. The Contractor shall submit any data needed to comply with federal or other reporting requirements to the Department or contractor designated by the Department.

20.2. The Contractor shall submit all required data elements via the Phoenix system except for the CANS/ANSA and Projects for Assistance in Transition from Homelessness program (PATH) data, as specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

20.3. The Contractor shall submit individual demographic and encounter data, including data on non-billable individual-specific services and rendering staff providers on all encounters, to the Department's Phoenix system, or its successors, in the format, content, completeness, frequency, method and timeliness as specified by the Department. Individual data must include a Medicaid ID number for individuals who are enrolled in Medicaid.

20.4. The Contractor shall include client eligibility with all Phoenix services in alignment with current reporting specifications. For an individual's services to be considered BMHS eligible, SPMI, SMI, Low Utilizer (LU), SED, and Severe Emotional Disturbance Interagency (SEDIA) are acceptable.

20.5. The Contractor shall meet the general requirements for the Phoenix system which include, but are not limited to:

20.5.1. Agreeing that all data collected in the Phoenix system, which is Confidential Data as defined by Exhibit K, is the property of the Department to use as it deems necessary.

20.5.2. Ensuring data files and records are consistent with file specification and specification of the format and content requirements of those files.

20.5.3. Ensuring that errors in data returned to the Contractor are corrected and resubmitted to the Department within ten (10) business days.

20.5.4. Ensuring data is current and updated in the Contractor's systems as required for federal reporting and other reporting requirements and as specified by the Department.

20.5.5. Implementing review procedures to validate data submitted to the Department to confirm:

20.5.5.1. All data is formatted in accordance with the file specifications;

20.5.5.2. No records will reject due to illegal characters or invalid formatting; and

20.5.5.3. The Department's tabular summaries of data submitted by the Contractor match the data in the Contractor's system.

20.6. The Contractor shall meet the following standards:

20.6.1. <u>Timeliness</u>: monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data unless otherwise approved by the Department, and the Contractor shall review the Department's tabular summaries within five (5) business days.

20.6.2. <u>Completeness</u>: submitted data must represent at least ninety-eight percent (98%) of billable services provided, and ninety-eight percent (98%) individuals served by the Contractor.

20.6.3. <u>Accuracy</u>: submitted service and member data shall conform to submission requirements for at least ninety-eight percent (98%) of the records, and one-hundred percent One–hundred percent (100%) of unique member identifiers shall be accurate and valid.

20.7. The Department may waive requirements for fields in Phoenix on a case by case basis through a written waiver communication that specifies the items being waived. In all circumstances:

20.7.1. The waiver length shall not exceed 180 days.

20.7.2. Where the Contractor fails to meet standards, the Contractor shall submit a corrective action plan within thirty (30) calendar days of being notified of an issue.

20.7.3. After approval of the corrective action plan, the Contractor shall implement the plan.

20.7.4. Failure of the Contractor to implement the plan may require:

20.7.4.1. Another plan; or

20.7.4.2. Other remedies, as specified by the Department.

21. Behavioral Health Services Information System (BHSIS)

21.1. The Contractor may receive funding for data infrastructure projects or activities, depending upon the receipt of federal funds and the criteria for use of those funds, as specified by the federal government. The Contractor shall ensure funding-specific activities include:

21.2. Identification of costs associated with client-level Phoenix and CANS/ANSA databases including, but not limited to:

21.2.1. Rewrites to database and/or submittal routines.

21.2.2. Information Technology (IT) staff time used for re-writing, testing or validating data.

21.2.3. Software and/or training purchased to improve data collection.

21.2.4. Staff training for collecting new data elements.

21.2.5. Development of any other BMHS-requested data reporting system.

21.3. Progress Reports from the Contractor that:

21.3.1. Outline activities related to Phoenix database;

21.3.2. Include any costs for software, scheduled staff trainings; and

21.3.3. Include progress to meet anticipated deadlines as specified.

22. PATH Services

22.1. The Contractor shall provide services through the Projects for Assistance in Transition from Homelessness (PATH) program in compliance with the Federal Public Health Services Act, Section 522(b)(10), Part C to individuals who are homeless or at imminent risk of being homeless and who are believed to have Severe Mental Illness (SMI), or SMI and a co-occurring substance use disorder.

22.2. The Contractor shall ensure PATH services include, but are not limited to:

22.2.1. Outreach.

22.2.2. Screening and diagnostic treatment.

22.2.3. Staff training.

22.2.4. Case management.

22.3. The Contractor shall ensure PATH case management services include; but are not limited to:

22.3.1. Assisting eligible homeless individuals with obtaining and coordinating services, including referrals for primary health care.

22.3.2. Assisting eligible individuals with obtaining income support services, including, but not limited to:

22.3.2.1. Housing assistance.

22.3.2.2. Food stamps.

22.3.2.3. Supplementary security income benefits.

22.4. The Contractor shall acknowledge that provision of PATH outreach services may require a lengthy engagement process and that eligible individuals may be difficult to engage, and may or may not have been officially diagnosed with a mental illness at the time of outreach activities.

22.5. The Contractor shall identify a PATH worker to:

22.5.1. Conduct outreach, early intervention, case management, housing and other services to PATH eligible clients.

22.5.2. Participate in periodic Outreach Worker Training programs scheduled by the Bureau of Homeless and Housing Services; and

22.5.3. Provide housing supports, as identified by the Department.

22.6. The Contractor shall comply with all reporting requirements under the PATH Grant.

22.7. The Contractor shall be licensed to provide client level data into the New Hampshire Homeless Management Information System (NH HMIS).

22.8. The Contractor shall be familiar with and follow NH-HMIS policy, including specific information that is required for data entry, accuracy of data entered, and time required for data entry.

22.9. Failure to submit reports or enter data into HMIS in a timely manner could result in delay or withholding of reimbursements until such reports are received or data entries are confirmed by the Department.

22.10. The Contractor shall ensure that each PATH worker provides outreach through ongoing engagement with individuals who:

22.10.1. Are potentially PATH eligible; and

22.10.2. May be referred to PATH services by street outreach workers, shelter staff, police and other concerned individuals.

22.11. The Contractor shall ensure that each PATH worker is available to team up with other outreach workers, police or other professionals in active outreach efforts to engage difficult to engage or hard to serve individuals.

22.12. The Contractor shall conduct PATH outreach is conducted wherever PATH eligible clients may be found.

22.13. The Contractor shall ensure the designated PATH worker assesses each individual for immediacy of needs, and continues to work with each individual to enhance treatment and/or housing readiness.

22.14. The Contractor shall ensure the PATH worker's continued efforts enhance individual safety and treatment while assisting the individual with locating emergency and/or permanent housing and mental health treatment.

22.15. The Department reserves the option to observe PATH performance, activities and documents through this agreement ensuring observations do not unreasonably interfere with Contractor performance.

22.16. The Contractor shall inform BHHS of any staffing changes relative to PATH services.

22.17. The Contractor shall retain all records related to PATH services the latter of either:

22.17.1. A period of five (5) years following the contract completion date and receipt of final payment by the Contractor; or

22.17.2. Until an audit is completed and all questions are resolved.

22.18. The Department reserves the right to make changes to the contract service that do not affect its scope, duration, or financial limitations upon agreement between the Contractor and the Department.

23. Deaf Services

23.1. The Contractor shall work with the Deaf Services Team, employed by Region 6, for all individuals seeking services who would benefit from receiving treatment in American Sign Language (ASL) or from staff who are specially trained to work with the deaf and hard of hearing population.

23.2. The Contractor shall work with the Deaf Services Team in Region 6 for consultation for disposition and treatment planning, as appropriate.

23.3. The Contractor shall ensure treatment plans take the importance of access to culturally and linguistically appropriate services on treatment outcomes into consideration.

23.4. The Contractor shall ensure services are client-directed, which may result in:

23.4.1. Clients being seen only by the Deaf Services Team through CMHC Region 6;

23.4.2. Care being shared across the regions; or

23.4.3. The individual's local CMHC providing care after consultation with the Deaf Services Team.

24. Early Serious Mental Illness/First Episode Psychosis – Coordinated Specialty Care (ESMI/FEP – CSC) Services

24.1. The Contractor shall provide a Coordinated Specialty Care (CSC) model for the treatment of Early Serious Mental Illness (ESMI) and First Episode Psychosis (FEP) (EMSI/FEP – CSC).

24.2. The Contractor shall identify staff to participate in intensive evidence-based ESMI/FEP - CSC training and consultation, as designated by the Department.

24.3. The Contractor shall ensure ESMI/FEP-CSC treatment services are available and provided to youth and adults between sixteen (16) and thirty-five (35) years of age who are experiencing early symptoms of mental illness.

24.4. The Contractor shall ensure the ESMI/ FEP - CSC treatment program involves a team structure that is based on:

24.4.1. Principles of shared decision-making;

24.4.2. A focus of strengths and resiliency ;

24.4.3. Recognition of the need for motivational enhancement;

24.4.4. A psychoeducational approach;

24.4.5. Cognitive behavioral therapy methods;

24.4.6. Development of coping skills; and

24.4.7. Integration of natural and peer supports.

24.5. The Contractor shall provide ESMI/FEP – CSC treatment services utilizing a discrete team approach ensuring team member provide ESMI/FEP-specific services and other services identified on individual treatment plans. The Contractor shall ensure services include, but are not limited to:

24.5.1. A specialized ESMI/FEP intake prior to entry to the program.

24.5.2. Specialized psychiatric support that includes, but is not limited to:

24.5.2.1. Providing education on the importance of managing symptoms with medications.

24.5.2.2. Providing assistance with securing the best, lowest dosage medications.

24.5.2.3. Ensuring referrals to specialized psychiatric services to an agency prepared to provide telehealth psychiatric services, through a subcontract payment modality, in

instances that an individual is as needed external psychiatric support.

24.5.3. Providing medication management services as clinically indicated.

24.5.4. Providing specialized youth and adult peer supports and services.

24.5.5. Facilitating weekly individual and family psychotherapy that is informative and provides skills to families to support the individual's treatment and recovery.

24.5.6. Providing family psychoeducation.

24.5.7. Providing access to telemedicine options for services that cannot be provided by the Contractor, but are available through a regional CMHC that is able to provide services through a telemedicine model.

24.5.8. Providing supported education and/or supported employment services.

24.6. The Contractor shall participate in quarterly meetings with the Department to report on program implementation, enrollment, and updates and ensure ongoing the EMSI/FEP-CSC model is reflected in treatment.

24.7. The Contractor shall provide community outreach to ensure knowledge of the program is widespread and available to those in need. The Contractor shall ensure:

24.7.1. Outreach efforts include local community hospitals, housing programs, and schools; and

24.7.2. Outreach contacts are reported on a quarterly basis.

24.8. The Contractor shall utilize the CANS/ANSA, or other Department-approved evidence based tool, to measure strengths and needs of the individual at program entry and to track the recovery process thereafter.

24.9. The Contractor may be reimbursed for costs associated with standing up ESMI/FEP-CSC treatment program services, which may include, but are not limited to:

24.9.1. Activities conducted specifically for development and implementation of ESMI/FEP-CSC.

24.9.2. ESMI/FEP-CSC services provided that are not covered by public or private insurance.

24.9.3. Other client services defined as services that remove or reduce barriers for the client to access the ESMI/FEP services.

24.9.4. Program-building efforts.

24.9.5. Other activities, as approved by the Department.

24.10. The Contractor shall submit monthly and quarterly reports to the Department in a Department-approved format and frequency, which include but are not limited to:

24.10.1. Monthly enrollment, service utilization, and outcomes reports, which are due on the 15th of the month following the month in which services were provided.

24.10.2. Quarterly Team Leader Reports that are due on the 15th of the month following the close of each quarter, which include but are not limited to:

24.10.2.1. Quarterly staffing summary.

24.10.2.2. Quarterly meeting summary.

24.10.2.3. Referral and enrollment efforts.

24.10.2.4. Community outreach efforts inclusive of outreach descriptions, occurrences, and agencies contacted.

24.11. The Contractor shall submit a ESMI/FEP – CSC treatment program Sustainability Plan no later than June 30, 2022 following full implementation of services for Department review and approval.

24.12. The Contractor shall submit invoices for services in a format provided by the BMHS Financial Management Unit, which are processed for payment upon verification of timely reporting.

Method and Conditions Precedent to Payment

1. This Agreement is funded by:
   1.1. 4.77%, Projects for Assistance in Transition from Homelessness (PATH), as awarded on 9/17/2020, by the U.S. Department of Health and Human Services, CFDA 93.150, FAIN X06SM083717-01.
   1.2. 3.87%,Mental Health Block Grant, as awarded on 2/3/2021 and 3/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA# 93.958, FAIN B09SM083816 and FAIN B09SM083987
   1.3. 90.49% General funds.
   1.4. 0.87% Other funds. Behavioral Health Services Information System (BHSIS), U.S. Department of Health and Human Services
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The State shall pay the Contractor an amount not to exceed the Price Limitation specified in Form P-37, General Provisions, Block 1.8 for the services provided by the Contractor pursuant to Exhibit A, Amendment #2 Scope of Services.
4. The Contractor agrees to provide the services in Exhibit A, Amendment #2 Scope of Services in compliance with funding requirements.
5. The Contractor shall provide a Revenue and Expense Budget, a Department-provided template, within twenty (20) business days from the effective date of the contract, for Department approval.
6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:
   7.1. For Medicaid enrolled individuals:
      7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
      7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
   7.2. For individuals with other insurance or payors:
      7.2.1. The Contractor shall directly bill the other insurance or payors.
8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of

Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the table below define how many units to report or bill.

Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit
23-37 minutes	2 units
38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:

9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program to be Funded	SFY2018 Amount	SFY2019 Amount	SFY2020 Amount	SFY2021 Amount	SFY2022 Amount
Div. for Children Youth and Families (DCYF) Consultation	$ 1,770	$ 1,770	$ 1,770	$ 1,770	$ 1,770
Emergency Services	$ 132,590	$ 132,590	$ 132,590	$ 132,590	$ 132,590
Crisis Service Transformation Including mobile Crisis (effective SFY 22)					$ 860,598
Assertive Community Treatment Team (ACT) - Adults	$ 225,000	$ 225,000	$ 225,000	$ 225,000	$ 225,000
ACT Enhancement Payments		$ 25,000	-	-	$ 12,500
Behavioral Health Services Information System (BHSIS)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 10,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)		$ 4,000	$ 5,000	$ 5,000	$ 5,000
PATH Provider (BHS Funding)	$ 37,000	$ 37,000	$ 33,300	$ 33,300	$ 33,300
Housing Bridge Start Up Funding	-	$ 25,000	-	-	-
General Training Funding	-	$ 10,000	-	-	$ 5,000
System Upgrade Funding	-	$ 30,000	-	-	$ 15,000
VR Work Incentives	-	-	-	-	$ 80,000
System of Care 2.0	-	-	-	-	$ 5,300
First Episode Psychosis Training & Services	-	-	-	-	$ 111,000
Total	**$ 401,360**	**$ 495,360**	**$ 402,660**	**$ 402,660**	**$ 1,497,058**

9.2. Payment for each contracted service in the table above shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the Department approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of the Department, result in financial penalties not greater than the amount of the directed expenditure.

9.4. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each Department approved invoice for Contractor services provided pursuant to this Agreement.

9.6. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of ***$73.75*** per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Amendment #2 Scope of Services, Division for Children, Youth, and Families (DCYF).

9.7. Emergency Services: The Department shall reimburse the Contractor only for those Emergency Services provided to clients defined in Exhibit A, Amendment #2 Scope of Services, Provision of Crisis Services. Effective July 1, 2021, the Contractor shall bill and seek reimbursement for mobile crisis services provided to individuals pursuant to this Agreement as follows:

9.7.1. For Medicaid enrolled individuals through the Department Medicaid Fee for Service program in accordance with the current, publically posted Fee for Service (FFS) schedule.

9.7.2. For Managed Care Organization enrolled individuals the Contractor shall be reimbursed pursuant to the Contractor's agreement with the applicable Managed Care Organization for such services.

9.7.3. For individuals with other health insurance or other coverage for the services received, the Contractor will directly bill the other insurance or payors.

9.7.4. For individuals without health insurance or other coverage for the services they receive, and for operational costs contained in Exhibit B, Amendment #2 Method and Conditions Precedent to Payment or which the Contractor cannot otherwise seek reimbursement from an insurance or third-party payer, the Contractor will directly bill Department to access contract funds provided through this Agreement.

9.7.4.1. Invoices of this nature shall include general ledger detail indicating the Department is only being invoiced for net expenses, shall only be reimbursed up to the current Medicaid rate for the services provided and contain the following items for each client and line item of service:

9.7.4.2. First and last name of client.

9.7.4.3. Date of birth.

9.7.4.4. Medicaid ID Number.

9.7.4.5. Date of Service identifying date, units, and any possible third party reimbursement received.

9.7.5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits B, Amendment #2 Appendix 2 Budget.

9.7.5.1. The Contractor shall provide a Mobile Crisis Budget, within twenty (20) business days from the effective date of the contract, on a Department-provided template for Department approval.

9.7.5.2. Law enforcement is not an authorized expense.

9.8. Crisis Services Transformation Including Mobile Crisis: Funding is subject to the transformation of crisis services as evidenced by achieving milestones identified in the transition plan in Exhibit A, Amendment #3 Scope of Services and subject to the terms as outlined above.

9.9. Crisis Transformation Startup Funds: Payment for start-up period expenses incurred by the Contractor shall be made by Department based on the start-up amount of ***$69,885***; the total of all such payments shall not exceed the specified start-up amount total and shall not exceed the total expenses actually incurred by the Contractor for the start-up period. All Department payments to the Contractor for the start-up period shall be made on a cost reimbursement basis.

Startup Cost	Total Cost
Recruitment Startup	$50,000
IT Consultation & Equipment, Supplies	$12,960
Indirect Cost Limit at 12%	$6,925

9.10. Assertive Community Treatment Team (ACT) Adults): The contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A, Amendment #2 Adult Assertive Community Treatment (ACT) Teams.

ACT Costs	INVOICE TYPE	TOTAL COST
Invoice based payments on invoice	Programmatic costs as outlined on invoice by month	$225,000
ACT Enhancements	Agencies may choose one of the following for a total of 5 (five) one time payments of $5,000.00. Each item may only be reported on one time for payment.	$25,000 in SFY 2019, $12,500 per SFY for 2022

	1. Agency employs a minimum of .5 Psychiatrist on Team based on SFY 19 or 20 Fidelity Review. 2. Agency receives a 4 or higher score on their SFY 19 or 20 Fidelity Review for Consumer on Team, Nurse on Team, SAS on Team, SE on Team, or Responsibility for crisis services. ACT Incentives can be drawn down upon completion of the CMHC FY22 Fidelity Review. $6,250 can be drawn down for each incentive to include; intensity and frequency of individualized client care to total $12,500. Intensity of services must be measured between 50-84 minutes of services per client per week on average. Frequency of service for an individual must be between 2-3 times per client per week.	

9.11. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A, Amendment #2 Scope of Services.

9.12. MATCH: Funds to be used for items outlined in Exhibit A, Amendment #2 Scope of Services. The breakdown of this funding per SFY effective SFY 2020 is outlined below.

TRAC COSTS	CERTIFICATION OR RECERTIFICATION	TOTAL COST
$2,500	$250/Person X 10 People = $2,500	$5,000

9.13. PATH Funding: Subject to change based on performance standards, HMIS compliance, SAMHSA requirements, and PATH grant requirements as outlined in Exhibit A, Amendment #2 Scope of Services PATH Services.

9.14. Housing Support Services including Bridge: The Contractor shall be paid based on an activity and general payment as outlined below. Funds to be used for the provision of services as outlined in Exhibit A, Amendment #2 Scope of Services, in SFY 219.

Housing Services Costs	INVOICE TYPE	TOTAL COST
Hire of a designated housing support staff	One time payment	$15,000
Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A	One time payment	$10,000

9.15. First Episode Psychosis Training and Services: The Contractor shall be paid based on an activity and general payment as outlined below. Funds support training, programming and

staffing defined in Exhibit A, Amendment #2 Scope of Services, Early Serious Mental Illness/First Episode Psychosis (ESMI/FEP) Coordinated Specialty Care. Invoices will only be processed upon receipt of outlined data reports and invoice shall reference contract budget line items. All trainings must receive advanced approval in writing by the Department.

ESMI/FEP Services Costs	**TOTAL COST**
Staff Training on EBP ESMI/FEP Coordinated Specialty Care	$51,000
Invoiced based payments for unbillable services delivered by the ESMI/FEP team	$60,000

9.16. General Training Funding: Funds are available in SFY 2019 and SFY 2022 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.17. System Upgrade Funding: One time funds available in SFY 2019 and SFY 2022 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Data Reporting. Funds may also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B, Section 9. Invoice for funds should outline activity it has supported.

9.18. System of Care 2.0: Funds are available in SFY 2022 to support associated program expenses as outlined in the below budget table.

Clinical training for expansion of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC) program	$5,000
Indirect Costs (not to exceed 6%)	$300
Total	**$5,300**

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

New Hampshire Department of Health and Human Services

Exhibit K, Amendment #2

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all non-public information owned, managed, created, received for or on behalf of, the Department that is protected by information security, privacy or confidentiality rules, Agreement and state and federal laws or policy. This information may include but is not limited to, derivative data, Protected Health Information (PHI), Personally Identifiable Information (PII), Substance Use Disorder Information (SUD), Federal Tax Information, Social Security Administration, and CJIS (Criminal Justice Information Services) data, including the copy of information submitted known as the Phoenix Data. Confidential Information or Confidential Data shall not include medical records produced and maintained by the contractor in the course of their practice or information owned by the patient/client. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the contractor

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives Confidential Data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

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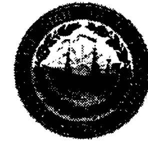

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or Confidential data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

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

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that Confidential Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees Confidential Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the Confidential Data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting Confidential Data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to

access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the Confidential Data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. If it is infeasible to return or destroy the Confidential Data, protections pursuant to this Information Security Requirements Exhibit survive this contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process Confidential Data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.
6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting

infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such Confidential Data upon request or contract termination; and will obtain written certification for any State of New Hampshire Confidential Data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire Confidential Data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the Confidential Data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate Confidential Data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the Confidential Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to

contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. Omitted.

10. The Contractor will not store, knowingly or unknowingly, any Confidential Data or State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the

level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if <u>encrypted</u> and being sent to and being received by email addresses of persons authorized to receive such information.

    e. limit disclosure of the Confidential Information to the extent permitted by law.

    f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

    g. only authorized End Users may transmit the Confidential Data, including any

derivative files containing personally identifiable information, and in all cases, such Confidential Data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

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VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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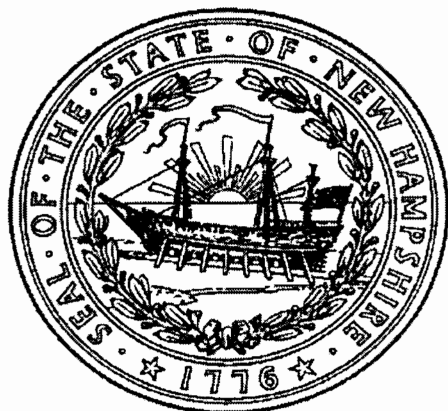
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MONADNOCK FAMILY SERVICES is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 05, 1924. 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: **62930**

Certificate Number: **0005337887**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of April A.D. 2021.

William M. Gardner

Secretary of State

CERTIFICATE OF AUTHORITY

I, __Brian Donovan_______________, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of ______Monadnock Family Services _________.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on ___May 27_______, 2021____, at which a quorum of the Directors/shareholders were present and voting.
(Date)

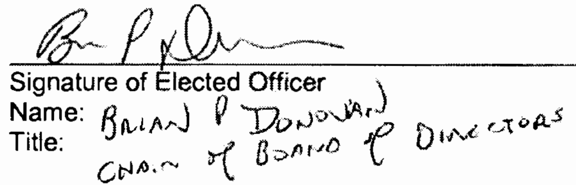
VOTED: That _____Philip Wyzik, CEO & Gigi Pratt, CFO_______ (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of _Monadnock Family Services__ to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 5/27/21



Signature of Elected Officer
Name: BRIAN P DONOVAN
Title: CHAIR of BOARD of DIRECTORS

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/11/2021

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).

PRODUCER
Brown & Brown of New Hampshire
309 Daniel Webster Highway
Merrimack NH 03054

CONTACT NAME: Patricia LeBlanc
PHONE (A/C, No, Ext): (603) 424-9901 FAX (A/C, No): (866) 848-1223
E-MAIL ADDRESS: pleblanc@bbnhins.com

	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	Massachusetts Bay Insurance Company	22306
INSURER B :	Allmerica Financial Benefit Insurance Company	41840
INSURER C :	The Hanover Insurance Company	22292
INSURER D :	Technology Insurance Company, Inc.	42376
INSURER E :		
INSURER F :		

INSURED
Monadnock Family Services
64 Main Street
Keene NH 03431

COVERAGES **CERTIFICATE NUMBER:** 20-21 **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	[X] COMMERCIAL GENERAL LIABILITY; [ ] CLAIMS-MADE [X] OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC; OTHER:	Y		ZDV D360398-03	09/01/2020	09/01/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$
								$
B	AUTOMOBILE LIABILITY; [X] ANY AUTO; [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS; [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			AWV D360674-03	09/01/2020	09/01/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Medical payments	$ 5,000
C	[X] UMBRELLA LIAB [X] OCCUR; [ ] EXCESS LIAB [ ] CLAIMS-MADE; [ ] DED [X] RETENTION $ 0			UHV D360401-03	09/01/2020	09/01/2021	EACH OCCURRENCE	$ 2,000,000
							AGGREGATE	$ 2,000,000
								$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [N]; If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		TWC3900815	09/01/2020	09/01/2021	[X] PER STATUTE [X] OTH-ER	3A State: NH
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
A	Human Services Professional Liability			ZDV D360398-03	09/01/2020	09/01/2021	Each Claim	1,000,000
							Aggregate	3.000,000

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

General Liability: Certificate holder is an additional insured when required by written contract. Employees & Volunteers are an additional insured. All licensed staff, clinicians, except for doctors/psychiatrists are covered under the Monadnock Family Services policies while employed at Monadnock Family Service. This Professional Liability provides Contingent Coverage for Monadnock Family Services for "actions of the doctor/psychiatrist" named in the suit. Primary coverage for the doctor/psychiatrist is not provided however is verified to be elsewhere.

CERTIFICATE HOLDER

State of NH Dept of Health and Human Services
129 Pleasant Street
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Julie Bernier

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Our Mission:

Our mission is to be a source of health and hope for people and the communities in which they live, particularly as it pertains to mental illness. We create services that heal, education that transforms, and advocacy that brings a just society for everyone.

Our Vision:

We see a community in which the needs of our clients are met through understanding and skillful providers, supportive and accessible services, and a rich array of opportunities for growth.

Our Service Standard:

All our interactions with clients, customers, stakeholders and each other are at the same level of quality and professionalism we expect from health care providers treating ourselves or our family members. This is our standard for quality.

64 Main Street • Suite 201, Keene, NH 03431 • 603-357-4400 • www.mfs.org

United Way
A United Way Agency

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Financial Statements

MONADNOCK FAMILY SERVICES, INC.

FOR THE YEARS ENDED
JUNE 30, 2019 AND 2018
AND
INDEPENDENT AUDITORS' REPORT

Leone, McDonnell & Roberts
PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS

MONADNOCK FAMILY SERVICES, INC.

JUNE 30, 2019 AND 2018

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SUPPLEMENTARY INFORMATION

Schedule of Functional Revenues	18 - 20

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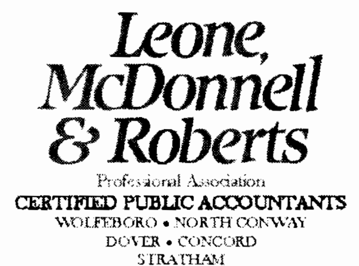

To the Board of Directors of
Monadnock Family Services, Inc.
Keene, New Hampshire

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements of Monadnock Family Services, Inc. (a New Hampshire nonprofit organization), which comprise the statement of financial position as of June 30, 2019 and 2018, and the related statements of cash flows, and the notes to the financial statements for the years then ended, and the related statements of activities and functional expenses for the year ended June 30, 2019.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Monadnock Family Services, Inc. as of June 30, 2019 and 2018, and its cash flows for the years then ended, and the changes in its net assets for the year ended June 30, 2019 in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Monadnock Family Services, Inc.'s June 30, 2018 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated October 5, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional revenues on pages 18 - 20 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Leone, McDonnell & Roberts
Professional Association

October 31, 2019
Wolfeboro, New Hampshire

MONADNOCK FAMILY SERVICES, INC.

STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2019 AND 2018

ASSETS

	2019	2018
CURRENT ASSETS		
Cash and equivalents	$ 1,129,329	$ 1,253,641
Accounts receivable:		
Client fees	309,150	190,060
Medicaid and Medicare	266,341	259,762
Insurance	84,409	60,994
Other	344,184	113,609
Allowance for doubtful accounts	(385,497)	(267,102)
Prepaid expenses	103,587	57,163
Total current assets	1,851,503	1,668,127
PROPERTY		
Furniture, fixtures and equipment	465,669	475,199
Vehicles	194,863	183,790
Building and leasehold improvements	131,596	159,459
Total	792,128	818,448
Less accumulated depreciation	535,393	661,425
Property, net	256,735	157,023
OTHER ASSETS		
Interest in net assets of Foundation	1,029,832	828,482
Total other assets	1,029,832	828,482
Total assets	$ 3,138,070	$ 2,653,632

LIABILITIES AND NET ASSETS

	2019	2018
CURRENT LIABILITIES		
Accounts payable	$ 163,631	$ 69,235
Accrued salaries, wages, and related expenses	381,710	338,323
Refundable advance	320,093	461,097
Other current liabilities	65,875	65,521
Due to affiliates	552,139	187,225
Total liabilities	1,483,448	1,121,401
NET ASSETS		
Without donor restrictions	1,399,625	1,246,014
With donor restrictions	254,997	286,217
Total net assets	1,654,622	1,532,231
Total liabilities and net assets	$ 3,138,070	$ 2,653,632

See Notes to Financial Statements

MONADNOCK FAMILY SERVICES, INC.

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED JUNE 30, 2019 WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Without Donor Restrictions	With Donor Restrictions	2019 Total	2018 Total
CHANGES IN NET ASSETS				
Public support and revenue				
Program service fees	$ 9,160,937	$ -	$ 9,160,937	$ 8,447,297
Other public support	570,423	-	570,423	38,490
Federal funding	561,592	-	561,592	679,095
Donations	299,902	-	299,902	251,949
United Way	208,012	-	208,012	191,208
Local/County government	182,439	-	182,439	197,247
Program sales	87,739	-	87,739	72,424
Rental income	2,338	-	2,338	2,807
Net gain on beneficial interest in Foundation	186,638	14,712	201,350	194,494
Other income	72,251	-	72,251	9,055
	11,332,271	14,712	11,346,983	10,084,066
Net assets released from restriction	45,932	(45,932)	-	-
Total public support and revenue	11,378,203	(31,220)	11,346,983	10,084,066
Expenses				
Program services				
Children & adolescents	2,578,426	-	2,578,426	2,186,563
Multi-service team	1,767,386	-	1,767,386	1,507,656
ACT team	883,226	-	883,226	858,393
Maintenance	862,688	-	862,688	699,037
Other non-BBH	769,447	-	769,447	764,141
Emergency services/assessment	734,862	-	734,862	704,342
Older adult services	478,031	-	478,031	431,845
Community residence	462,577	-	462,577	439,231
Intake	269,475	-	269,475	262,311
Supportive living	176,066	-	176,066	174,787
Vocational services	169,095	-	169,095	116,884
Non-eligibles	163,183	-	163,183	148,998
Restorative partial hospital	38,151	-	38,151	52,123
Community education & training	10,276	-	10,276	56,446
Supporting activities				
Administration	1,861,703	-	1,861,703	1,415,066
Total expenses	11,224,592	-	11,224,592	9,817,823
CHANGES IN NET ASSETS	153,611	(31,220)	122,391	266,243
NET ASSETS, BEGINNING OF YEAR	1,246,014	286,217	1,532,231	1,265,988
NET ASSETS, END OF YEAR	$ 1,399,625	$ 254,997	$ 1,654,622	$ 1,532,231

See Notes to Financial Statements

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MONADNOCK FAMILY SERVICES, INC.

STATEMENT OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 122,391	$ 266,243
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation	43,367	66,140
Change in allowance for doubtful accounts	118,395	(64,322)
Gain on beneficial interest in Foundation	(201,350)	(194,494)
(Increase) decrease in assets:		
Accounts receivable	(379,659)	(520)
Prepaid expenses	(46,424)	7,880
Increase (decrease) in liabilities:		
Accounts payable	94,396	(34,212)
Accrued salaries, wages and related expenses	43,387	34,113
Refundable advance	(141,004)	(111,714)
Other current liabilities	354	46,070
NET CASH (USED IN) PROVIDED BY OPERATING ACTIVITIES	(346,147)	15,184
CASH FLOWS FROM INVESTING ACTIVITIES		
Increase in due to affiliates, net	364,914	48,753
Property and equipment additions	(143,079)	(45,148)
NET CASH PROVIDED BY INVESTING ACTIVITIES	221,835	3,605
NET (DECREASE) INCREASE IN CASH AND EQUIVALENTS	(124,312)	18,789
CASH AND EQUIVALENTS, BEGINNING OF YEAR	1,253,641	1,234,852
CASH AND EQUIVALENTS, END OF YEAR	$ 1,129,329	$ 1,253,641
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:		
Cash paid for interest	$ 987	$ 422

See Notes to Financial Statements

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MONADNOCK FAMILY SERVICES, INC. **Continued**

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Maintenance	Children & Adolescents	Older Adult Services	Intake	Emergency Services/ Assessment	Restorative Partial Hospital
PERSONNEL COSTS						
Salaries and wages	$ 609,755	$ 1,657,246	$ 331,607	$ 173,181	$ 512,790	$ 27,931
Employee benefits	105,198	408,429	60,659	44,477	104,744	5,591
Payroll taxes	44,876	121,249	24,070	13,146	37,525	2,028
PROFESSIONAL FEES						
Substitute staff	250	8,299	-	-	233	-
Audit fees	2,401	7,757	1,440	1,190	2,014	151
Legal fees	1,287	6,621	1,179	103	349	110
Other professional fees	154	38,695	-	-	-	20
STAFF DEVELOPMENT AND TRAINING						
Journals and publications	26	932	10	13	8	-
In-service training	-	-	-	-	-	-
Conferences and conventions	3,592	6,623	931	236	2,157	-
Other staff development	1,007	1,409	256	191	294	-
OCCUPANCY COSTS						
Rent	45,311	145,252	20,495	16,656	32,015	32
Heating costs	-	-	-	-	-	-
Repairs and maintenance	391	275	190	135	279	3
Other occupancy costs	6,847	21,524	3,089	2,805	4,771	111
CONSUMABLE SUPPLIES						
Office supplies and equipment	5,641	7,523	1,241	1,436	2,046	109
Building and household	1,356	1,907	422	421	587	115
Educational and training	12	-	-	-	-	-
Food	228	7,028	528	242	135	-
Medical supplies	208	409	6,222	5	272	54
Other consumable supplies	12,570	37,008	7,023	5,797	10,588	706
DEPRECIATION	134	280	87	72	130	-
EQUIPMENT RENTAL	1,783	7,901	621	1,986	-	-
EQUIPMENT MAINTENANCE	762	2,289	454	399	622	30
ADVERTISING	351	653	218	42	72	5
PRINTING	271	477	105	102	151	46
TELEPHONE	7,974	25,035	5,105	3,994	10,214	657
POSTAGE	1,078	2,944	338	241	522	9
TRANSPORTATION						
Staff	1,775	34,785	7,594	200	5,875	137
Clients	19	-	158	-	35	-
ASSISTANCE TO INDIVIDUALS						
Client services	141	6,241	3	2	90	-
INSURANCE						
Malpractice and bonding	3,271	6,624	1,574	410	2,973	52
Vehicles	-	-	-	-	-	-
Comprehensive property and liability	4,019	12,986	2,412	1,993	3,371	254
MEMBERSHIP DUES	-	-	-	-	-	-
INTEREST EXPENSE	-	-	-	-	-	-
CONTRIBUTION EXPENSE	-	-	-	-	-	-
OTHER	-	25	-	-	-	-
TOTAL FUNCTIONAL EXPENSES	$ 862,688	$ 2,578,426	$ 478,031	$ 269,475	$ 734,862	$ 38,151

See Notes to Financial Statements

MONADNOCK FAMILY SERVICES, INC. **Continued**

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Vocational Services	Non-Eligibles	Multi-Service Team	ACT Team	Community Residence	Supportive Living
PERSONNEL COSTS						
Salaries and wages	$ 104,837	$ 105,378	$ 1,112,376	$ 586,748	$ 308,207	$ 6,446
Employee benefits	27,945	28,751	259,007	90,840	67,432	2,415
Payroll taxes	7,581	7,753	81,321	41,949	23,019	438
PROFESSIONAL FEES						
Substitute staff	50	-	1,041	2	36	164,890
Audit fees	276	500	5,371	3,340	1,558	28
Legal fees	174	224	3,439	2,051	973	837
Other professional fees	-	-	72,266	-	-	-
STAFF DEVELOPMENT AND TRAINING						
Journals and publications	1	6	426	103	277	2
In-service training	-	-	-	-	-	-
Conferences and conventions	1,577	1,054	12,813	1,472	174	1
Other staff development	50	417	879	173	285	-
OCCUPANCY COSTS						
Rent	17,999	8,908	58,486	73,936	7,982	362
Heating costs	-	-	-	-	-	-
Repairs and maintenance	19	58	363	456	1,192	2
Other occupancy costs	689	1,154	9,264	10,762	231	71
CONSUMABLE SUPPLIES						
Office supplies and equipment	249	195	7,875	2,438	1,361	36
Building and household	70	146	1,511	981	3,637	10
Educational and training	-	48	-	-	-	-
Food	196	66	2,461	708	22,919	2
Medical supplies	41	2	639	766	686	-
Other consumable supplies	1,470	2,532	28,127	16,259	7,548	177
DEPRECIATION	8	24	134	212	1,353	1
EQUIPMENT RENTAL	-	878	3,620	-	-	-
EQUIPMENT MAINTENANCE	65	169	1,364	1,024	501	6
ADVERTISING	11	336	545	457	60	4
PRINTING	18	51	484	233	36	15
TELEPHONE	2,067	1,579	27,319	15,999	7,370	112
POSTAGE	44	137	1,439	877	189	91
TRANSPORTATION						
Staff	2,471	1,707	35,457	12,858	593	63
Clients	-	-	205	1,560	266	-
ASSISTANCE TO INDIVIDUALS						
Client services	141	-	20,136	10,231	8	-
INSURANCE						
Malpractice and bonding	583	172	9,213	1,165	884	10
Vehicles	-	-	213	-	1,192	-
Comprehensive property and liability	463	836	8,992	5,591	2,608	47
MEMBERSHIP DUES	-	102	150	-	-	-
INTEREST EXPENSE	-	-	-	-	-	-
CONTRIBUTION EXPENSE	-	-	-	-	-	-
OTHER	-	-	450	35	-	-
TOTAL FUNCTIONAL EXPENSES	$ 169,095	$ 163,183	$ 1,767,386	$ 883,226	$ 462,577	$ 176,066

See Notes to Financial Statements

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MONADNOCK FAMILY SERVICES, INC.

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Community Education & Training	Other Non-BBH	Total Programs	Administration	2019 Totals	2018 Totals
PERSONNEL COSTS						
Salaries and wages	$ 6,918	$ 415,514	$ 5,958,934	$ 659,630	$ 6,618,564	$ 5,901,725
Employee benefits	667	70,439	1,276,594	156,414	1,433,008	1,269,250
Payroll taxes	527	31,653	437,135	47,065	484,200	433,032
PROFESSIONAL FEES						
Substitute staff	-	-	174,801	-	174,801	204,618
Audit fees	-	2,349	28,375	2,025	30,400	38,099
Legal fees	-	738	18,085	3,624	21,709	15,081
Other professional fees	-	17,889	129,024	91,257	220,281	135,031
STAFF DEVELOPMENT AND TRAINING						
Journals and publications	-	380	2,184	491	2,675	3,357
In-service training	-	-	-	-	-	492
Conferences and conventions	727	1,185	32,542	3,899	36,441	20,645
Other staff development	1,433	918	7,312	1,150	8,462	5,906
OCCUPANCY COSTS						
Rent	2	66,107	493,543	106,044	599,587	574,774
Heating costs	-	-	-	-	-	2,376
Repairs and maintenance	-	1,125	4,488	255	4,743	9,004
Other occupancy costs	-	4,233	65,551	26,123	91,674	87,789
CONSUMABLE SUPPLIES						
Office supplies and equipment	-	5,119	35,269	5,508	40,777	35,148
Building and household	-	2,258	13,421	1,168	14,589	9,695
Educational and training	-	-	60	-	60	508
Food	-	16,378	50,891	226	51,117	49,059
Medical supplies	-	1,498	10,802	-	10,802	11,977
Other consumable supplies	1	15,606	145,412	33,781	179,193	39,609
DEPRECIATION	-	18,967	21,402	21,965	43,367	66,140
EQUIPMENT RENTAL	-	-	16,789	1,860	18,649	19,520
EQUIPMENT MAINTENANCE	-	1,305	8,990	29,314	38,304	34,813
ADVERTISING	-	10,176	12,930	8,072	21,002	39,818
PRINTING	-	8,411	10,400	1,669	12,069	8,979
TELEPHONE	1	10,179	117,605	13,580	131,185	143,246
POSTAGE	-	2,776	10,685	1,649	12,334	12,561
TRANSPORTATION						
Staff	-	1,165	104,680	5,836	110,516	106,476
Clients	-	29,667	31,910	17	31,927	25,392
ASSISTANCE TO INDIVIDUALS						
Client services	-	1,429	38,422	-	38,422	44,196
INSURANCE						
Malpractice and bonding	-	808	27,739	697	28,436	42,401
Vehicles	-	3,576	4,981	-	4,981	4,079
Comprehensive property and liability	-	4,243	47,815	3,502	51,317	39,162
MEMBERSHIP DUES	-	852	1,104	2,226	3,330	3,759
INTEREST EXPENSE	-	-	-	987	987	422
CONTRIBUTION EXPENSE	-	-	-	600,000	600,000	325,000
OTHER	-	22,504	23,014	31,669	54,683	54,684
TOTAL FUNCTIONAL EXPENSES	$ 10,276	$ 769,447	$ 9,362,889	$ 1,861,703	$ 11,224,592	$ 9,817,823

See Notes to Financial Statements

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MONADNOCK FAMILY SERVICES, INC.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

1. ORGANIZATION OF THE CORPORATION

Monadnock Family Services, Inc. (the Organization) is a nonprofit corporation, organized under New Hampshire law to provide services in the areas of mental health, and related non-mental health programs.

The Organization operates in the Monadnock region of the State of New Hampshire.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of Monadnock Family Services, Inc. have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables and other assets and liabilities.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

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 Organization. These net assets may be used at the discretion of the Organization's management and board of directors.

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 Organization or by 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 restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities.

Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted by the donor for future periods or for specific purposes are reported as net assets with donor restrictions, depending on the nature of the restrictions. However, if a restriction is fulfilled in the same period in which the contribution is received, the Organization reports the support as net assets without donor restrictions.

Cash Equivalents

The Organization considers all highly liquid financial instruments with original maturities of three months or less to be cash equivalents.

Property and Depreciation

Property and equipment are recorded at cost or, if donated, at estimated fair value at the date of donation. Material assets with a useful life in excess of one year are capitalized. Depreciation is provided for using the straight-line method in amounts designed to amortize the cost of the assets over their estimated useful lives as follows:

Furniture, fixtures and equipment	3 - 10 Years
Vehicles	5 - 10 Years
Building and leasehold improvements	5 - 40 Years

Costs for repairs and maintenance are expensed when incurred and betterments are capitalized. Assets sold or otherwise disposed of are removed from the accounts, along with the related accumulated depreciation, and any gain or loss is recognized.

Depreciation expense was $43,367 and $66,140 for the years ended June 30, 2019 and 2018, respectively.

Accrued Earned Time

The Organization has accrued a liability for future compensated leave time that its employees have earned and which is vested with the employee.

Refundable Advances

Grants received in advance are recorded as refundable advances and recognized as revenue in the period in which the related services are provided or expenditures are incurred.

Revenue

Net patient revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and are adjusted in future periods, as final amounts are determined.

A significant portion of patient revenue is derived from services to patients insured by third-party payors. The Organization receives reimbursement from Medicare, Medicaid and private third party payors at defined rates for services rendered to patients covered by these programs. The difference between established billing rates and the actual rate of reimbursement is recorded as an allowance when received. A provision for estimated contractual allowances is provided on outstanding patient receivables at the statement of financial position date.

Advertising
The Organization expenses advertising costs as incurred.

Summarized Financial Information
The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2018, from which the summarized information was derived.

Functional Allocation of Expenses
The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, costs have been allocated among the program services and supporting activities benefited. Such allocations have been determined by management on an equitable basis.

The expenses that are allocated include the following:

Expense	Method of allocation
Salaries and benefits	Time and effort
Occupancy	Square footage/revenues
Depreciation	Square footage
All other expenses	Direct assignment

Fair Value of Financial Instruments
FASB ASC Topic No. 820-10, *Financial Instruments*, provides a definition of fair value which focuses on an exit price rather than an entry price, establishes a framework in generally accepted accounting principles for measuring fair value which emphasizes that fair value is a market-based measurement, not an entity-specific measurement, and requires expanded disclosures about fair value measurements. In accordance with ASC 820-10, the Organization may use valuation techniques consistent with market, income and cost approaches to measure fair value. As a basis for considering market participant assumptions in fair value measurements, Topic 820-10 establishes a fair value hierarchy, which prioritizes the inputs used in measuring fair values. The hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. The three levels of the fair value hierarchy under ASC Topic 820-10 are described as follows:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

The carrying amount of cash, prepaid expense, other assets and current liabilities, approximates fair value because of the short maturity of those instruments.

Management has determined the beneficial interest in net assets held by Monadnock Regional Foundation for Family Services, Inc. to be in Level 2 of the fair value hierarchy as defined above (also see Note 4).

Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(a) and has been classified as an Organization that is not a private foundation under Section 509(a)(2). However, income from certain activities not directly related to the tax-exempt purpose is subject to taxation as unrelated business income. Under Internal Revenue Code Section 512, certain parking related expenses determined to be qualified transportation fringes are treated as an increase in the amount of unrelated business taxable income. As a result of these taxable fringes, a tax liability of $7,203 has been recognized in the financial statements as of June 30, 2019. No tax liability was accrued for the year ended June 30, 2018.

Management has evaluated the Organization's tax positions and concluded that the Organization has maintained its tax-exempt status and has taken no uncertain tax positions that would require adjustment to the financial statements. With few exceptions, the Organization is no longer subject to income tax examinations by the United States Federal or State tax authorities prior to 2015.

New Accounting Pronouncement

On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Organization has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

3. AVAILIBILITY AND LIQUIDITY

The following represents the Organization's financial assets as of June 30, 2019 and 2018:

Financial assets at year-end:

	2019	2018
Cash and cash equivalents	$ 1,129,329	$ 1,253,641
Accounts receivable, net	618,587	357,323
Beneficial interest in Foundation	1,029,832	828,482
Total financial assets	$ 2,777,748	$ 2,439,446
Less amounts not available to be used within one year:		
Net assets with donor restrictions	$ 246,997	$ 286,217
Less net assets with purpose and time restrictions to be met in less than a year	-	(45,932)
Beneficial interest in Foundation	1,029,832	828,482
Amounts not available within one year	1,276,829	1,068,767
Financial assets available to meet general expenditures over the next twelve months	$ 1,500,919	$ 1,370,679

The Organization's goal is generally to maintain financial assets to meet 45 days of operating expenses (approximately $1.38 million). As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts.

4. INTEREST IN NET ASSETS OF FOUNDATION

The Organization is the sole beneficiary of assets held by Monadnock Regional Foundation for Family Services, Inc. The Organization and the Foundation are considered financially interrelated Organizations under FASB ASC Topic No. 958-605, *Not-for-Profit Entities - Transfers of Assets to a Nonprofit Organization or Charitable Trust That Raises or Holds Contributions for Others.* The fair value of the Foundation's assets, which approximates the present value of future benefits expected to be received, was $1,033,171 and $832,126 at June 30, 2019 and 2018, respectively. The cost basis of the Foundation's assets was $971,974 and $806,069 at June 30, 2019 and 2018, respectively.

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5. DEMAND NOTES PAYABLE

The Organization maintains the following demand notes payable:

Demand note payable with a bank, subject to bank renewal on June 30, 2020. The maximum amount available at June 30, 2019 and 2018 was $250,000. At June 30, 2019 and 2018 the interest rate was stated at 6.25% and 5.75%, respectively. The note is renewable annually, collateralized by all the business assets of the Organization and guaranteed by a related nonprofit organization (see Note 10). There was no balance outstanding at June 30, 2019 and 2018.

The Organization maintains a demand note payable with a bank. The demand note payable is examined and reviewed on a yearly basis. The maximum amount available at June 30, 2019 and 2018 was $150,000. At June 30, 2019 and 2018 the interest rate was stated a 7% and 6.50%, respectively. The note is collateralized by all the business assets of the Organization, real estate and assignment of leases and rents owned by Monadnock Community Service Center, Inc. (a related party, see Note 10) and is guaranteed by Monadnock Community Service Center, Inc. (a related party, see Note 10). There was no balance outstanding at June 30, 2019 and 2018.

6. NET ASSETS

Net assets with donor restrictions were as follows for the years ended June 30, 2019 and 2018:

	2019	2018
Special Purpose Restrictions:		
Beneficial interest in Foundation	$ 173,783	$ 159,071
Timken contribution	-	45,932
Restricted in Perpetuity:		
Beneficial interest in Foundation	81,214	81,214
Total net assets with donor restrictions	$ 254,997	$ 286,217

Net assets released from net assets with donor restrictions are as follows:

	2019	2018
Satisfaction of Purpose Restrictions:		
Timken contribution	$ 45,932	$ 18,687
Total net assets released	$ 45,932	$ 18,687

7. RETIREMENT PLAN

The Organization maintains a retirement plan for all eligible employees. Under the plan employees can make voluntary contributions to the plan of up to approximately 15% of gross wages. All full-time employees are eligible to participate when hired, and are eligible to receive employer contributions after one year of employment. The Organization's matching contributions to the plan for the years ended June 30, 2019 and 2018 were $50,204 and $49,522, respectively.

8. CONCENTRATION OF RISK

For the years ended June 30, 2019 and 2018 approximately 73% and 76%, respectively of the total revenue was derived from Medicaid. The future existence of the Organization, in its current form, is dependent upon continued support from Medicaid.

Medicaid receivables comprise approximately 26% and 42% of the total accounts receivable balances at June 30, 2019 and 2018, respectively. The Organization has no policy for charging interest on past due accounts, nor are its accounts receivable pledged as collateral, except as discussed in Note 5.

9. OPERATING LEASE OBLIGATIONS

The Organization has entered into various operating lease agreements to rent certain facilities and office equipment. The terms of these leases range from 36 to 63 months. Rent expense under these agreements aggregated $618,239 and $594,294 for the years ended June 30, 2019 and 2018, respectively.

The approximate future minimum lease payments on the above leases are as follows:

Year Ending June 30	Amount
2020	$ 16,200
2021	15,270
2022	9,560
Total	$ 41,030

See Note 10 for information regarding a lease agreement with a related party.

10. RELATED PARTY TRANSACTIONS

Monadnock Family Services, Inc. is related to the following nonprofit corporations as a result of their articles of incorporation and common board membership.

Related Party	Function
Monadnock Community Service Center, Inc.	Provides real estate services and property management assistance.
Monadnock Regional Foundation for Family Services, Inc.	Endowment for the benefit of Monadnock Family Services, Inc.

Monadnock Family Services, Inc. has transactions with the above related parties during its normal course of operations. The significant related party transactions are as follows:

Due to Affiliate
At June 30, 2019 and 2018 the Organization had a payable due to Monadnock Community Service Center, Inc. in the amount of $394,444 and $123,853, respectively. At June 30, 2019 and 2018 the Organization had a payable due to Monadnock Regional Foundation for Family Services, Inc. in the amount of $157,695 and $63,372, respectively. There are no specific terms of repayment and no stated interest.

Rental Expense
The Organization leases office space from Monadnock Community Service Center, Inc. under the terms of tenant at will agreements. Monadnock Family Services, Inc. has the perpetual right to extend the leases. Total rental expense paid under the terms of the leases was $576,250 and $556,500 for the years ended June 30, 2019 and 2018, respectively.

Contribution
During the years ended June 30, 2019 and 2018 the Organization made a contribution to Monadnock Community Service Center, Inc. in the amount of $400,000 and $125,000, respectively. During each of the years ended June 30, 2019 and 2018 the Organization made a contribution to Monadnock Regional Foundation of Family Services, Inc. in the amount of $200,000.

Management Fee
The Organization charges Monadnock Community Service Center, Inc. for administrative expenses incurred on its behalf. Management fee revenue aggregated $84,899 and $64,724 for the years ended June 30, 2019 and 2018, respectively.

Guarantee
One of the Organization's demand notes payable is guaranteed by Monadnock Community Service Center, Inc.

Co-obligation
The Organization is co-obligated on certain mortgage notes of Monadnock Community Service Center, Inc.

11. CONTINGENCIES

Grant Compliance
The Organization receives funds under various state grants and from Federal sources. Under the terms of these agreements, the Organization is required to use the funds within a certain period and for purposes specified by the governing laws and regulations. If expenditures were found not to have been made in compliance with the laws and regulations, the Organization might be required to repay the funds. No provisions have been made for this contingency because specific amounts, if any, have not been determined or assessed by government audits as of June 30, 2019.

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12. CONCENTRATION OF CREDIT RISK

The Organization maintains cash balances that, at times may exceed federally insured limits. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 at June 30, 2019 and 2018. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant risk with these accounts. At June 30, 2019 and 2018, cash balances in excess of FDIC coverage aggregated $707,613 and $826,500, respectively.

13. RECLASSIFICATIONS

Certain reclassifications have been made to the prior years' financial statements to conform to the current year presentation. These classifications had no effect on the previously reported results of operations or retained earnings.

14. SUBSEQUENT EVENTS

Events occurring after the statement of financial position date are evaluated by management to determine whether such events should be recognized or disclosed in the financial October 31, 2019, the date when the financial statements were available to be issued.

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MONADNOCK FAMILY SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES
FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Maintenance	Children & Adolescents	Older Adult Services	Intake	Emergency Services/ Assessment	Restorative Partial Hospital
Program fees:						
Net client fees	$ 30,851	$ 13,176	$ 22,922	$ 8,825	$ 26,614	$ 679
Medicaid	390,979	3,690,102	349,191	44,396	194,078	87,419
Medicare	167,302	1,493	1,586	(141)	9,545	-
Other insurance	90,572	110,152	(814)	17,764	38,684	2,327
Other program fees	-	-	-	-	-	-
Program sales:						
Service and production	2,665	175	-	-	-	-
Public support:						
United Way	-	62,975	-	32,388	31,796	-
Local/county government	-	36,315	-	108,624	30,000	-
Donations	-	7,150	-	-	-	-
Other public support	32,317	15,389	2,293	-	6,825	-
Div. for Children, Youth & Families	-	1,425	-	-	-	-
Federal funding:						
Other federal grants	18,750	23,232	-	-	-	-
PATH	-	-	-	-	37,000	-
Bureau of Behavioral Health	-	4,050	-	-	132,590	-
Rental income	-	-	-	-	-	-
Net gain on beneficial interest in Foundation	-	-	-	-	-	-
Other	(100)	205	1	-	4	-
TOTAL FUNCTIONAL REVENUES	$ 733,336	$ 3,965,839	$ 375,179	$ 211,856	$ 507,136	$ 90,425

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SCHEDULE OF FUNCTIONAL REVENUES
FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Vocational Services	Non-Eligibles	Multi-Service Team	ACT Team	Community Residence	Supportive Living
Program fees:						
Net client fees	$ 537	$ 4,320	$ 52,326	$ 17,882	$ 21,915	$ (311)
Medicaid	66,293	4,938	2,064,754	487,313	396,230	346,208
Medicare	1,550	278	20,203	24,712	1,106	-
Other insurance	423	11,597	6,042	13,416	(668)	(956)
Other program fees	-	-	1,650	-	32,330	-
Program sales:						
Service and production	-	-	-	-	-	-
Public support:						
United Way	-	20,638	-	-	-	-
Local/county government	-	7,500	-	-	-	-
Donations	-	150	12,094	1,000	-	-
Other public support	1,460	-	235,478	46	1,042	-
Div. for Children, Youth & Families	-	-	-	-	-	-
Federal funding:						
Other federal grants	-	17,500	-	-	-	-
PATH	-	-	-	-	-	-
Bureau of Behavioral Health	-	-	-	225,000	-	-
Rental income	-	-	-	-	-	-
Net gain on beneficial interest in Foundation	-	-	-	-	-	-
Other	1	10	1,635	-	1	-
TOTAL FUNCTIONAL REVENUES	$ 70,264	$ 66,931	$ 2,394,182	$ 769,369	$ 451,956	$ 344,941

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MONADNOCK FAMILY SERVICES, INC.

SCHEDULE OF FUNCTIONAL REVENUES
FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION

	Community Education & Training	Other Non-BBH	Total Programs	Administration	2019 Totals	2018 Totals
Program fees:						
Net client fees	$ -	$ 68,692	$ 268,428	$ -	$ 268,428	$ 236,159
Medicaid	-	138,859	8,260,760	-	8,260,760	7,639,201
Medicare	-	-	227,634	-	227,634	250,741
Other insurance	-	61,648	350,187	-	350,187	293,761
Other program fees	19,573	375	53,928	-	53,928	27,435
Program sales:						
Service and production	-	-	2,840	84,899	87,739	72,424
Public support:						
United Way	-	60,215	208,012	-	208,012	191,208
Local/county government	-	-	182,439	-	182,439	197,247
Donations	-	277,508	297,902	2,000	299,902	251,949
Other public support	-	-	294,850	274,148	568,998	38,490
Div. for Children, Youth & Families	-	-	1,425	-	1,425	-
Federal funding:						
Other federal grants	-	98,762	158,244	-	158,244	282,716
PATH	-	-	37,000	-	37,000	36,938
Bureau of Behavioral Health	-	-	361,640	4,708	366,348	359,441
Rental income	-	2,338	2,338	-	2,338	2,807
Net gain on beneficial interest in Foundation	-	-	-	201,350	201,350	194,494
Other	-	420	2,177	70,074	72,251	9,055
TOTAL FUNCTIONAL REVENUES	$ 19,573	$ 708,817	$10,709,804	$ 637,179	$ 11,346,983	$ 10,084,066

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Monadnock Family Services
Board of Directors
2020-2021

Brian Donovan – Chair
John Round – Treasurer
Aaron Moody – Secretary
Sharman Howe – Assistant Secretary

Laurie Appel
Mike Chelstowski
Reba Clough
Susan Doyle
Shaun Filiault
Julie Green
Christine Houston
Molly Lane
Jan Peterson
Judy Rogers
Alfred John Santos
Joe Schapiro
Louise Zerba

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Philip F. Wyzik MA

EXPERIENCE:

Monadnock Family Services, 64 Main St, Keene NH (6/2012 to present)
Chief Executive Officer

Responsible for all aspects of the leadership of a community mental health center in Cheshire County, New Hampshire. Services focus on clientele considered eligible for state supported care, out patient behavioral health counseling, prevention services and adult care for seniors.

Certified instructor Mental Health First Aid, July 2014

The Mental Health Association of Connecticut, 20-30 Beaver Rd, Wethersfield CT 06109
President and CEO (9-08 to 6 -1-12)

Responsible for all aspects of executive leadership of a $9 million dollar private, not-for-profit mental health agency. Services offered to adults with severe and persistent mental illness include housing, psychosocial rehabilitation, and supported employment; provide leadership and supervision to Executive staff and Program Directors. Work includes interface and coordination with Board of Directors, direct supervision of advocacy, lobbying and public education efforts.

West Central Behavioral Health, Inc., 9 Hanover St, Lebanon, New Hampshire 03766
Senior Vice President of Operations (1-91 to 9-08)

Responsible for the executive leadership and management of a private not-for-profit community mental health center. Duties include:

Program development and performance management: responsible development and monitoring of annual operation plan to achieve key service outcomes and fiscal effectiveness, internal quality assurance and management, including leading workgroups to implement new treatment paradigms and improvements. Accomplished successful grant applications and negotiated contracts, including US Government contract procurement and management under the Javitts Wagner O'Day program. Assisted with marketing and internal and external customer service. Planned conversion of two day rehab programs into pioneering supported employment service.

Supervision and training of agency leaders: responsible for personnel development, quality assurance and risk management; designed and implemented a new, proactive employee review and development process. Planned and supervised the renovation and relocation of three clinical offices. Lead agency wide staff satisfaction survey process; developed work life committee to improve employee input into agency decisions.

Public Relations / fundraising: Conceived, organized and promoted all aspects of a two day fundraiser ("Paddlepower") that increased public awareness about suicide and visibility

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for the agency. Current member of NH Suicide Prevention Advisory Committee and Garrett Lee Smith Advisory Committee.

Information Technology: Supervised IT department of three FTEs since 2006, including the implementation of an electronic medical record for improved clinical flow, efficiency and compliance. Lead system improvement efforts to accommodate regulatory and reimbursement changes and mandates, and accompanying staff training efforts.

Substitute for the CEO: Handle internal, external, and State responsibilities.

Little Rivers Health Care Inc, PO Box 377, Bradford VT

Interim Chief Executive Officer (Sept 2005 to June 2006)

Under management service agreement with current employer, served as first CEO of a Federally Qualified Health Center. Duties involved all aspects of merging three disparate primary care offices into one organization. Developed initial Human Resource policies and plans, facilitated clinical and quality policy development, initiated start up fiscal plan and structure. Served as the liaison to Health Resource Services Administration Office of Grants Management and Project Development and facilitated development of Board members. Elected to the Board of Directors of Bi State Primary Care Association.

University System of New Hampshire, Granite State College

Faculty Member (November 2000 to present)

Teaching HLTC 600 *Continuous Quality Improvement,* HLTC 629 *Legal and Ethical Issues in Health and Human Services, and* HLTC 627 *Financing and Reimbursement in Healthcare*, and HLTC 550 *The US Healthcare Industry* (all online courses.) Taught numerous students on independent contract learning projects. Familiar with Blackboard, WebCT, and Moodle course management systems.

Worcester Area Community Mental Health Center, Inc, Worcester, Ma. 01609

Director of Rehabilitation (12-84 to 12-90)

Organized and lead social/vocational rehabilitation department serving mentally ill adults. Responsibilities included:

Day-to-day management of a psychosocial rehabilitation program for severely mentally ill adults, program development, strategic planning and evaluation activities. Assisted in interdepartmental and interagency communication and public relations. Primary liaison to Mass Rehab Commission for vocational rehabilitation. Completed grant applications, hired and supervised staff; Held previous roles including Program Coordinator, Rehabilitation Counselor, Group Leader and Clinician.

Chandler St. Center, Inc., 162 Chandler St., Worcester, Ma. 01609

Substance Abuse Counselor (5-83 to 12-84)

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Performed intake, crisis intervention, assessment, case management and addiction therapy around heroin and cocaine abuse for teen and adult clients. Facilitated support groups and completed court ordered assessments.

St. Joseph Church, 41 Hamilton St, Worcester, Ma. 01604
Religious Education Coordinator (6-81 to 6-83)

Supervised and coordinated all aspects of church based education program; recruited and trained volunteer teachers. Provided instruction for child, teen and adult classes.

Notre Dame High School, Fitchburg, Ma.
Teacher (9-82 to 6-83) – Taught junior and senior high students in Religious Education and substitute taught Spanish I.

St Joseph School, Somerville, Ma.
Teacher (9-78 to 6-80) -- Instructed five grade levels in Religion, Art, and Social Studies.

COMMUNITY SERVICE

Outreach House, Hanover NH (501.3C assisted living facility for nine seniors)
Board of Director, October 1998 to 2000 [approximately]
Ivy Place Condominiums, Lebanon NH (50 unit condominium facility)
Board of Director, 1992 thru 1997 [approximately]
Lebanon Riverside Rotary
Club member, chair of International Services Committee, 1992 thru 1996

EDUCATION:

Master of Arts, Counseling Psychology, Assumption College, Worcester Ma. 1984
Bachelor of Arts, Religious Studies (magna cum laude), Assumption College, Worcester, Ma. 1978

- "Leadership Upper Valley," May 2008 sponsored by the Lebanon Chamber of Commerce.
- "Institute for Non Profit Management," Antioch New England Graduate School, Hanover NH, Spring 2004
- "FIPSE (Fund for Improvement of Postsecondary Education) Training for Part Time Faculty Teaching Adult Learners," College for Lifelong Learning, Concord, NH, Fall, 2002

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- "Improving Managerial Leadership and Effectiveness", "The Art of Negotiation," "Delivering Superior Customer Service," and "Contract Pricing," NISH Institute for Leadership and Professional Development

PUBLICATIONS:

Munetz MD, Birnbaum A, Wyzik PF: An Integrative Ideology to Guide Community Based Multidisciplinary Care of Severely Mentally Ill Patients. Hospital and Community Psychiatry, June 1993, vol. 44, no 6.

Drake RE, Becker DR, Biesanz JC, Torrey WC, McHugo GJ, Wyzik PF: Rehabilitative Day Treatment vs Supported Employment: I Vocational Outcomes. Community Mental Health Journal, October 1994;30:519-532.

Torrey W, Clark RE, Becker D, Wyzik P, Drake RE: Switching from Rehabilitative Day Treatment to Supported Employment. Continuum: Developments in Ambulatory Care, Jossey-Bass Inc. Spring, 1997, vol 4, no 1.

Drake RE, Becker D, Biesanz J, Wyzik P: Day Treatment Versus Supported Employment for Persons with Severe Mental Illness: A Replication Study. Psychiatric Services, October 1996, vol 47, no 10.

Becker D, Torrey W, Toscano R, Wyzik P, Fox T: Building Recovery Oriented Services: Lessons from Implementing IPS in Community Mental Health Centers. Psychiatric Rehabilitation Journal, Summer 1998, vol 22, no 1.

Torrey, W, Wyzik PF: New Hampshire Clinical Practice Guidelines for Adults in Community Support Programs, (unpublished monograph).

Torrey, W. Wyzik PF: The Recovery Vision as a Service Improvement Guide for Community Mental Health Journal, April 2000, vol 36, No 2.

Torrey, W, Drake RE, Cohen M, Fox L, Lynde D, Gorman P, and Wyzik PF: The Challenge of Implementing and Sustaining Integrated Dual Disorders, Community Mental Health Journal, December 2002, Vol 38, no 6

Salyers MP, Becker DR, Drake RE, Torrey WC, and Wyzik PF: A Ten Year Follow up of Supported Employment (in press)

Torrey WC, Finnerty M, Evans A, Wyzik P: Strategies for leading the implementation of Evidence-based practices, Psychiatric Clinics of North America, 26(4): 883-897, 2003

Wyzik L, "Grassroots Armada for Suicide Prevention" Behavioral Healthcare Tomorrow, 14(4): 14-15, 2005

"Tragedy Casts Attention on Mental Illness" Keene Sentinel, January 4, 2013, op ed.

"Mental Health Care is a part of health care" Keene Sentinel, March 19, 2013, op ed.

"There is Room for Medicaid Expansion" Keene Sentinel, June 2, 2013, op ed.

"No Medicaid Expansion Strains Mental Health Services" Fosters Daily Democrat, December 25, 2013, op ed.

"The Story that Changed Christmas" Monadnock Ledger Transcript, December 26, 2013, op ed.

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Philip F. Wyzik
Keene NH

AWARDS:

Named Administrator of the Year, October 1994, by the New Hampshire Alliance for the Mentally Ill.

PRESENTATIONS:

- "The Legacy of Clifford Beers." Presented June 12, 2009 at Centennial Conference, Mental Health America, Washington DC.
- "Thinking of a Change?" Implementing the new NH Medicaid rule in the mental health center, for the Bureau of Behavioral Health, March 27, 28, 2007
- "Suicide Prevention: Friend raising, Fundraising" at US Psychiatric Rehabilitation Association 30th annual conference, Philadelphia PA, May 24, 2005
- "Teamwork in Residential Settings" for the Therapeutic Living Community, Norwich CT, April 2003, on behalf of the West Institute of the NH Dartmouth Psychiatric Research Center.
- "Vocational Rehabilitation System's Change" – two day personal consultation for Terros, 3118 E McDowell Rd, Phoenix, Arizona, April 2000
- "Recovery and Systems Thinking," Value Options, Phoenix AZ, July28, 1999
- "CMHC Cultures that Work for Work," Following Your Dreams Conference, Nashua NH, May 21, 1999
- "IPS Implementation, Tools and Recovery," IPS Plus Project, Regional Research Institute, Portland, Oregon, May 14, 1999
- "Implementing IPS," Options for Southern Oregon, Grants Pass Oregon, May 13, 1999
- "Facilitating Recovery by Effectively Supporting Work," Value Options Best Practices Summit IV, Boston MA, Oct. 21-23, 1998
- "Health Care as a System: Case Management," Executive Directors, NH Division of Behavioral Health, Concord, NH, July 15, 1998
- "Implementing Individual Placement and Support: Obstacles and Solutions," Western Region Best Practice Conference, Colorado Health Network, Santa Fe NM, Dec. 4-5, 1997
- "Supported Employment as an Important Element in the Process of Recovering from Severe Mental Disorders," New England IPS Retreat, Newport RI, June 5, 1997
- "From Day Treatment to Vocational Services," New England IAPSRS Conference, June 1995
- "Work in the Community: Two Program Conversion Success Stories," Institute for Community Inclusion, Auburn, MA, October 1994

REFERENCES:

Personal references furnished upon request.

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CURRICULUM VITAE

Marianne Marsh, MD

Licensure and Certification:

State of New Hampshire - Medical License - #10054
State of Vermont - #42-8302 (inactive)
State of Maine - #013197 (inactive)

Diplomat in Psychiatry, American Board of Psychiatry and Neurology
April 1996, Renewed 2007, Certificate #42545

Education and Training:

Psychiatry Residency
Medical Center Hospital of Vermont/University of Vermont
July 1990 - June 1993

- Chief Resident, June 1992 - May 1993
  Duties included: administrative, liaison and teaching both medical students and residents

Medical/Psychiatric Internship
New England Medical Center/Tufts University
July 1989 - June 1990

University of Vermont College of Medicine
MD, May 1989

University of California, Davis
BS in Nutrition Science with High Honors, 1985

Current Employment:

Monadnock Family Services
Keene, NH
Medical Director
October 2012 - present

Hospital Privileges:

Monadnock Community Hospital (Provide on-call coverage)

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Past Employment and Professional Activities:

West Central Behavioral Health
Claremont, NH
Staff Psychiatrist, June 2010 – September 2012
Adjunct Faculty, Dartmouth Medical School

Monadnock Family Services
Keene, NH
Staff Psychiatrist, July 1997 - August 2000
Associate Medical Director, September 2000 – May 2010
Psychiatrist for Dialectical Behavioral Therapy program
Sabbatical and ongoing work integrating primary care with mental health care in the Monadnock region
Awards: "Guppy" (Grace Under Pressure) Award 2006
Tom Dwayne Mental Health Leadership Award 2009

Board of Directors
AIDS Services for the Monadnock Region
1997 - 2000

Beech Hill Hospital
Consulting Psychiatrist
July 1997 - May 1998

Northeast Kingdom Mental Health Services, Inc.
Staff Psychiatrist, June 1994 - December 1995
Medical Director, January 1996 - June 1997
U.S. Public Health Service - National Health Service Corps

Private Practice in Psychiatry
Burlington, VT
July 1993 - July 1997

Clinical Faculty Member
University of Vermont Department of Psychiatry
July 1993 - June 1997

Board of Directors, State of Vermont HIV/AIDS Care Consortium
Mental Health Task Force
April 1996 - June 1997

Community Health Plan
Part-time consulting psychiatrist
June 1993 - May 1994

Bangor Mental Health Institute
Psychiatric and medical coverage for state hospital and psychiatric nursing home
July 1991 - December 1993

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Vermont State Hospital
On-Call Physician
1991 - 1992

Society Memberships:

American Psychiatric Association
American Association for Community Psychiatry
Physicians for Social Responsibility
American Association of Physicians for Human Rights

Publication:

Marsh, Marianne; "Feminist Psychopharmacology: An Aspect of Feminist Psychiatry."; Psychopharmacology from a Feminist Perspective (Ed: Jean Hamilton, et al); Harrington Park Press/The Haworth Press, Inc., 1995, pp. 73-84.

References available upon request.

DocuSign Envelope ID: A2F01AEB-9730-4BB2-B1B3-9E7AB9E1DD82

Confidential Resume of

Gigi Pratt

To obtain a professional position which challenges my human resource, managerial, accounting and technical skills

Work History

8/09-present Monadnock Family Services Keene, NH

10/12 – present Chief Financial Officer

- Controller position and CFO position was recently combined. In addition to the Controller responsibilities, I am now a member of the Sr Staff, work directly with the Board of Directors and under the direct supervision of the Chief Executive Officer.

8/09 – 10/12 Controller

- Manage & direct all accounting & support functions for three non-profit entities; supervise a staff of twenty-four; Departments include: Payroll, Accounts Payable, Accounts Receivable, Grants Management, Business/Facilities Management, & All Support functions in six locations
- Provide monthly financial statements to CFO; quarterly reports to the State; attend monthly Board Operations Committee meetings; present financials in the absence of the CFO
- Prepare annual fiscal budgets with the CFO for both the State Medicaid and Internal Operations
- Meet with Department Heads & Directors to review budgets & financials
- Coordinate and assist the Annual Independent Audit for all three non-profits; review and file 990
- Manage all agency grants including reporting & audits
- Manage organization cash flow & lines of credit; Property tax abatements, maintain agency corporate files & legal documents
- Co-lead implementation of new Electronic Medical Records system
- Assist CFO with banking relationships, grant presentations, facilities management, review agency contracts, corporate insurances; policy revisions, attend CFO CMHC quarterly meetings

4/01-8/09 Fenton Family Dealerships East Swanzey, NH

Human Resources Manager 1/08-current

- Coordinate employee benefits for all Fenton Family Dealerships — 170+ employees, including new employee orientations, health & dental insurances, STD & LTD, 401k, and more
- Provide backup support for payroll for 170 employees
- Review and revise employee handbook on a biannual basis, make recommended changes, review with attorney
- Screen applicants for fit with open positions; review profile testing with hiring managers; conduct orientations
- Complete biannual Safety Summary and chair company Safety Committee
- Chair the Monadnock United Way fundraiser — increased employee contributions by 100%
- Design and publish monthly employee newsletter to raise employee morale and inter-company communication
- Organize employee training, plan & put on company special events
- Provide Administrative Support to owner

Office Manager & Human Resource Manager 4/01 – 1/08

- Financial/Fiscal — Responsible for all accounting functions for Hyundai Dealership including timely reporting of monthly financial statements, title research, accounts payable, accounts receivable, etc.
- Office Management — Responsible for supervision of accounting personnel, maintaining equipment and office supplies, publishing flyers and mailers, etc.
- Human Resources — completed the above human resource responsibilities for 120 employees

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8/06 - present GB Office Solutions, LLC Nelson, NH

Office Management Services/Grants Management/ Bookkeeping

- Provide full service bookkeeping service to several clients including retail, non-profit and individuals
- P/R, A/P, AIR, Grants management, Audit preparation and graphic arts design

1/01 – 8/06 Stonewall Farm, (a nonprofit education center) Keene, NH

Business Manager

- Financial/Fiscal — Budgeting for six departments, financial reporting all General Ledger entries, account analysis & distribution of reports; responsible for all A/P & A/R; presentations to Board of Directors
- Personnel — payroll for 30+ employees, payroll taxes, 941/943 reporting, produced a personnel manual, manage health insurance enrollment and selection of carrier
- Data Management — oversee, manage, and programming of database system using FileMaker Pro for 1200+ members, donors & volunteers; monitor membership for renewal, bulk mailings
- Office Management — supervise 4 employees, equipment purchases/maintenance including computer systems, telephone systems, building maintenance; landlord for residents; coordinate facility rentals
- Gift Shop — make wholesale purchases and monitor sales of gift shop inventory

11/84-11/88 Eastern Mountain Sports Peterborough, NH

- **Accounting Department**
- 219641/88 — Accounting Supervisor — supervised A/P clerks, prepared monthly journal entries, analysis of balance sheet accounts, monitored letter of credit activity, review sales/use & payroll taxes
- 9/85-2/86 — Accounting Clerk — bank reconciliations, AIR, analysis, NSF check collection, sales/use taxes
- 11/84-9/85 — Accounts Payable Clerk — processed vendor payments, verified inventory reports

Education

- Plymouth State College — MBA Graduate Certificate in "The Human Side of Enterprise" 5/08
- Franklin Pierce College — Bachelor of Science — major in Management, minor in Accounting, Graduated 5/91
- Mount Wachusett Community College — Associates of Science in Business Technology, Graduated 5/86
- Recent seminars: Human Resources Series; Avoiding Sexual Harassment in the Workplace; Dealing Effectively with Unacceptable Employee Behavior; Employment Law, Financial Reporting for Franchised Organizations, 1099 Laws;

Skill

- Experience with PC, Macintosh & Mainframe computer systems, QuickBooks, Microsoft Office, Word, Outlook, PowerPoint, Excel, WordPerfect, Reynolds & Reynolds Automotive Software, LWSI, and various other programs.
- Notary of Public; Justice of the Peace
- Red Cross CPR & First Aid Certified
- QuickBooks ProAdvisor

Other Interests

- Past involvement in: UNH Cooperative Extensions Advisory Council Member; 4-H Leader, Boy Scouts Leader & Committee member; Farm Bureau Board Member; Miracles in Motion Volunteer, Nelson Agricultural Commission; Hundred Nights Board Treasurer
- My family, farming and horse back riding

References

- Available Upon Request

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Philip Wyzik	Chief Executive Officer	162,723	0	
Marianne Marsh	Chief Medical Officer	233,997	0	
Gigi Pratt	Chief Financial Officer	116,320	0	

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

This Amendment to the Mental Health Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health Center at Community Council ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017, (Late Item A) as amended on September 13, 2017, (Item #15), and December 19, 2018, (Item19), and June 19, 2019, (Item #29), 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, 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 1.3, Contractor Name, to read:

   The Community Council of Nashua, N.H. d/b/a Greater Nashua Mental Health

2. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2022.

3. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $9,697,254

4. Modify Exhibit A, Amendment #3, Scope of Services by replacing in its entirety with Exhibit A Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.

5. Modify Exhibit B, Amendment #3, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B, Amendment #4, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.

6. Add Exhibit K, Amendment #2, DHHS Information Security Requirements, 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

6/14/2021
Date

DocuSigned by:
Katja Fox
ED9D05B04C63442...
Name: Katja Fox
Title: Director

The Community Council of Nashua, N.H.
d/b/a Greater Nashua Mental Health Center
at Community Council

6/14/2021
Date

DocuSigned by:
Cynthia L Whitaker, PsyD MLADC
984333A5D3DB451
Name: Cynthia L Whitaker, PsyD MLADC
Title: President and CEO

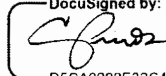
The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/15/2021

Date

DocuSigned by:



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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:

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 shall operate a Community Mental Health Center (CMHC) that provides services intended to promote recovery from mental illness for eligible residents in the State of New Hampshire (individuals) for Region 6 The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.

1.4. Prior to termination of this contract the parties will agree on a plan for transition and destruction of confidential data in accordance with Exhibit K.

1.5. The Contractor shall provide individualized, recovery based services and supports in the manner that best allows each individual to stay in their home and within the community providing current treatment and recovery options that are based on scientific research and evidence based practices (EBP).

1.6. The Contractor acknowledges the requirements of the Community Mental Health Agreement (CMHA) and shall demonstrate progress toward meeting the following terms in the CMHA: 1.) Assertive Community Treatment Teams; 2.) Evidence-Based Supported Employment; and 3.) Transition planning for individuals at New Hampshire Hospital and Glencliff Home and 4.) Supported Housing. Further, the Contractor shall participate in annual Quality Service Reviews (QSR) conducted under the terms of the CMHA.

1.7. The Contractor shall enter into a capitation model of contracting with all NH Managed Care Organizations to support the delivery and coordination of behavioral health services and supports for children, youth, transition-aged youth, young adults, and adults.

1.8. The Contractor shall support the integration of physical and behavioral health as a standard of practice; implementing the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Levels of Collaboration/Integration to the maximum extent feasible.

1.9. The Contractor shall ensure that clinical standards and operating procedures are consistent with trauma-informed models of care, as defined by SAMHSA.

The clinical standards and operating procedures must reflect a focus on wellness, recovery, and resiliency.

1.10. The Contractor shall engage in ongoing implementation, service improvements, and expansion efforts associated with New Hampshire's 10 Year Mental Health Plan.

1.11. For the purposes of this agreement, all references to days shall mean calendar days unless otherwise specified.

1.12. The Contractor shall provide individuals, caregivers and youth the opportunity for feedback and leadership within the agency to help improve services in a person-centered manner when applicable and appropriate.

1.13. The Contractor shall ensure rapid access to services is available to each individual by offering an appointment slot on the same or next calendar day of the initial contact.

2. System of Care for Children's Mental Health

2.1. The Contractor shall collaborate with the Department on the implementation of NH RSA 135-F, System of Care for Children's Mental Health.

2.2. The Contractor shall provide services for children, youth, and young adults with serious emotional disturbance (SED) in a manner that aligns with NH RSA 135-F. The Contractor shall ensure services are:

2.2.1. Family Driven - services and supports are provided in a manner that best meets the needs of the family and the family goals;

2.2.2. Youth Driven - services and supports are provided in a manner that best meets the needs of the child, youth or young adult and that supports their goals;

2.2.3. Community Based - services and supports are provided in a manner that best allow children, youth, and young adults to stay within their home and community; and

2.2.4. Cultural and Linguistic Competent - Services are provided in a manner that honors a child, youth, or young adult and their family-identified culture, beliefs, ethnicity, preferred language, gender and gender identity and sexual orientation.

2.3. The Contractor shall collaborate with the FAST Forward program, ensuring services are available for all children and youth enrolled in the program.

2.4. The Contractor shall make referrals to the FAST Forward program for any child, youth, or young adult that may be eligible.

3. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

3.1. The Contractor shall maintain appropriate levels of certification through a contract with the Judge Baker Center for Children.

3.2. The Contractor shall ensure new and incoming staff work towards meeting a goal of 70% of children and youth clients' needs with the evidence-based practice of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC).

3.3. The Contractor shall maintain a use of the Judge Baker's Center for Children (JBCC) TRAC system to support each case with MATCH-ADTC as the identified treatment modality.

3.4. The Contractor shall invoice BCBH through green sheets for:

3.4.1. The costs for both the certification of incoming therapists and the recertification of existing clinical staff, not to exceed the budgeted amount.

3.4.2. The full of the annual fees paid to the JBCC for the use of their TRAC system to support MATCH-ADTC.

4. Children's Intensive Community Based Services

4.1. The Contractor shall use the Child and Adolescent Needs and Strengths (CANS) assessment to determine the appropriate level of collaborative care and which children's intensive community based services are most appropriate.

4.2. The Contractor shall provide children's intensive community based services to children diagnosed with a serious emotional disturbance (SED), with priority given to children who:

4.2.1. Have a history of psychiatric hospitalization or repeated visits to hospital emergency departments for psychiatric crisis;

4.2.2. Are at risk for residential placement;

4.2.3. Present with significant ongoing difficulties at school; and/or

4.2.4. Are at risk of interaction with law enforcement.

4.3. The Contractor shall provide children's intensive community based services through a full array of services as defined in New Hampshire Administrative Rule He-M 426, Community Mental Health Services, which include, but are not limited to:

4.3.1. Functional Support Services (FSS).

4.3.2. Individual and family therapy.

4.3.3. Medication services.

4.3.4. Targeted case management (TCM) services.

4.3.5. Supported education.

4.4. The Contractor shall provide a minimum of eight (8) up to a maximum of ten (10) hours of children's intensive community based services per week for each eligible individual, as defined in New Hampshire Administrative Rule He-M 426, ensuring more intensive services are provided during the first twelve (12) weeks of enrollment.

4.5. The Contractor shall screen adolescent clients for substance use using one or more tools, as appropriate, that include:

4.5.1. The Car, Relax, Alone, Family, Friends, Trouble (CRAFFT) screening tool for individuals age twelve (12) years and older, which consists of six (6) screening questions as established by the Center for Adolescent Substance Abuse Research (CeASAR) at Children's Hospital Boston.

4.5.2. The Global Appraisal of Individual Needs – Short Screener (GAIN-SS), which is used by school based clinicians for clients referred for substance use.

4.6. The Contractor shall provide children's intensive community based services to clients and their families to ensure access to an array of community mental health services that include community and natural supports, which effectively support the clients and their families in the community, in a culturally competent manner.

4.7. The Contractor shall conduct and facilitate weekly children's intensive community based team meetings in order to communicate client and family needs and discuss client progress.

5. System of Care Grant (SoC) Activities with the New Hampshire Department of Education (NH DOE)

5.1. The Contractor shall participate in local comprehensive planning processes with the NH DOE, on topics and tools that include, but are not limited to:

5.1.1. Needs assessment.

5.1.2. Environmental scan.

5.1.3. Gaps analysis.

5.1.4. Financial mapping.

5.1.5. Sustainability planning.

5.1.6. Cultural linguistic competence plan.

5.1.7. Strategic communications plan.

5.1.8. SoC grant project work plan.

5.2. The Contractor shall participate in ongoing development of a Multi-Tiered System of Support for Behavioral Health and Wellness (MTS-B) within participating school districts.

5.3. The Contractor shall utilize evidence based practices (EBPs) that respond to identified needs within the community including, but not limited to:

5.3.1. MATCH-ADTC.

5.3.2. All EBPs chosen for grant project work that support participating school districts' MTS-B.

5.4. The Contractor shall maintain and strengthen collaborative, working relationships with participating school districts within the region which includes, but is not limited to:

5.4.1. Developing and utilizing a facilitated referral process.

5.4.2. Co-hosting joint professional development opportunities.

5.4.3. Identifying and responding to barriers to access for local families and youth.

5.5. The Contractor shall maintain an appropriate full time equivalent (FTE) staff who is a full-time, year-round School and Community Liaison. The Contractor shall:

5.5.1. Ensure the FTE staff is engaging on a consistent basis with each of the participating schools in the region in person or by remote access to support program implementation.

5.5.2. Hire additional staff positions to ensure effective implementation of a System of Care.

5.6. The Contractor shall provide appropriate supervisory, administrative and fiscal support to all project staff dedicated to SoC Grant Activities.

5.7. The Contractor shall designate staff to participate in locally convened District Community Leadership Team (DCLT) and all SoC Grant Activities-focused meetings, as deemed necessary by either NH DOE or the Department.

5.8. The Contractor shall actively participate in the SoC Grant Activities evaluation processes with the NH DOE, including collecting and disseminating qualitative and quantitative data, as requested by the Department.

5.9. The Contractor shall conduct National Outcomes Measures (NOMs) surveys on all applicable tier 3 supports and services to students and their families at the SoC grant project intervals, as determined by the Department.

5.10. The Contractor shall abide by all federal and state compliance measures and ensure SoC grant funds are expended on allowable activities and expenses, including, but not limited to a Marijuana (MJ) Attestation letter.

5.11. The Contractor shall maintain accurate records of all in-kind services from non-federal funds provided in support of SoC Grant Activities, in accordance with NH DOE guidance.

6. Renew Sustainability (Rehabilitation for Empowerment, Education, and Work)

6.1. The Contractor shall provide the Rehabilitation for Empowerment, Education and Work (RENEW) intervention with fidelity to transition-aged youth who qualify for state-supported community mental health services, in accordance with the University of New Hampshire (UNH) -Institute On Disability (IOD) model.

6.2. The Contractor shall obtain support and coaching from the IOD at UNH to improve the competencies of implementation team members and agency coaches.

7. Division for Children, Youth and Families (DCYF)

7.1. The Contractor shall provide mental health consultation to staff at Division for Children, Youth and Families (DCYF) District Offices related to mental health assessments and/or ongoing treatment for children served by DCYF.

7.2. The Contractor shall provide Foster Care Mental Health Assessments for children and youth younger than eighteen (18) years of age who are entering foster care for the first time.

8. Crisis Services

8.1. If the Contractor has, or enters into, an agreement with a hospital to provide crisis services to individuals who are eligible, or presumed eligible in the emergency department, for Medicaid services, the Contractor may bill Medicaid according to fee schedules or MCO contracts for services rendered.

8.2. The Contractor shall document crisis services delivered in the emergency department setting as part of its Phoenix Submissions, in a format, and with content, completeness, and timelines specified by the Department, ensuring documented information includes screenings performed, diagnosis codes, and referrals made.

8.3. The Contractor shall provide documentation of each collaborative relationship with acute care hospitals in its region, at the request of the Department.

8.4. The Contractor shall provide emergency services as defined in NH Administrative Rule He-M 403.06 (a) (6) and NH Administrative Rule He-M 426.09.

8.5. As part of the crisis resolution, the Contractor shall screen each individual for Assertive Community Treatment (ACT). If clinically appropriate, the Contractor shall:

8.5.1. Refer the individual for an expedited ACT assessment and/or intake and treatment upon discharge; or

8.5.2. Inform the appropriate regional CMHC in order to expedite the ACT assessment and/or intake and treatment upon discharge from emergency department or inpatient psychiatric or medical care setting, if the individual resides in a region other than the region in which the individual is receiving crisis services.

8.6. The Contractor shall not refer an individual for hospitalization at New Hampshire Hospital (NHH) unless the Contractor has determined that NHH is the least restrictive setting in which the individual's immediate psychiatric treatment needs can be met. The Contractor shall:

8.6.1. Make all reasonable efforts to ensure no other clinically appropriate bed is available at any other NH inpatient psychiatric unit, Designated Receiving Facility (DRF), Adult Psychiatric Residential Treatment Program (APRTP), Mobile Crisis apartments, or other step-up/step-down beds prior to referring an individual to NHH,

8.6.2. Work collaboratively with the Department and contracted Managed Care Organizations for the implementation of the Zero Suicide within emergency departments.

8.7. The Contractor shall provide services to individuals experiencing a psychiatric and/or substance use related crisis through a rapid response team that includes, but is not limited to:

8.7.1. One (1) Master's level clinician.

8.7.2. One (1) peer support specialist.

8.7.3. One (1) on-call psychiatrist.

8.7.4. Access to telehealth, including tele-psychiatry, for additional capacity, as needed.

8.8. The Contractor shall ensure all staff have the necessary qualifications as defined under New Hampshire Administrative Rule He-M 400, Community Mental Health, Parts 403 and 426.

8.9. The Contractor shall develop an implementation and/or transition plan with a timeline for transforming crisis services for Department approval no later than 30 days from the contract effective date. The Contractor shall ensure the implementation and/or transition plan includes, but is not limited to:

8.9.1. The plan to educate current community partners and individuals on the use of the Access Point Number.

8.9.2. Staffing adjustments needed in order to meet the full crisis response scope and titrated up to meet the 24/7 nature of this crisis response.

8.9.3. The plan to meet each performance measure over time.

8.9.4. How data will be sent to the Access Point if calls are received directly at the center and are addressed by the center during the transition period.

8.10. The Contractor shall work in tandem with the designated vendor providing services through the Rapid Response Access Point contract as approved by the Governor and Executive Council.

8.11. The Contractor shall enter into a Memorandum of Understanding within 30 days of contract effective date with the Rapid Response Access Point, which provides the Regional Response Teams information regarding the nature of the crisis through verbal and/or electronic communication including but not limited to:

8.11.1. The location of the crisis.

8.11.2. The safety plan either developed over the phone or on record from prior contact(s).

8.11.3. Any accommodations needed.

8.11.4. Treatment history of the individual, if known.

8.12. The Contractor shall promote the use of the telephone number for the Rapid Response Access Point as the primary contact for crisis services, which utilizes Global Positioning System (GPS) enabled technology to identify the closest and available Regional Response Team.

8.13. The Contractor shall ensure all rapid response team members participate in a crisis response training, as designated by the Department, which follows the concepts and topics identified in the National Guidelines for Crisis Care Best Practice Toolkit published by the Substance Abuse and Mental health Services Administration (SAMHSA).

8.14. The Contractor shall provide the physical address of the physical location to the Rapid Response Access Point where the rapid response team may provide office-based urgent assessments.

8.15. The Contractor shall ensure a rapid response team is available twenty-four (24) hours per day, seven (7) days a week for deployment within their region and boarder regions, as directed by the Rapid Response Access Point.

8.16. The Contractor shall ensure the rapid response team is trained and available to provide crisis response services to avoid unnecessary hospitalization, incarceration or institutionalization. The Contractor shall ensure services include but are not limited to:

8.16.1. Face-to-face assessments.

8.16.2. Disposition and decision making.

8.16.3. Initial care and safety planning.

8.16.4. Post crisis and stabilization services.

8.17. The Contractor may utilize presumptive eligibility when responding to individuals who are not connected to a CMHC or who may be considered low utilizers.

8.18. The Contractor shall ensure the rapid response team responds to all dispatches either face-to-face in the community within one (1) hour of the request ensuring:

8.18.1. The response team includes a minimum of two (2) individuals for safety purposes, which includes a Master's level staff and a peer support specialist if occurring at locations based on individual and family choice that include but are not limited to:

8.18.1.1. In or at the individual's home.

8.18.1.2. In an individual's school setting.

8.18.1.3. Other natural environments of residence including foster homes.

8.18.1.4. Community settings.

8.18.1.5. Peer run agencies

8.18.2. The response team includes a minimum of one (1) Master's level team member if occurring at safe, staffed sites or public service locations which may include, but are not limited to:

8.18.2.1. Schools.

8.18.2.2. Jails.

8.18.2.3. Police departments.

8.18.2.4. Emergency departments.

8.18.3. A no-refusal policy upon triage and all requests for mobile response receive a response and assessment regardless of the individual's disposition, which may include current substance use.

8.18.4. Documented clinical rationale with administrative support when a mobile intervention is not provided.

8.18.5. Coordination with law enforcement personnel, if required, when responding to individuals in a mental health crisis presenting a safety concern or when active rescue is required. The Contractor shall:

8.18.5.1. Work in partnership with the Rapid Response Access Point and Department to establish protocols to ensure a bi-directional partnership with law enforcement.

8.18.6. A face-to-face lethality assessment as needed that includes, but is not limited to:

8.18.6.1. Obtaining a client's mental health history including, but not limited to:

8.18.6.1.1. Psychiatric, including recent inpatient hospitalizations and current treatment providers.

8.18.6.1.2. Substance misuse.

8.18.6.1.3. Social, familial and legal factors.

8.18.6.2. Understanding the client's presenting symptoms and onset of crisis.

8.18.6.3. Obtaining medication list, adherence to prescribed medications and brief medical history.

8.18.6.4. Conducting a mental status exam.

8.18.7. Developing a mutually agreed upon individualized safety plan and care disposition and decision making, with the client, which may include, but is not limited to:

8.18.7.1. Staying in place with:

8.18.7.1.1. Stabilization services;

8.18.7.1.2. A safety plan; and

8.18.7.1.3. Outpatient providers.

8.18.7.2. Stepping up to crisis stabilization services or apartments.

8.18.7.3. Admission to peer respite.

8.18.7.4. Voluntary hospitalization.

8.18.7.5. Initiation of Involuntary Emergency Admission (IEA).

8.18.7.6. Medical hospitalization.

8.19. The Contractor shall provide Crisis Stabilization Services, which are services and supports that are provided until the crisis episode subsides. The Contractor shall ensure:

8.19.1. Crisis Stabilization Services are delivered by the rapid response team for individuals who are in active treatment prior to the crisis in order to assist with stabilizing the individual and family as rapidly as possible.

8.19.2. Are provided in the individual and family home, as desired by the individual.

8.19.3. Stabilization services are implemented using methods that include, but are not limited to:

8.19.3.1. Involving peer support specialist(s) and/or Bachelor level crisis staff by providing follow up contact within forty-eight (48) hours post-crisis for all face-to-face interventions, which may include, but are not limited to:

8.19.3.1.1. Promoting recovery.

8.19.3.1.2. Building upon life, social and other skills.

8.19.3.1.3. Offering support.

8.19.3.1.4. Facilitating referrals.

8.19.3.2. Providing warm hand offs for post-crisis support services, including connecting back to existing treatment providers and/or providing a referral for additional peer support specialist contacts.

8.19.3.3. Providing crisis stabilization services with a Master's level clinician through short-term, trauma informed approaches, which may include, but are not limited to:

8.19.3.3.1. Cognitive Behavior Therapy (CBT).

8.19.3.3.2. Dialectical Behavior Therapy (DBT).

8.19.3.3.3. Solution-focused therapy.

8.19.3.3.4. Developing concrete discharge plans.

8.19.3.3.5. Providing substance use disorder assessment and counseling techniques for dually diagnosed individuals.

8.19.4. Crisis stabilization in a Residential Treatment facility for children and youth are provided by a Department certified and approved Residential Treatment Provider.

8.20. The Contractor may provide Sub-Acute Care services for up to 30 days to individuals who are not connected to any treatment provider prior to contact with the regional rapid response team or Regional Response Access Point in order assist individuals with bridging the gap between the crisis event and ongoing treatment services. The Contractor shall:

8.20.1. Ensure sub-acute care services are provided by the CMHC region in which the individual is expected to receive long-term treatment.

8.20.2. Work with the Rapid Response Access Point to conduct educational and outreach activities within the local community and to institutional stakeholders in order to promote appropriate referrals to, and the utilization of, rapid response team resources.

8.20.3. Work with the Rapid Response Access Point to ensure the community is aware of, and is able to, access rapid response mobile crisis services and supports through the outreach and educational plan of the Rapid Response Access Point outreach and educational plan, which includes but is not limited to:

8.20.3.1. A website that prominently features the Rapid Response Access Point phone number and links with information about Rapid Response and connectivity to the Rapid Response Access Point.

8.20.3.2. All newly printed appointment cards that include the Rapid Response Access point crisis telephone number as a prominent feature.

8.20.3.3. Direct communications with partners to the Rapid Response Access Point for crisis services and deployment.

8.20.4. Work with the Rapid Response Access Point to change existing patterns of hospital emergency departments (ED) for crisis response in the region and collaborate by:

8.20.4.1. Meeting regularly with local police and first responders to discuss interface, procedures, and collaborations to understand challenges and improve outcomes for individuals in the community;

8.20.4.2. Educating partners, clients and families on all diversionary services available, by encouraging early intervention;

8.20.4.3. Maintaining and developing relationships with local hospitals and work together to promote the use of the Rapid Response Access Point number and rapid response services, in order to reduce ED use;

8.20.4.4. Coordinating with homeless outreach services; and

8.20.4.5. Conducting outreach to at-risk seniors programming.

8.21. The Contractor shall ensure that within ninety (90) days of the contract effective date:

8.21.1. Connection with the Rapid Response Access Point and the identified GPS system that enables transmission of information needed to:

8.21.1.1. Determine availability of the Regional Rapid Response Teams;

8.21.1.2. Facilitate response of dispatched teams; and

8.21.1.3. Resolve the crisis intervention.

8.21.2. Connection to the designated resource tracking system.

8.21.3. A bi-directional referral system is in place with electronic scheduling to support information sharing that facilitates closed loop referrals and transmission of clinical triage summaries, safety plans and shared care plans with community providers.

8.22. The Contractor shall submit reports relative to the rapid response services provided in this agreement. The Contractor shall:

8.22.1. Document all contacts in the medical record for both State eligible and non-eligible individuals who receive regional rapid response team services.

8.22.2. Provide monthly reports by the fifteenth (15th) day of each month, on a template provided by the Department which includes, but is not limited to:

8.22.2.1. Number of unique individuals who received services.

8.22.2.2. Date and time of mobile arrival.

8.22.3. Submit information through the Department's Phoenix System beginning no later than six (6) months from the contract effective date, unless otherwise instructed on a temporary basis by the Department:

8.22.3.1. Diversions from hospitalizations;

8.22.3.2. Diversions from Emergency Rooms;

8.22.3.3. Services provided;

8.22.3.4. Location where services were provided;

8.22.3.5. Length of time service or services provided;

8.22.3.6. Whether law enforcement was involved for safety reasons;

8.22.3.7. Whether law enforcement was involved for other reasons;

8.22.3.8. Identification of follow up with the individual by a member of the Contractor's regional rapid response team within 48 hours post face-to-face intervention;

8.22.3.9. Indication that referral for ongoing mental health services following the immediate crisis was provided; and

8.22.3.10. Outcome of service provided, which may include but is not limited to:

8.22.3.10.1. Remained in home.

8.22.3.10.2. Hospitalization.

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8.22.3.10.3. Crisis stabilization services.

8.22.3.10.4. Crisis apartment.

8.22.3.10.5. Emergency department.

8.23. The Contractor's performance will be monitored by ensuring Contractor performance by ensuring seventy (70%) of clients receive a post-crisis follow up from a member of the Contractor's regional rapid response team within forty-eight (48) hours of a face-to- face intervention, as identified through Phoenix encounter data.

8.24. The Contractor shall provide four (4) Community Crisis Beds in an apartment setting, which serve as an alternative to hospitalization and/or institutionalization. The Contractor shall ensure:

8.24.1. Admissions to an apartment for Community Crises Beds are for providing brief psychiatric intervention in a community based environment structured to maximize stabilization and crisis reduction while minimizing the need for inpatient hospitalization.

8.24.2. Community Crisis Beds in an apartment:

8.24.2.1. Include no more than two (2) bedrooms per crisis apartment, which:

8.24.2.2. Are operated with sufficient clinical support and oversight, and peer staffing, as is reasonably necessary to prevent unnecessary institutionalization.

8.24.2.3. Have peer staff and clinical staff available to be onsite, 24 hours per day, seven days per week, whenever necessary, to meet individualized needs.

8.24.2.4. Are available to individuals 18 years and older on a voluntary basis and allow individuals to come and go from the apartment as needed to maintain involvement in and connection to school, work, and other recovery-oriented commitments and/or activities as appropriate to the individual's crisis treatment plan.

8.24.2.5. Are certified under New Hampshire Administrative Rule He-M 1000, Housing, Part 1002, Certification Standards for Behavioral Health Community Residences, and include:

8.24.2.5.1. At least one (1) bathroom with a sink, toilet, and a bathtub or shower;

8.24.2.5.2. Specific sleeping area designated for each individual;

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8.24.2.5.3. Common areas shall not be used as bedrooms.

8.24.2.5.4. Storage space for each individual's clothing and personal possessions;

8.24.2.5.5. Accommodations for the nutritional needs of the individual; and.

8.24.2.5.6. At least one (1) telephone for incoming and outgoing calls.

8.24.3. Crisis intervention, stabilization services, and discharge planning services are provided by the members of the regional rapid response team as clinically appropriate.

8.24.4. Ongoing safety assessments are conducted no less than daily.

8.24.5. Assistance with determining individual coping strengths in order to develop a crisis treatment recovery plan for the duration of the stay and a post-stabilization plan.

8.24.6. Coordination and provision of referrals for necessary psychiatric services, social services, and substance use services and medical aftercare services.

8.24.7. An individual's stay at a crisis apartment is for no more than seven consecutive (7) days, unless otherwise approved in writing by the Department;

8.24.8. Transportation for individuals is provided from the site of the crisis to the apartment to their home or other residential setting after stabilization has occurred.

8.24.9. Any staff member providing transportation has:

8.24.9.1. A valid driver's license.

8.24.9.2. A State inspected vehicle.

8.24.9.3. Proof of vehicle insurance.

8.24.10. Provision of a list of discharge criteria from the crisis apartments and related policies and procedures regarding the apartment beds to the Department within thirty (30) days of the contract effective date for Department approval.

8.24.11. Peer Support Specialists engage individuals through methods including, but not limited to Intentional Peer Support (IPS).

8.24.12. Reports are submitted to the Department for Crisis Apartments in the format and frequency determined by the Department that includes but is not limited to:

8.24.12.1. Admission and Discharge Dates.

8.24.12.2. Discharge disposition (community or higher level of care).

8.24.12.3. Number of referrals refused for admission.

9. Adult Assertive Community Treatment (ACT) Teams

9.1. The Contractor shall maintain two (2) Adult ACT Teams both of which meet the SAMHSA Model and are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00am. The Contractor shall ensure:

9.1.1. Each Adult ACT Team delivers comprehensive, individualized, and flexible services, supports, targeted case management, treatment, and rehabilitation in a timely manner as needed, onsite in the individuals' homes and in other natural environments and community settings, or alternatively, via telephone where appropriate to meet the needs of the individual.

9.1.2. Each Adult ACT Team is composed of at least ten (10) dedicated professionals who make-up a multi-disciplinary team including, a psychiatrist, a nurse, a Masters-level clinician, or functional equivalent therapist, functional support worker and a full time equivalent certified peer specialist.

9.1.3. Each Adult ACT Team includes an individual trained to provide substance misuse support services including competency in providing co-occurring groups and individual sessions, and supported employment.

9.1.4. Caseloads for Adult ACT Teams serve no more than twelve (12) individuals per Adult ACT Team member, excluding the psychiatrist who has no more than seventy (70) people served per 0.5 FTE psychiatrist, unless otherwise approved by the Department.

9.2. The Contractor shall ensure ACT staff, with the exception of psychiatrist and nurse, receive:

9.2.1. A minimum of 15 hours in basic ACT training within one (1) year of hire date that is consistent with the ACT EBP SAMHSA toolkit approved by BMHS.

9.2.2. A minimum of 4 hours of advanced ACT training of co-occurring disorders within fifteen (15) months of hire date that is consistent with the ACT EBP SAMSHA toolkit and Integrated Dual Disorder Model approved by BMHS.

9.3. The Contractor shall ensure Adult ACT Teams do not have waitlists for screening purposes and/or admission to the ACT Team. The Contractor shall ensure:

9.3.1. Individuals do not wait longer than 30 days for either assessment or placement.

9.3.2. Work with the Department at identifying solutions and appropriate levels of care for any individual waiting for Adult ACT Team services for more than 30 days in order to meet the demand for services and implement the solutions within forty-five (45) days.

9.3.3. Individuals receiving services from Adult ACT Team members, if psychiatrically hospitalized, are offered a same day or next day appointment with any Adult ACT Team member upon date of discharge.

9.4. The Contractor shall report its level of compliance with the above listed requirements on a monthly basis at the staff level in the format, and with content, completeness, and timeliness as specified by the Department as part of the Phoenix submissions, which are due no later than the 15th of the month. The Department may waive this provision in whole or in part in lieu of an alternative reporting protocol, being provided under an agreement with Department contracted Medicaid Managed Care Organizations. The Contractor shall:

9.4.1. Ensure services provided by the Adult ACT Team are identified in the Phoenix submissions as part of the ACT cost center.

9.4.2. Screen for ACT per Administrative Rule He-M 426.08, Psychotherapeutic Services.

9.4.3. Report all ACT screenings with the outcome of the screening to indicate whether the individual is appropriate for ACT, as part of the Phoenix submissions, or in the format, content, completeness, and timelines as specified by the Department.

9.4.4. Make a referral for an ACT assessment within (7) days of:

9.4.4.1. A screening outcome that an individual may be appropriate to receive ACT services.

9.4.4.2. An individual being referred for an ACT assessment and ensure assessments for ACT services are completed within seven (7) days.

9.4.5. Report the outcome of ACT assessments to the Department as part of the Phoenix submissions, in the format, content, completeness, and timelines as specified by the Department.

9.4.6. Ensure, fall individuals assessed as appropriate for ACT services are admitted to the ACT team caseload and begin receiving ACT services within seven (7) days, with the exception of individuals who decline such services, or are not available to receive such services for reasons that may include, but are not limited to:

9.4.6.1. Extended hospitalization or incarceration.

9.4.6.2. Relocation of individuals out of the Contractor's designated community mental health region.

9.4.7. Ensure, in the event that admitting the individual to the ACT Team caseload causes the ACT Team to exceed the caseload size limitations specified above, consultation with the Department to seek approval:

9.4.7.1. To exceed caseload size requirements, or

9.4.7.2. To provide alternative services to the individual until the individual can be admitted to the ACT caseload.

10. Evidence-Based Supported Employment (EBSE)

10.1. The Contractor shall gather employment status for all adults with Severe Mental Illness (SMI)/Severe Persistent Mental Illness (SPMI) at intake and every quarter thereafter.

10.2. The Contractor shall report the employment status for all adults with SMI/SMPI to the Department in the format, content, completeness, and timelines specified by the Department, ensuring individuals indicating a need for EBSE receive services.

10.3. The Contractor shall provide a referral for all individuals who express an interest in receiving Evidence-Based Supported Employment (EBSE) services to the Supported Employment team within seven (7) days.

10.4. The Contractor shall deemed the individual as waiting for SE services if the SE team cannot accommodate enrollment of SE services at which the individual will be added to the waitlist, which is reported to the Department, as specified by the Department.

10.5. The Contractor shall provide EBSE to eligible individuals in accordance with the SAMHSA and/or Dartmouth model.

10.6. The Contractor shall ensure EBSE services include, but are not limited to:

10.6.1. Job development.

10.6.2. Work incentive counseling.

10.6.3. Rapid job search.

10.6.4. Follow along supports for employed individuals.

10.6.5. Engagement with mental health treatment teams and local NH Vocational Rehabilitation services.

10.7. The Contractor shall ensure EBSE services do not have waitlists, ensuring individuals do not wait longer than 30 days for EBSE services. If waitlists are identified, Contractor shall:

10.7.1. Work with the Department to identify solutions to meet the demand for services; and

10.7.2. Implement such solutions within 45 days.

10.8. The Contractor shall maintain the penetration rate of individuals receiving EBSE at a minimum of 18.6 percent (18.6%) as per the CMHA agreement.

10.9. The Contractor shall ensure SE staff receive:

10.9.1. A minimum of 15 hours in basic training within one year of hire date as approved by the IPS Employment Center and approved by BMHS.

10.9.2. A minimum of 7 hours of advanced SE Job Development Training within 15 months of hire as approved by the IPS-SE Employment Center and BMHS.

11. Work Incentives Counselor Capacity Building

11.1. The Contractor shall employ a minimum of one FTE equivalent Work Incentive Counselor located onsite at the CMHC for a minimum of one (1) state fiscal year.

11.2. The Contractor shall ensure services provided by the Work Incentive Counselor include, but are not limited to:

11.2.1. Connecting individuals to and assisting individuals with applying for Vocational Rehabilitation services, ensuring a smooth referral transition.

11.2.2. Engaging individuals in supported employment (SE) and/or increased employment by providing work incentives counseling and planning.

11.2.3. Providing accurate and timely work incentives counseling for beneficiaries with mental illness who are pursuing SE and self-sufficiency.

11.3. The Contractor shall develop a comprehensive plans for individuals that include visualization of the impact of two or three different levels of income on existing benefits and what specific work incentive options individuals might use to:

11.3.1. Increase financial independence;

11.3.2. Accept pay raises; or

11.3.3. Increase earned income.

11.4. The Contractor shall develop comprehensive documentation of all individual existing disability benefits programs including, but not limited to:

11.4.1. SSA disability programs;

11.4.2. SSI income programs;

11.4.3. Medicaid, Medicare;

11.4.4. Housing Programs; and

11.4.5. Food stamps and food subsidy programs.

11.5. The Contractor shall collect data to develop quarterly reports in a format requested by the Department, on employment outcomes and work incentives counseling benefits that includes but is not limited to:

11.5.1. The number of benefits orientation presentations provided to individuals.

11.5.2. The number of individuals referred to Vocational Rehabilitation who receive mental health services.

11.5.3. The number of individuals who engage in SE services.

11.5.3.1. Percentage of individuals seeking part-time employment.

11.5.3.2. Percentage of individuals seeking full-time employment.

11.5.3.3. The number of individuals who increase employment hours to part-time and full-time.

11.6. The Contractor shall ensure the Work Incentive Counselor staff are certified to provide Work Incentives Planning and Assistance (WIPA) through the no-cost training program offered by Virginia Commonwealth University.

11.7. The Contractor shall collaborate with the Vocational Rehabilitation providers to develop the Partnership Plus Model to identify how Social Security funding will be obtained to support the Work Incentives Counselor position after Vocational Rehabilitation funding ceases.

11.8. The Department will monitor Contractor performance by reviewing data to determine outcomes that include:

11.8.1. An increased engagement of individuals in supported employment based on the SE penetration rate.

11.8.2. An increase in Individual Placement in both part-time and full-time employment and;

11.8.3. Improved fidelity outcomes specifically targeting:

11.8.3.1. Work Incentives Planning

11.8.3.2. Collaboration between Employment Specialists & Vocational Rehab.

12. Coordination of Care from Residential or Psychiatric Treatment Facilities

12.1. The Contractor shall designate a member of its staff to serve as the primary liaison to New Hampshire Hospital (NHH) who works with the applicable NHH staff, payer(s), guardian(s), other community service providers, and the applicable individual, to assist with coordinating the seamless transition of care for individuals transitioning from NHH to community based services or transitioning to NHH from the community.

12.2. The Contractor shall not close the case of any individual who is admitted to NHH. Notwithstanding, the Contractor shall be deemed to be in compliance with all Administrative He-M 408, Clinical Records rules regarding documentation if it is noted in the record that the individual is an inpatient at NHH or another treatment facility. All documentation requirements as per He-M 408 will be required to resume upon re-engagement of services following the individual's discharge from inpatient care.

12.3. The Contractor shall participate in transitional and discharge planning within 24 hours of admission to an inpatient facility.

12.4. The Contractor shall work with the Department, payers and guardians (if applicable) to review cases of individuals that NHH, Transitional Housing, or alternative treatment facility or the Contractor, have indicated will have difficulty returning to the community to identify barriers to discharge, and to develop an appropriate plan to transition into the community.

12.5. The Contractor shall make a face-to-face appointment available to an individual leaving NHH, Transitional Housing or alternative residential setting who desires to reside in the region served by the Contractor within seven (7) calendar days of receipt of notification of the individual's discharge, or within seven (7) calendar days of the individual's discharge, whichever is later.

12.6. The Contractor shall ensure individuals who are discharged and are new to a CMHC have an intake appointment within seven (7) calendar days. If the individual declines to accept the appointment, declines services, or requests an appointment to be scheduled beyond the seven (7) calendar days, the Contractor may accommodate the individual's request provided the accommodation is clinically appropriate, and does not violate the terms of a conditional discharge. The Contractor's Adult ACT Team must see individuals who are on the ACT caseload and transitioning from NHH into the community within 24 hours of NHH discharge.

12.7. The Contractor shall make all reasonable efforts to ensure that no appropriate bed is available at any other inpatient psychiatric unit, Designated Receiving Facility (DRF) per NH RSA 135-C and NH Administrative Rule He-M 405, Designation of Receiving Facilities, Mobile Crisis Apartment, Peer Support Recovery Center, or Adult Psychiatric Residential Treatment Program (APRTP) prior to referring an individual to NHH.

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12.8. The Contractor shall collaborate with NHH and Transitional Housing Services (THS) to develop and execute conditional discharges from NHH to THS in order to ensure that individuals receive treatment in the least restrictive environment. The Department will review the requirements of NH Administrative Rule He-M 609 to ensure obligations under this section allow CMHC delegation to the THS vendors for clients who reside there.

12.9. The Contractor shall have all necessary staff members available to receive, evaluate, and treat individuals discharged from NHH seven (7) days per week, consistent with the provisions in NH Administrative Rule He-M 403 and NH Administrative Rule He-M 426.

12.10. For individuals at NHH who formerly resided in the Contractor's designated community mental health region prior to NHH admission, who have been identified for transition planning to the Glencliff Home, the Contractor shall, at the request of the individual or guardian, or of NHH or Glencliff Home staff, participate in transition planning to determine if the individual can be supported in the Contractor's region with community based services and supports instead of transitioning to the Glencliff Home. In the event the individual would require supports from multiple funding sources or the Department's systems of care, the Contractor shall collaborate with additional Department staff at NHH's request, to address any barriers to discharge the individual to the community.

13. COORDINATED CARE AND INTEGRATED TREATMENT

13.1. Primary Care

13.1.1. The Contractor shall request written consent from each individual to allow the designated primary care provider to release information for the purpose of coordinating care regarding mental health services or substance misuse services or both.

13.1.2. The Contractor shall support each individual with linking to an available primary care provider, if the individual does not have an identified primary care provider, to:

13.1.2.1. Monitor health;

13.1.2.2. Provide medical treatment as necessary; and

13.1.2.3. Engage in preventive health screenings.

13.1.3. The Contractor shall consult with each primary care provider at least annually, or as necessary, to integrate care between mental and physical health for each individual, which may include the exchange of pertinent information including, but not limited to medication changes or changes in the individual's medical condition.

13.1.4. The Contractor shall document on the release of information form the reason(s) written consent to release information was refused in

the event an individual refuses to provide consent to release information.

13.2. Substance Misuse Treatment, Care and/or Referral

13.2.1. The Contractor shall provide services and meet requirements to address substance misuse and to support recovery intervention implementation, which include, but are not limited to:

13.2.1.1. Screening no less than 95% of eligible individuals for substance misuse at the time of intake, and annually thereafter.

13.2.1.2. Conducting a full assessment for substance misuse disorder and associated impairments for each individual that screens positive for substance use.

13.2.1.3. Developing an individualized service plan for each eligible individual based on information from substance misuse screening.

13.2.2. The Contractor shall utilize the SAMSHA evidence-based models for Co-Occurring Disorders Treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model.

13.2.3. The Contractor shall make all appropriate referrals if the individual requires additional substance use disorder care utilizing the current New Hampshire system of care, and ensuring linkage to and coordination with resources.

13.3. Area Agencies

13.3.1. The Contractor shall collaborate with the Area Agency that serves the region to address processes that include:

13.3.1.1. Enrolling individuals for services who are dually eligible for both organizations.

13.3.1.2. Ensuring transition-aged clients are screened for the presence of mental health and developmental supports and refer, link and support transition plans for youth leaving children's services into adult services identified during screening.

13.3.1.3. Following the "Protocol for Extended Department Stays for Individuals served by Area Agency" issued December 1, 2017 by the State of New Hampshire Department of Health and Humans Services, as implemented by the regional Area Agency.

13.3.1.4. Facilitating collaborative discharge planning meetings to assess individuals who are leaving NHH to re-engage them with both the CMHC and Area Agency representatives.

13.3.1.5. Ensuring annual training is designed and completed for intake, eligibility, and case management for dually diagnosed individuals and that attendee's include intake clinicians, case-managers, service coordinators and other frontline staff identified by both CMHC's and Area Agencies. The Contractor shall ensure the training utilizes the Diagnostic Manual for Intellectual Disability 2 that is specific to intellectual disabilities, in conjunction with the DSM V.

13.3.1.6. Planning for each person who receives dual case management by outlining the responsibilities of each organization and expectations for collaboration between the organizations.

13.3.1.7. Participating in shared service annual treatment meetings to assess quality and progress towards treatment goals as well as monitoring continued need for dual services when waivers are required for services between agencies.

13.4. Peer Supports

13.4.1. The Contractor shall promote recovery principles and integrate peer support services through the agency, which includes, but is not limited to:

13.4.1.1. Employing peers as integrated members of the CMHC treatment team(s) with the ability to deliver conventional interventions that include case management or psychotherapy, and interventions uniquely suited to the peer role that includes intentional peer support.

13.4.1.2. Supporting peer specialists to promote hope and resilience, facilitate the development and use of recovery-based goals and care plans, encourage treatment engagement and facilitate connections with natural supports.

13.4.1.3. Establishing working relationships with the local Peer Support Agencies, including any Peer Respite, step-up/step-down, and Clubhouse Centers and promote the availability of these services.

13.5. Transition of Care with MCO's

13.5.1. The Contractor shall ensure ongoing coordination occurs with the MCO Care Managers to support care coordination among and between services providers.

14. Prohealth Coordinated and Collaborative Care Program

14.1. The Contractor shall develop and provide population-level health, prevention, outreach, education, health and mental health screening, motivational enhancement, and referral to treatment for individuals including but not limited to youth and cultural and/or linguistic and sexual and/or gender minorities.

14.2. The Contractor shall incorporate person-centered health and mental health screenings with each individual's goals into to the intake, quarterly reassessments, treatment plans, shared plan of care, team meetings, and communications within the CMHC and Federally Qualified Health Center (FQHC).

14.3. The Contractor shall develop and implement population health initiatives for individuals with more complex needs to achieve target behavioral and physical outcomes. The Contractor shall:

14.3.1. Utilize routine registries of individuals' behavioral and physical health indicators, referrals, and outcomes within seventy-five (75) days of the contract effective date.

14.3.2. Follow-up with individuals to provide motivational enhancement and referrals for case management, integrated services, and evidence-based practice (EBP) integrated treatment as described in this agreement, as needed when the individual's behavioral and physical health target outcomes are not met.

14.4. The Contractor shall re-engage individuals who begin to dis-engage from care, in order to prevent premature discharge, and assist with coordination tracking, follow-up, and integration of physical and behavioral health care for individuals with more complex needs.

14.5. The Contractor shall maintain staff or subcontractors with experience, credentials, and roles as described by the Department that include, but are not limited to:

14.5.1. Care coordinator(s).

14.5.2. Community health worker(s) and peer expert(s).

14.5.3. Information technology support.

14.6. The Contractor shall reports and documentation to the Department that include, but are not limited to:

14.6.1. Real-time and quarterly reports of de-identified and aggregate data that document outcomes of and demonstrate value in services provided as identified in this agreement, which is collected in collaboration with and submitted to the Department or a contracted designee of the Department, and the SAMHSA through secure portals.

14.6.2. Written documentation of self-assessment that demonstrates that the partnership is pursuing the requirements of the Interoperability and Portability Ace Stage 2 of meaningful use within six (6) months of the contract effective date.

14.6.3. Written documentation of self-assessment that reflects plans to mirror certification or national accreditation standards in the delivery of coordinated, collaborative, and integrated care.

15. PROHEALTH INTEGRATED HEALTH HOME

15.1. The Contractor shall provide a person-centered Integrated Health Home aligned with a health integration model described by SAMHSA and Health Resources & Services Administration (HRSA) to ensure integrated delivery of services to individuals with SMI, SPMI, and/or SED by a multidisciplinary team of health and mental health professionals that include, but are not limited to:

15.1.1. Primary care service providers.

15.1.2. Community behavioral health care service providers.

15.1.3. Wellness service providers.

15.2. The Contractor shall enter into an agreement with an FQHC, approved by the HRSA, Medicare, Medicaid, and, as appropriate, Clinical Laboratory Improvement Amendment (CLIA) to deliver primary care and laboratory collection, as necessary and allowed onsite at the Contractor's location, in addition to other services in this agreement.

15.3. The Contractor shall provide co-located FQHC-delivered integrated primary care screenings, detection, treatment planning, and treatment of physical health conditions.

15.4. The Contractor shall deliver well-child and well-adult screenings, physical exams, immunizations and primary care treatment of physical illnesses and promote recommendations identified by:

15.4.1. Bright Futures of the American Academy of Pediatrics.

15.4.2. The United States Preventative Services Task Force.

15.4.3. FQHCs, including recommendations relative to early screening of cardiovascular disease.

15.5. The Contractor shall deliver, or refer individuals to, evidence-based practice (EBP) treatment services and integrated treatment, as needed, based on the outcomes of the physical health and wellness screenings and assessments.

15.6. The Contractor shall deliver integrated evidence-based screenings, treatment planning and treatment to individuals with behavioral health conditions with SMI, SPMI, and/or SED at evidence-based intervals.

15.7. The Contractor shall screen individuals for:

15.7.1. Trauma, depression and substance misuse;

15.7.2. Medication misuse;

15.7.3. Involvement or interest in employment and/or education;

15.7.4. Need for Adult ACT Team services; and

15.7.5. Desire for symptom management.

15.8. The Contractor shall provide EBP mental health services to individuals with SMI, SPMI, and/or SED in a stepped approach that ensures feasibility and high quality program implementation. The Contractor shall ensure services include, but are not limited to:

15.8.1. Illness Management and Recovery.

15.8.2. Trauma Focused Cognitive Behavioral Therapy.

15.8.3. Pharmacological treatment promoting the use of Decision Aid for Psychopharmacology.

15.9. The Contractor shall maintain staff or subcontractors at the FQHC with experience, credentials, and roles, as described by the Department, that include but are not limited to:

15.9.1. Site project director.

15.9.2. Primary care advanced practice nurse or provider(s).

15.9.3. Primary care medical assistant(s).

15.9.4. Interview and data entry staff.

15.10. The Contractor shall collaborate with the FQHC to develop a quality improvement plan for Department approval. The Contractor shall ensure participation in meetings for quality improvement plan development by personnel that include:

15.10.1. The clinical director;

15.10.2. The children's mental health director;

15.10.3. Peer experts.

15.11. The Contractor shall submit documentation and reports to the Department that include, but are not limited to:

15.11.1. Quarterly reports, due by the fifteenth (15) day of the month prior to the close of the quarter, that include brief narratives of progress, training, and plans, policies, procedures, templates, and guidance changed to align with integration and wellness, in a format requested by the Department.

15.11.2. Quarterly reports of aggregated medical history and primary care provider and quarterly documented contact with primary care provider, past year physical exam and wellness visit documentation, in collaboration with and submitted to the Department or a contracted designee of the Department in a format and transmittal approved by the Department.

15.11.3. Quarterly reports of de-identified height, weight, body mass index (BMI), waist circumference, blood pressure, tobacco use and/or breath carbon monoxide, plasma glucose, and lipid documentation from the SAMHSA SPARS portal.

15.11.4. Quarterly quality improvement plans.

15.11.5. Quarterly reports on plans for sustainability that identify the policy and financing changes required to sustain project activities within one (1) month of the contract effective date.

15.11.6. Documentation of self-assessment that demonstrates that the partnership is pursuing the requirements of the Interoperability and Portability Act Stage 2 of meaningful use, which may include a manual process for sharing documents.

15.11.7. Documentation of the review of self-assessment tools towards certification or accreditation recognized nationally for the delivery of integrated care, including but not limited to certification as a Certified Community Behavioral Health Clinic or other certification necessary for providing services in this agreement.

16. Prohealth Wellness Interventions and Health Counseling

16.1. The Contractor shall provide individuals with, or refer individuals to, wellness programs that include multiple options tailored to individuals and that include health coaches to assist individuals with selecting options that best match individual needs and interests.

16.2. The Contractor shall ensure options include, but are not limited to:

16.2.1. One-time brief Motivational Enhancement interventions; Let's Talk About Smoking (LTAS), Vaping Education, Let's Talk About Feeling Good (LTAFG), and health education.

16.2.2. Access to medications associated with wellness interventions, including but not limited to:

16.2.2.1. Nicotine replacement therapy (NRT).

16.2.2.2. NRT starter packs.

16.2.2.3. Onsite prescribing and pharmacy to maintain NRT supply.

16.2.2.4. Access other smoking cessation medication, which may include but is not limited to, varenicline and/or bupropion.

16.2.3. An individual one-time prevention contact and population level prevention initiatives that include materials for motivational enhancement, resources, and referrals for youth younger than sixteen (16) years of age.

16.2.4. The Breathe Well Live Well (BWLW) program with Care2Quit designed for smokers with SMI, SPMI, or SED, and includes health counseling using motivational interviewing, cognitive behavioral therapy, and stages of change-based interventions to motivate risk reduction and quit attempts. The Contractor shall ensure BWLW includes counseling of an individual in the natural support system of the individual using Care2Quit curriculum, referral for cessation pharmacotherapy, and incentives for participation and quit attempts.

16.2.5. The Healthy Choices Healthy Changes (HCHC) program designed for individuals with SMI, SPMI, and/or SED who are overweight or obese and includes health counseling using motivational interviewing, cognitive behavioral therapy, and stages of change-based interventions to motivate risk reduction and acquisition of healthy habits and weight management. The Contractor shall ensure HCHC includes:

16.2.5.1. A gym membership for twelve (12) months;

16.2.5.2. A wellness specialist and an InSHAPE health mentor;

16.2.5.3. A Weight Watchers membership for one (1) year.

16.2.5.4. The Weight Watchers mobile application for individuals who are 18 years of age and older or the MyFitnessPal mobile application for youth younger than 18 years of age; and

16.2.5.5. A structured incentives program for participation and initiating behavior change.

16.2.6. Referrals and facilitated community engagement in wellness treatment services, including but not limited to:

16.2.6.1. A web-based application and text subscriptions.

16.2.6.2. New Hampshire Helpline telephone counseling services.

16.2.6.3. MyLifeMyQuit.

16.2.6.4. Tobacco and obesity education.

16.2.6.5. Diabetes education programs.

16.2.6.6. Other related programs in this agreement based on the outcomes of health screening and treatment planning goals identified above.

16.3. The Contractor shall maintain staff or subcontractors with experience, credentials, and roles, as described by the Department, that include but are not limited to:

16.3.1. Wellness specialist(s).

16.3.2. Health mentor(s).

17. Supported Housing

17.1. The Contractor shall stand up a minimum of six (6) new supported housing beds including, but not limited to, transitional or community residential beds by December 31, 2021. The Contractor shall:

17.1.1. Submit a plan for expanding supported housing in the region including a budget to the Department for approval by August 15, 2021, that includes but is not limited to:

17.1.1.1. Type of supported housing beds.

17.1.1.2. Staffing plan.

17.1.1.3. Anticipated location.

17.1.1.4. Implementation timeline.

17.1.2. Provide reporting in the format and frequency requested by the Department that includes, but is not limited to:

17.1.2.1. Number of referrals received.

17.1.2.2. Number of individuals admitted.

17.1.2.3. Number of people transitioned into other local community residential settings.

18. CANS/ANSA or Other Approved Assessment

18.1. The Contractor shall ensure all clinicians providing community mental health services to individuals eligible for services in accordance with NH Administrative Rule He-M 426, are certified in the use of:

18.1.1. The New Hampshire version of the Child and Adolescent Needs and Strengths Assessment (CANS) if serving the child and youth population; and

18.1.2. The New Hampshire version of the Adult Needs and Strengths Assessment (ANSA), or other approved evidence based tool, if serving the adult population.

18.2. The Contractor shall ensure clinicians are maintain certification by through successful completion of a test provided by the Praed Foundation, annually.

18.3. The Contractor shall ensure ratings generated by the New Hampshire version of the CANS or ANSA assessment are:

18.3.1. Utilized to develop an individualized, person-centered treatment plan.

18.3.2. Utilized to document and review progress toward goals and objectives and to assess continued need for community mental health services.

18.3.3. Submitted to the database managed for the Department that allows client-level, regional, and statewide outcome reporting by the 15th of every month, in CANS/ANSA format.

18.3.4. Employed to assist in determining eligibility for State Psychiatric Rehabilitation services.

18.4. The Contractor shall complete documentation of re-assessments using the New Hampshire version of the CANS or ANSA 2.0 in accordance with NH Administrative Rule He-M 401.04-09 for eligibility determination and in accordance with NH Administrative Rule He-M 401.12-13 for periodic Individual Service Plan (ISP) reviews.

18.5. The Contractor may use an alternate evidence based, assessment tool that meets all ANSA 2.0 domains, subject to written Department approval. There is no alternate assessment tool allowed for the use of CANS. If an alternative tool is approved, monthly reporting of data generated by the Contractor must be in ANSA 2.0 format, to enable client-level, regional and statewide reporting.

18.6. The Contractor shall consult with the Medicaid Managed Care Organizations (MCO) to develop and implement a process that meets the MCOs' need to measure program effectiveness.

18.7. The Contractor shall correct all errors or complete all system corrections to ensure data is submitted in its entirety and completeness no later than six (6) months from contract effective date. Failure to complete all correction may result in withholding of funds until all corrections are completed.

19. Pre-Admission Screening and Resident Review

19.1. The Contractor shall assist the Department with Pre-Admission Screening and Resident Review (PASRR) to meet the requirements of the PASRR provisions of the Omnibus Budget Reconciliation Act of 1987.

19.2. Upon request by the Department, the Contractor shall:

19.2.1. Provide the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident; and

19.2.2. Conduct evaluations and examinations needed to provide the data to determine if an individual being screened or reviewed:

19.2.2.1. Requires nursing facility care; and

19.2.2.2. Has active treatment needs.

20. Application for Other Services

20.1. The Contractor shall assist eligible individuals in accordance with NH Administrative Rule He-M 401, with completing applications for all sources of financial, medical, and housing assistance, according to their respective rules, requirements and filing deadlines. The Contract shall assist with applications that may include, but are not limited to:

20.1.1. Medicaid.

20.1.2. Medicare.

20.1.3. Social Security Disability Income.

20.1.4. Veterans Benefits.

20.1.5. Public Housing.

20.1.6. Section 8 Subsidies.

21. Community Mental Health Program (CMHP) Status

21.1. The Contractor shall meet the approval requirements of NH Administrative Rule He-M 403 as a governmental or non-governmental non-profit agency, or the contract requirement of NH RSA 135-C:3 as an individual, partnership, association, public or private, for profit or nonprofit, agency or corporation to provide services in the state mental health services system.

21.2. The Contractor shall provide all applicable documentation, policies and procedures, and shall participate in an onsite compliance review, as requested by the Department, to determine compliance with NH Administrative Rule He-M 403 and NH RSA 135-C: 3. Compliance reviews will be at times to be determined by the Department, and will occur no less than once every five (5) years.

22. Quality Improvement

22.1. The Contractor shall perform, or cooperate with the performance of, quality improvement and/or utilization review activities, as are determined to be necessary and appropriate by the Department within timeframes reasonably specified by the Department.

22.2. The Contractor shall cooperate with the Department-conducted individual satisfaction survey. The Contractor shall:

22.2.1. Furnish information necessary, within HIPAA regulations, to complete the survey.

22.2.2. Furnish complete and current contact information so that individuals may be contacted to participate in the survey.

22.2.3. Support the efforts of the Department to conduct the survey.

22.2.4. Encourage all individuals sampled to participate.

22.2.5. Display posters and other materials provided by the Department to explain the survey and otherwise support attempts by the Department to increase participation in the survey.

22.3. The Contractor shall demonstrate efforts to incorporate findings from their individual survey results into their Quality Improvement Plan goals.

22.4. The Contractor shall engage and comply with all aspects of fidelity reviews based on a model approved by the Department and on a schedule approved by the Department.

23. Maintenance of Fiscal Integrity

23.1. The Contractor shall submit to the Department the Balance Sheet, Profit and Loss Statement, and Cash Flow Statement for the Contractor and all related parties that are under the Parent Corporation of the mental health provider organization each month.

23.2. The Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. These statements shall be individualized by providers, as well as a consolidated (combined) statement that includes all subsidiary organizations.

23.3. Statements shall be submitted within thirty (30) calendar days after each month end, and shall include, but are not limited to:

23.3.1. Days of Cash on Hand:

23.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

23.3.1.2. Formula: Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting

period. The short-term investments as used above must mature within three (3) months and should not include common stock.

23.3.1.3. Performance Standard: The Contractor shall have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed.

23.3.2. Current Ratio:

23.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

23.3.2.2. Formula: Total current assets divided by total current liabilities.

23.3.2.3. Performance Standard: The Contractor shall maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

23.3.3. Debt Service Coverage Ratio:

23.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

23.3.3.2. Definition: The ratio of Net Income to the year to date debt service.

23.3.3.3. Formula: Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.

23.3.3.4. Source of Data: The Contractor's Monthly Financial Statements identifying current portion of long-term debt payments (principal and interest).

23.3.3.5. Performance Standard: The Contractor shall maintain a minimum standard of 1.2:1 with no variance allowed.

23.3.4. Net Assets to Total Assets:

23.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

23.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

23.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

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23.3.4.4. Source of Data: The Contractor's Monthly Financial Statements.

23.3.4.5. Performance Standard: The Contractor shall maintain a minimum ratio of .30:1, with a 20% variance allowed.

23.4. In the event that the Contractor does not meet either:

23.4.1. The standard regarding Days of Cash on Hand and the standard regarding Current Ratio for two (2) consecutive months; or

23.4.2. Three (3) or more of any of the Maintenance of Fiscal Integrity standards for three (3) consecutive months:

23.4.2.1. The Department may require that the Contractor meet with Department staff to explain the reasons that the Contractor has not met the standards.

23.4.2.2. The Department may require the Contractor to submit a comprehensive corrective action plan within thirty (30) calendar days of notification and plan shall be updated at least every thirty (30) calendar days until compliance is achieved.

23.4.2.3. The Department may request additional information to assure continued access to services.

23.4.2.4. The Contractor shall provide requested information in a timeframe agreed upon by both parties.

23.5. The Contractor shall inform the Director of the Bureau of Mental Health Services (BMHS) by phone and by email within twenty-four (24) hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement

23.6. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement. These reports are due within thirty (30) calendar days after the end of each month.

23.7. The Contractor shall provide its Revenue and Expense Budget within twenty (20) calendar days of the contract effective date.

23.8. The Contractor shall complete the Fiscal Year Revenue and Expense Budget on a form supplied by the Department, which shall include but not be limited to, all the Contractor's cost centers. If the Contractor's cost centers are a

combination of several local cost centers, the Contractor shall display them separately as long as the cost center code is unchanged.

23.9. The Contractor shall provide quarterly Revenue and Expense Reports (Budget Form A), within thirty (30) calendar days after the end of each fiscal quarter, defined as July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

24. Reduction or Suspension of Funding

24.1. In the event that the State funds designated as the Price Limitation in Form P-37, General Provisions, Block 1.8 of the General Provisions are materially reduced or suspended, the Department shall provide prompt written notification to the Contractor of such material reduction or suspension.

24.2. In the event that the reduction or suspension in federal or state funding shall prevent the Contractor from providing necessary services to individuals, the Contractor shall develop a service reduction plan, detailing which necessary services will no longer be available.

24.3. Any service reduction plan is subject to approval from the Department, and shall include, at a minimum, provisions that are acceptable to the Department, with services that include, but are not limited to:

24.3.1. Evaluation of and, if eligible, an individual service plan for all new applicants for services.

24.3.2. Emergency services for all individuals.

24.3.3. Services for individuals who meet the criteria for involuntary admission to a designated receiving facility.

24.3.4. Services to individuals who are on a conditional discharge pursuant to RSA 135-C: 50 and NH Administrative Rule He-M 609.

25. Elimination of Programs and Services by Contractor

25.1. The Contractor shall provide a minimum thirty (30) calendar day's written notice prior to any reductions in delivery of services, or notice as soon as possible if the Contactor is faced with a more sudden need to reduce delivery of services.

25.2. The Contractor shall consult and collaborate with the Department prior to elimination or reduction of services in order to reach a mutually agreeable solution as to the most effective way to provide necessary services.

25.3. The Department reserves the right to require the Contractor to participate in a mediation process with the Commissioner of the Department of Health and Human Services, and to invoke an additional thirty (30) calendar day extension in the event of a proposal to reduce or eliminate any contracted services.

25.4. If the parties are still unable to come to a mutual agreement within the thirty (30) calendar day extension, the Contractor may proceed with its proposed program change(s) so long as proper notification to eligible individuals is provided.

25.5. The Contractor shall not redirect funds allocated in the budget for the program or service that has been eliminated or substantially reduced to another program or service without the mutual agreement of both parties.

25.6. In the event that an agreement cannot be reached, the Department shall control the expenditure of the unspent funds.

26. Data Reporting

26.1. The Contractor shall submit any data needed to comply with federal or other reporting requirements to the Department or contractor designated by the Department.

26.2. The Contractor shall submit all required data elements via the Phoenix system except for the CANS/ANSA and Projects for Assistance in Transition from Homelessness program (PATH) data, as specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

26.3. The Contractor shall submit individual demographic and encounter data, including data on non-billable individual-specific services and rendering staff providers on all encounters, to the Department's Phoenix system, or its successors, in the format, content, completeness, frequency, method and timeliness as specified by the Department. Individual data must include a Medicaid ID number for individuals who are enrolled in Medicaid.

26.4. The Contractor shall include client eligibility with all Phoenix services in alignment with current reporting specifications. For an individual's services to be considered BMHS eligible, SPMI, SMI, Low Utilizer (LU), SED, and Severe Emotional Disturbance Interagency (SEDIA) are acceptable.

26.5. The Contractor shall meet the general requirements for the Phoenix system which include, but are not limited to:

26.5.1. Agreeing that all data collected in the Phoenix system, which is Confidential Data as defined by Exhibit K, is the property of the Department to use as it deems necessary.

26.5.2. Ensuring data files and records are consistent with file specification and specification of the format and content requirements of those files.

26.5.3. Ensuring that errors in data returned to the Contractor are corrected and resubmitted to the Department within ten (10) business days.

26.5.4. Ensuring data is current and updated in the Contractor's systems as required for federal reporting and other reporting requirements and as specified by the Department.

26.5.5. Implementing review procedures to validate data submitted to the Department to confirm:

26.5.5.1. All data is formatted in accordance with the file specifications;

26.5.5.2. No records will reject due to illegal characters or invalid formatting; and

26.5.5.3. The Department's tabular summaries of data submitted by the Contractor match the data in the Contractor's system.

26.6. The Contractor shall meet the following standards:

26.6.1. Timeliness: monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data unless otherwise approved by the Department, and the Contractor shall review the Department's tabular summaries within five (5) business days.

26.6.2. Completeness: submitted data must represent at least ninety-eight percent (98%) of billable services provided, and ninety-eight percent (98%) individuals served by the Contractor.

26.6.3. Accuracy: submitted service and member data shall conform to submission requirements for at least ninety-eight percent (98%) of the records, and one-hundred percent One–hundred percent (100%) of unique member identifiers shall be accurate and valid.

26.7. The Department may waive requirements for fields in Phoenix on a case by case basis through a written waiver communication that specifies the items being waived. In all circumstances:

26.7.1. The waiver length shall not exceed 180 days.

26.7.2. Where the Contractor fails to meet standards, the Contractor shall submit a corrective action plan within thirty (30) calendar days of being notified of an issue.

26.7.3. After approval of the corrective action plan, the Contractor shall implement the plan.

26.7.4. Failure of the Contractor to implement the plan may require:

26.7.4.1. Another plan; or

26.7.4.2. Other remedies, as specified by the Department.

27. Behavioral Health Services Information System (BHSIS)

27.1. The Contractor may receive funding for data infrastructure projects or activities, depending upon the receipt of federal funds and the criteria for use of those funds, as specified by the federal government. The Contractor shall ensure funding-specific activities include:

27.2. Identification of costs associated with client-level Phoenix and CANS/ANSA databases including, but not limited to:

27.2.1. Rewrites to database and/or submittal routines.

27.2.2. Information Technology (IT) staff time used for re-writing, testing or validating data.

27.2.3. Software and/or training purchased to improve data collection.

27.2.4. Staff training for collecting new data elements.

27.2.5. Development of any other BMHS-requested data reporting system.

27.3. Progress Reports from the Contractor that:

27.3.1. Outline activities related to Phoenix database;

27.3.2. Include any costs for software, scheduled staff trainings; and

27.3.3. Include progress to meet anticipated deadlines as specified.

28. PATH Services

28.1. The Contractor shall provide services through the Projects for Assistance in Transition from Homelessness (PATH) program in compliance with the Federal Public Health Services Act, Section 522(b) (10), Part C to individuals who are homeless or at imminent risk of being homeless and who are believed to have Severe Mental Illness (SMI), or SMI and a co-occurring substance use disorder.

28.2. The Contractor shall ensure PATH services include, but are not limited to:

28.2.1. Outreach.

28.2.2. Screening and diagnostic treatment.

28.2.3. Staff training.

28.2.4. Case management.

28.3. The Contractor shall ensure PATH case management services include; but are not limited to:

28.3.1. Assisting eligible homeless individuals with obtaining and coordinating services, including referrals for primary health care.

28.3.2. Assisting eligible individuals with obtaining income support services, including, but not limited to:

28.3.2.1. Housing assistance.

28.3.2.2. Food stamps.

28.3.2.3. Supplementary security income benefits.

28.4. The Contractor shall acknowledge that provision of PATH outreach services may require a lengthy engagement process and that eligible individuals may be difficult to engage, and may or may not have been officially diagnosed with a mental illness at the time of outreach activities.

28.5. The Contractor shall identify a PATH worker to:

28.5.1. Conduct outreach, early intervention, case management, housing and other services to PATH eligible clients.

28.5.2. Participate in periodic Outreach Worker Training programs scheduled by the Bureau of Homeless and Housing Services; and

28.5.3. Provide housing supports, as identified by the Department.

28.6. The Contractor shall comply with all reporting requirements under the PATH Grant.

28.7. The Contractor shall be licensed to provide client level data into the New Hampshire Homeless Management Information System (NH HMIS).

28.8. The Contractor shall be familiar with and follow NH-HMIS policy, including specific information that is required for data entry, accuracy of data entered, and time required for data entry.

28.9. Failure to submit reports or enter data into HMIS in a timely manner could result in delay or withholding of reimbursements until such reports are received or data entries are confirmed by the Department.

28.10. The Contractor shall ensure that each PATH worker provides outreach through ongoing engagement with individuals who:

28.10.1. Are potentially PATH eligible; and

28.10.2. May be referred to PATH services by street outreach workers, shelter staff, police and other concerned individuals.

28.11. The Contractor shall ensure that each PATH worker is available to team up with other outreach workers, police or other professionals in active outreach efforts to engage difficult to engage or hard to serve individuals.

28.12. The Contractor shall conduct PATH outreach is conducted wherever PATH eligible clients may be found.

28.13. The Contractor shall ensure the designated PATH worker assesses each individual for immediacy of needs, and continues to work with each individual to enhance treatment and/or housing readiness.

28.14. The Contractor shall ensure the PATH worker's continued efforts enhance individual safety and treatment while assisting the individual with locating emergency and/or permanent housing and mental health treatment.

28.15. The Department reserves the option to observe PATH performance, activities and documents through this agreement ensuring observations do not unreasonably interfere with Contractor performance.

28.16. The Contractor shall inform BHHS of any staffing changes relative to PATH services.

28.17. The Contractor shall retain all records related to PATH services the latter of either:

28.17.1. A period of five (5) years following the contract completion date and receipt of final payment by the Contractor; or

28.17.2. Until an audit is completed and all questions are resolved.

28.18. The Department reserves the right to make changes to the contract service that do not affect its scope, duration, or financial limitations upon agreement between the Contractor and the Department.

29. Deaf Services

29.1. The Contractor shall maintain a Deaf Services Team to provide culturally and linguistically appropriate services to individuals who are deaf or hard of hearing.

29.2. The Contractor shall ensure the Deaf Services Team provides services to individuals who would benefit from receiving treatment in American Sign Language (ASL) or with staff who are specially trained to work with the deaf and/or hard of hearing population.

29.3. The Contractor shall ensure the Deaf Services Team includes, but is not limited to:

29.3.1. One (1) full time coordinator.

29.3.2. One (1) full time therapist.

29.3.3. One (1) full time case manager.

29.3.4. One (1) sign language interpreter to provide and coordinate interpreting services to ensure language accessibility for staff and clients for all program services and activities in the CMHCs.

29.3.5. Other staff, as needed, to provide essential services to clients.

29.4. The Contractor shall ensure all staff of the Deaf Services Team demonstrate understanding of deaf and/or hard of hearing culture and/or fluency in American Sign Language (ASL) as evidenced by training, education or lived experience and at a level sufficient to perform the duties of their position.

29.5. The Contractor shall ensure the coordinator of the Deaf Services Team oversees care coordination for any individuals who are deaf or hard-of-hearing who are receiving care through both the Contractor and another CMHC, New Hampshire Hospital (NHH), or the Secure Psychiatric Unit (SPU) or being referred to care with the Contractor by one of these entities.

29.6. The Contractor shall ensure the Deaf Services Team provides education and consultation on culturally and linguistically appropriate behavioral health treatment of individuals who are deaf or hard-of-hearing, as requested by the Department, any CMHCs, NHH or the SPU.

29.7. The Contractor shall ensure the Deaf Services Team accepts referrals from Department-supported screening and/or referral entities, including Doorways and the Rapid Response Access Point.

29.8. The Contractor shall ensure the Deaf Services Team provides services to individuals who are deaf or hard of hearing across all regions of the state.

29.9. The Contractor shall ensure the Deaf Services Team provides consultation to the other nine (9) CMHCs for disposition and treatment planning.

29.10. The Contractor shall ensure treatment plans take into consideration the importance of access to culturally and linguistically appropriate services on treatment outcomes and services are client-directed, which may result in:

29.10.1. Clients being seen only by the Deaf Services Team through Region 6, while care is shared across the regions; or

29.10.2. Clients receiving care through the local CMHC after consultation with the Deaf Services Team.

30. First Episode Psychosis Program

30.1. The Contractor shall provide a First Episode Psychosis (FEP) Coordinated Specialty Care (CSC) treatment program that serves youth and adults between sixteen (16) and thirty-five (35) years of age of who are experiencing early symptoms of mental illness.

30.2. The Contractor shall ensure the First Episode Psychosis (FEP) Coordinated Specialty Care (CSC) treatment program includes services and principles based on:

30.2.1. Shared decision-making;

30.2.2. A strengths and resiliency focus;

30.2.3. Recognition of the need for motivational enhancement;

30.2.4. A psychoeducational approach;

30.2.5. Cognitive behavioral therapy methods; and

30.2.6. Collaboration with natural supports.

30.3. The Contractor shall ensure FEP staffing follows expectations of the NAVIGATE model.

30.4. The Contractor shall ensure the FEP program enrolls and consistently serves a minimum of twenty (20) individuals at any given time.

30.5. The Contractor shall accept enrollees from other CMHC catchment areas, in accordance with a structure and strategy designed in collaboration with the Department, only if program enrollment and services in Region 6 fall beneath full capacity and utilization,

30.6. The Contractor shall participate in quarterly update meetings with the Department, which accompany the FEP Steering Committee meetings, to ensure program implementation, enrollment, and updates relative to ongoing activities.

30.7. The Contractor shall provide community outreach to ensure knowledge of the program is widespread and available to those in need. The Contractor shall ensure:

30.7.1. Outreach efforts include local community hospitals, housing programs, and schools; and.

30.7.2. Outreach contacts and outcomes are reported on a quarterly basis.

30.8. The Contractor shall utilize the CANS/ANSA 2.0. or other Department approved evidence based instruments to measure strengths and needs of the individual at program entry and to track the recovery process thereafter.

30.9. The Contractor will provide a sustainability plan for the program, including funding and quality monitoring strategies, to the Department prior to the contract completion date.

30.10. The Contractor shall provide regular reports on data and other information requested on a form provided by the Department. The Contractor shall:

30.10.1. Submit monthly reports on contract activities on a monthly basis during program implementation.

30.10.2. Submit enrollment and outcomes data on a monthly basis.

30.10.3. Following successful implementation of services, as determined by NAVIGATE experts and the Department, submit quarterly reports on contract activities to the Department.

30.10.4. Report on program outcomes to the Department, including selected CANS and ANSA elements, or measures from another Department-approved evidence based tool, with other components in a format determined by the Department.

31. Greater Nashua "Rental Housing Subsidy"- A Place To Live

31.1. The Contractor shall provide housing assistance to individuals with severe mental illness. The Contractor shall ensure housing assistance includes, but is not limited to:

31.1.1. Security deposit assistance to individuals who lack access to, or are not otherwise eligible for, any other local and state assistance programs;

31.1.2. Rental subsidies to individuals who are not eligible, or remain on the waitlist, for other permanent housing vouchers and are homeless or at high risk of becoming homeless. The Contractor shall ensure rental subsidies terminate when the individual receives a permanent housing voucher.

31.1.3. Financial assistance for bedbug infestation treatment, biohazard cleanup, and waste removal when such conditions are causing acute psychiatric needs to heighten due to the unsafe living condition.

31.1.4. Financial assistance for rent arrearages to individuals who lack access to financial assistance and are facing eviction due to non-payment of rent in accordance with the individual's lease agreement.

31.2. The Contractor shall ensure a comprehensive housing assessment tool is completed for all requests for assistance to evaluate the individual's household financial needs, legal status, and both immediate and long term housing needs.

31.3. The Contractor shall utilize the assessment to refer the individual to all other housing and assistance programs available, prior to providing any rental housing subsidy pursuant to this agreement.

31.4. The Contractor shall ensure individuals who are eligible for permanent housing subsidies remain in good standing on all permanent housing subsidy voucher waitlists.

31.5. The Contractor shall be available to the individual to provide support and assistance as the individual transitions onto the permanent housing voucher.

31.6. The Contractor shall meet with the Department quarterly, or as otherwise requested by the Department, at a mutually agreeable location to review:

31.6.1. The individuals currently receiving funding through the rental housing subsidy; and

31.6.2. Each individual's progress toward a permanent housing subsidy, if applicable.

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31.7. The Contractor shall submit monthly progress reports to the Department in a format agreed upon by the Department, no later than the fifteen (15) business day of the end of the month that specifies:

31.7.1. The amount of rental housing subsidy funds expended and the balance of the rental housing subsidy funds remaining;

31.7.2. The last name, address, total rent, and subsidy payment amount for each rental payment made; and

31.7.3. A description of the use of any rental housing subsidy funds paid for by the Contractor on behalf of the client, other than for a rental payment subsidy, as permissible pursuant to this agreement.

Method and Conditions Precedent to Payment

1. This Agreement is funded by:
   1.1. 2.05%, Projects for Assistance in Transition from Homelessness (PATH), as awarded on 9/17/2020, by the U.S. Department of Health and Human Services, CFDA 93.150, FAIN X06SM083717-01
   1.2. 7.36%, ProHealth NH: New Hampshire Partnerships to Improve Health & Wellness for Young People with SED and SMI, as awarded on 6/10/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA# 93.243, FAIN# H79SM080245.
   1.3. 2.43%, Mental Health Block Grant, as awarded on 2/3/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA# 93.958, FAIN B09SM083816.
   1.4. 87.86% General funds.
   1.5. 0.30% Other funds. Behavioral Health Services Information System (NHSIS), U.S. Department of Health and Human Services.
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The State shall pay the Contractor an amount not to exceed the Price Limitation, specified in Form P-37, General Provisions, Block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Amendment #4 Scope of Services.
4. The Contractor agrees to provide the services in Exhibit A, Amendment #4 Scope of Services in compliance with funding requirements.
5. The Contractor shall provide a Revenue and Expense Budget, on a Department-provided template, within twenty (20) business days from the contact effective date, for Department approval.
6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:
   7.1. For Medicaid enrolled individuals:
      7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
      7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
   7.2. For individuals with other insurance or payors:
      7.2.1. The Contractor shall directly bill the other insurance or payors.

8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the table below define how many units to report or bill.

Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit
23-37 minutes	2 units
38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:
   9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program to be Funded	SFY2018 Amount	SFY2019 Amount	SFY2020 Amount	SFY2021 Amount	SFY2022 Amount
Div. for Children Youth and Families (DCYF) Consultation	$ 1,770	$ 1,770	$ 1,770	$ 1,770	$ 1,770
Emergency Services/Mobile Crisis Services (effective SFY 22)	$ 61,910	$ 61,910	$ 61,910	$ 61,910	$ 1,768,077
Mobile Crisis Apartment Occupancy (effective SFY 22)					$ 143,000
Assertive Community Treatment Team (ACT) - Adults	$ 450,000	$ 450,000	$ 450,000	$ 450,000	$ 450,000
ACT Enhancement Payments		$ 25,000	$	$	$ 12,500
Behavioral Health Services Information System (BHSIS)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 10,000
Mental Health Block Grant	$ 84,000				
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)		$	$ 5,000	$ 5,000	$ 5,000
Rehabilitation for Empowerment, Education and Work (RENEW)	$ 3,945	$ 3,945	$ 6,000	$ 6,000	$ 6,000
Child and Youth Based Programming and Team Based Approaches (BCBH)	$ 140,000	$ 140,000	$ 140,000	$ 140,000	$ 140,000
PATH Provider (BHS Funding)	$ 40,300	$ 40,300	$ 43,901	$ 43,901	$ 43,901
Housing Bridge Start Up Funding		$ 25,000	$	$	$ -
General Training Funding		$ 10,000	$	$	$ 5,000

System Upgrade Funding		$ 30,000	$	$	$ 15,000
Specialty Residential Services Funding	$ 201,444	$ 201,444	$ 201,444	$ 201,444	$ 201,444
First Episode Psychosis Programming		$ 21,500	$ 61,162	$ 61,162	$ 60,000
Deaf Services Funding	$ 326,500	$ 326,500	$ 326,500	$ 326,500	$ 326,500
VR Work Incentives		$	$	$	$ 80,000
System of Care 2.0		$	$	$	$ 263,028
ProHealth NH Grant		$	$	$	$ 616,574
Total	**$ 1,314,869**	**$ 1,342,369**	**$ 1,302,687**	**$ 1,302,687**	**$ 4,147,794**

9.2. Payment for each contracted service in the above table shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the Department approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of the Department, result in financial penalties not greater than the amount of the directed expenditure.

9.4. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each Department approved invoice for Contractor services provided pursuant to this Agreement.

9.6. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of ***$73.75*** per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Amendment #4 Scope of Services, Division for Children, Youth, and Families (DCYF).

9.7. Emergency Services/Mobile Crisis Services: The Department shall reimburse the Contractor only for those Emergency Services provided to clients defined in Exhibit A, Amendment #4 Scope of Services, Provision of Crisis Services. Effective July 1, 2021 the Contractor shall bill and seek reimbursement for mobile crisis services provided to individuals pursuant to this Agreement as follows:

9.7.1. For Medicaid enrolled individuals through the Department Medicaid Fee for Service program in accordance with the current, publically posted Fee for Service (FFS) schedule located at NHMMIS.NH.gov.

9.7.2. For Managed Care Organization enrolled individuals the Contractor shall be reimbursed pursuant to the Contractor's agreement with the applicable Managed Care Organization for such services.

9.7.3. For individuals with other health insurance or other coverage for the services received, the Contractor will directly bill the other insurance or payors.

9.7.4. For individuals without health insurance or other coverage for the services they receive, and for operational costs contained in Exhibits B Amendment #4, Method and Conditions Precedent to Payment or which the Contractor cannot otherwise seek reimbursement from an insurance or third-party payer, the Contractor will directly bill the Department to access contract funds provided through this Agreement.

9.7.4.1. Invoices of this nature shall include general ledger detail indicating the Department is only being invoiced for net expenses, shall only be reimbursed up to the current Medicaid rate for the services provided and contain the following items for each client and line item of service:

9.7.4.1.1. First and last name of client.

9.7.4.1.2. Date of birth.

9.7.4.1.3. Medicaid ID Number.

9.7.4.1.4. Date of Service identifying date, units, and any possible third party reimbursement received.

9.7.4.2. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in the Department-approved budget.

9.7.4.2.1. The Contractor shall provide a Mobile Crisis Budget within twenty (20) business days from the contract effective date on a Department-provided template for Department approval.

9.7.4.2.2. Law enforcement is not an authorized expense.

9.8. Crisis Apartments Occupancy: The Contractor shall invoice the Department for the prior month based on the number of beds, the number of days in that month and the daily rate of ***$97.94***. At the end of each quarter the Department will conduct a review of occupancy rates of crisis apartments. The Department may recoup funding to the actual average occupancy rate for the quarter, in whole or in part, if the occupancy rate, on average, is less than 80%.

9.9. Crisis Transformation Startup Funds: Payment for start-up period expenses incurred by the Contractor shall be made by the Department based on the start-up amount of ***$286,848***; the total of all such payments shall not exceed the specified start-up amount total and shall not exceed the total expenses actually incurred by the Contractor for the start-up period. All Department payments to the Contractor for the start-up period shall be made on a cost reimbursement basis.

Startup Funds	**TOTAL COST**
IT Consultation & Development	$31,680
Mobile Response Vehicle	$70,000
Balance of Original Start-up Budget from Contract ending June 30, 2021	$175,000
Indirect Cost Limit at 10%	$10,168

9.10. Assertive Community Treatment Team (ACT) Adults: The contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A Amendment #4, Scope of Services, Adult Assertive Community Treatment (ACT) Teams.

ACT Costs	**INVOICE TYPE**	**TOTAL COST**
Invoice based payments on invoice	Programmatic costs as outlined on invoice by month	$450,000
ACT Enhancements	Agencies may choose one of the following for a total of 5 (five) one time payments of $5000.00. Each item may only be reported on one time for payment. 1. Agency employs a minimum of .5 Psychiatrist on Team based on SFY 19 or 20 Fidelity Review. 2. Agency receives a 4 or higher score on their SFY 19 or 20 Fidelity Review for Consumer on Team, Nurse on Team, SAS on Team, SE on Team, or Responsibility for crisis services. ACT Incentives can be drawn down upon completion of the CMHC FY22 Fidelity Review. $6,250 can be drawn down for each incentive to include; intensity and frequency of individualized client care to total $12,500. Intensity of services must be measured between 50-84 minutes of services per client per week on average. Frequency of service for an individual must be between 2-3 times per client per week.	$25,000 in SFY 2019, $12,500 per SFY for 2022

9.11. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A, Amendment #4 Scope of Services.

9.12. MATCH: Funds to be used to support services and trainings outlined in Exhibit A, Amendment #4 Scope of Services. The breakdown of this funding per SFY effective SFY 2020 is outlined below.

TRAC COSTS	CERTIFICATION OF RECERTIFICATION	TOTAL COST
$2,500	$250/Person X 10 People = $2,500	$5,000

9.13. RENEW Sustainability Continuation: The Department shall reimburse the Contractor for RENEW Activities Outlines in Exhibit A, Amendment #4 Scope of Services, RENEW Sustainability. RENEW costs will be billed on green sheets and will have detailed information regarding the expense associated with each of the following items, not to exceed ***$6,000*** annually. Funding can be used for training of newf facilitators; training for an internal coach; coaching IOD for facilitators, coach, and implementation teams; and travel costs.

9.14. PATH Funding: Subject to change based on performance standards, HMIS compliance, SAMHSA requirements, and PATH grant requirements as outlined in Exhibit A, Amendment #4, Scope of Services, PATH Services.

9.15. Housing Support Services including Bridge: The Contractor shall be paid based on an activity and general payment as outlined below. Funds to be used for the provision of services as outlined in Exhibit A, Amendment #4 Scope of Services effective upon Governor and Executive Council approval for this Amendment, in SFY 2019.

Housing Services Costs	INVOICE TYPE	TOTAL COST
Hire of a designated housing support staff	One time payment	$15,000
Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A	One time payment	$10,000

9.16. General Training Funding: Funds are available in SFY 2019 and SFY 2022 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.17. System Upgrade Funding: One time funds available in SFY 2019 and SFY 2022 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Scope of Services, Amendment #4, Data Reporting. Funds may also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B, Amendment #4, ensuring invoices specify purposes for use of funds.

9.18. First Episode Psychosis Funding: Funding to support ongoing implementation and programming outlined in Exhibit A, Amendment #4 Scope of Services, First Episode Psychosis Program. Invoices will only be processed upon receipt of outlined data reports and invoice shall reference contract budget line items.

9.19. Deaf Services Funding: Funding to support Deaf Services support to programming and specific staff provisions available as specified in Exhibit A, Amendment #4 Scope of Services.

9.20. ProHealth: Payment for ProHealth services shall be made monthly as follows:

9.20.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of programming as outlined in Exhibit A, Amendment #4 Scope of Services and shall be in accordance with Department-approved budgets.

9.20.2. The Contractor shall submit invoices in a form satisfactory to the State by the twentieth (20th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoices must be completed, signed, dated and returned to the Department in order to initiate payment.

9.20.3. The Contractor agrees to keep records of their activities related to Department programs and services.

9.20.4. The Contractor shall provide a ProHealth Budget utilizing Department-provided budget templates within twenty (20) business days from the contract effective date, for Department approval.

9.21. System of Care 2.0: Funds are available in SFY 2022 to support a School Liaison position and associated program expenses as outlined in the below budget table.

School Liaison and Supervisory Positions & Benefits	$130,000
Program Staff Travel	$12,075
Program Office Supplies, Copying and Postage	$8,700
Implementation Science and MATCH-ADTC Training for CMHC staff	$7,500
Professional development for CMHC staff in support of grant goals and deliverables	$30,000
Expenses incurred in the delivery of services not supported by Medicaid, private insurance, or other source	$60,000
Indirect Costs (not to exceed 6%)	$14,753
Total	**$263,028**

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

New Hampshire Department of Health and Human Services

Exhibit K, Amendment #4

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all non-public information owned, managed, created, received for or on behalf of, the Department that is protected by information security, privacy or confidentiality rules, Agreement and state and federal laws or policy. This information may include but is not limited to, derivative data, Protected Health Information (PHI), Personally Identifiable Information (PII), Substance Use Disorder Information (SUD), Federal Tax Information, Social Security Administration, and CJIS (Criminal Justice Information Services) data, including the copy of information submitted known as the Phoenix Data. Confidential Information or Confidential Data shall not include medical records produced and maintained by the contractor in the course of their practice or information owned by the patient/client. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the contractor

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives Confidential Data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. “Open Wireless Network” means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or Confidential data.

8. “Personal Information” (or “PI”) means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. “Privacy Rule” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. “Protected Health Information” (or “PHI”) has the same meaning as provided in the definition of “Protected Health Information” in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. “Unsecured Protected Health Information” means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

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3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that Confidential Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees Confidential Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the Confidential Data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting Confidential Data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to

access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).

11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the Confidential Data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. If it is infeasible to return or destroy the Confidential Data, protections pursuant to this Information Security Requirements Exhibit survive this contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process Confidential Data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.
6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting

infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such Confidential Data upon request or contract termination; and will obtain written certification for any State of New Hampshire Confidential Data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire Confidential Data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the Confidential Data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate Confidential Data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the Confidential Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to

contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. Omitted.

10. The Contractor will not store, knowingly or unknowingly, any Confidential Data or State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the

level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:
    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
    b. safeguard this information at all times.
    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
    e. limit disclosure of the Confidential Information to the extent permitted by law.
    f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
    g. only authorized End Users may transmit the Confidential Data, including any

derivative files containing personally identifiable information, and in all cases, such Confidential Data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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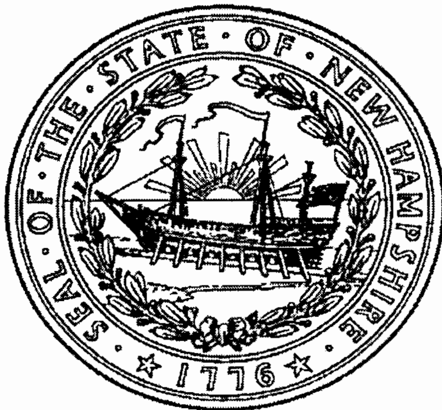
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE COMMUNITY COUNCIL OF NASHUA, N.H. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 24, 1923. 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; and the attached is a true copy of the list of documents on file in this office.

Business ID: **63050**
Certificate Number: **0005369257**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 18th day of May A.D. 2021.

William M. Gardner
Secretary of State

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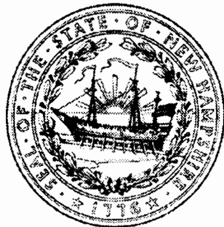


State of New Hampshire
Department of State

Business Name : **THE COMMUNITY COUNCIL OF NASHUA, N.H.**

Business ID : **63050**

Filing History

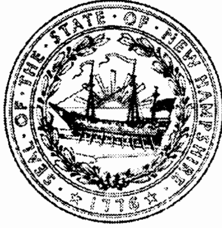
Filing#	Filing Date	Effective Date	Filing Type	Nonprofit Report Year
0005059370	12/21/2020	12/21/2020	Nonprofit Report	2020
0004773908	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0003186377	11/09/2015	11/09/2015	Annual Report	2015
0000661057	04/14/2011	04/14/2011	Reinstatement	2010
0000661056	02/15/2011	02/15/2011	Admin Dissolution/Suspension	N/A
0000661055	10/11/2010	10/11/2010	Reminder Letter	N/A
0000661054	12/22/2005	12/22/2005	Annual Report	2005
0000661053	04/20/2001	04/20/2001	Reinstatement	2000
0000661052	02/01/2001	02/01/2001	Admin Dissolution/Suspension	N/A
0000661051	11/20/1995	11/20/1995	Annual Report	1995
0000661050	02/12/1990	02/12/1990	Annual Report	1990
0000661049	01/02/1976	01/02/1976	Annual Report	N/A
0000661048	06/01/1956	06/01/1956	Annual Report	N/A
0000661047	12/24/1923	12/24/1923	Business Formation	N/A

Trade Name Information

Business Name	Business ID	Business Status
Center for Psychiatric Advancement	542804	Expired
THE BARGAIN HUNTER	138779	Expired
Greater Nashua Mental Health Center at Community Council	604020	Active
INTEGREAT HEALTH	793678	Active
GREATER NASHUA MENTAL HEALTH	807172	Active

Name History

Name	Name Type
No Name Changes found for this business.	



State of New Hampshire

Department of State

Principal Information

Name	Title
Bettejean Neveux	Chief Financial Officer
Pamela Burns	Chairman of the Board of Directors
Diane Vienneau	Vice President
Karen Lascelle	Treasurer
Jone LaBombard	Secretary
Robert Dorf	Director
Robyn Moses-Harney	Director
Christine Furman	Director
Lisa Yates	Director
Robert Amrein	Director
Cynthia Whitaker	Chief Executive Officer

CERTIFICATE OF AUTHORITY

I, Pamela A. Burns, Board Chair, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Community Council of Nashua, NH d/b/a Greater Nashua Mental Health
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 14, 2021, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Cynthia L Whitaker, PsyD, MLADC, President & Chief Executive Officer (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Community Council of Nashua, NH d/b/a Greater Nashua Mental Health to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 6/14/2021

Pamela A Burns
Signature of Elected Officer
Name: Pamela A. Burns
Title: Board Chair
Greater Nashua Mental Health

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/26/2021

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).

PRODUCER
Eaton & Berube Insurance Agency, LLC
11 Concord St
Nashua NH 03064

CONTACT NAME: Cathy Beauregard
PHONE (A/C, No, Ext): 603-882-2766 | FAX (A/C, No): 603-886-4230
E-MAIL ADDRESS: mberube@eatonberube.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Scottsdale Insurance Co	
INSURER B : Concord Group Ins	14376
INSURER C : The Lawson Group	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED COMCO3
The Community Council of Nashua NH Inc
100 West Pearl St
Nashua NH 03060

COVERAGES **CERTIFICATE NUMBER:** 657334577 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC OTHER:			OPS1585686	11/12/2020	11/12/2021	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / X SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			20038992.	11/12/2020	11/12/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED X RETENTION $ 10,000			UMS0028329	11/12/2020	11/12/2021	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		HCHS20210000446	1/15/2021	1/15/2022	PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability Claims Made Retro Date: 11/12/1986			OPS1585686	11/12/2020	11/12/2021	Each Claim Aggregate	$5,000,000 $5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation coverage: NH; no excluded officers.

NH DHHS is listed as additional insured per written contract.

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Marc R Berube

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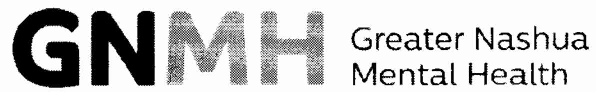

Mission Statement of Greater Nashua Mental Health

Empowering people to lead full and satisfying lives through effective treatment and support.

Administrative Office
100 West Pearl Street, Nashua, NH 03060

(603) 889-6147
www.gnmh.org

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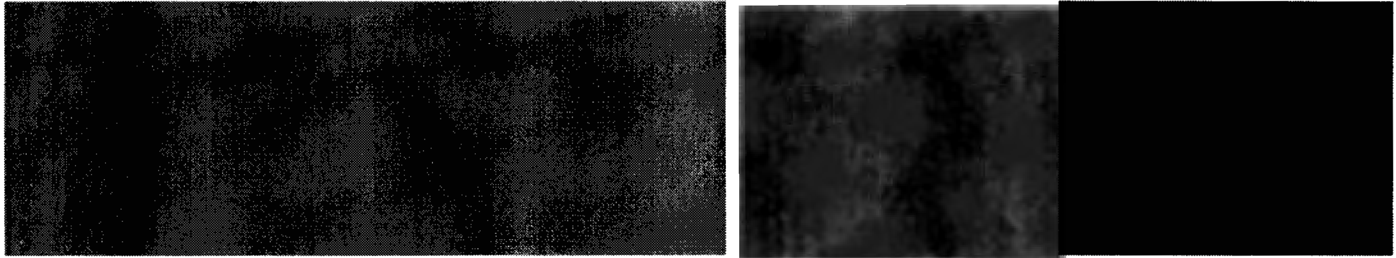

GNMH Greater Nashua Mental Health

FINANCIAL STATEMENTS

June 30, 2019 and 2018

With Independent Auditor's Report

DocuSign Envelope ID: 2ABC5E06-2CCA-4F02-BE62-99060C13493E

INDEPENDENT AUDITOR'S REPORT

Board of Directors
The Community Council of Nashua, NH d/b/a Greater Nashua Mental Health

We have audited the accompanying financial statements of The Community Council of Nashua, NH d/b/a Greater Nashua Mental Health (the Organization), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities and changes in net assets, functional revenues and expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 audit. We conducted our audit 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 entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.

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Report on Summarized Comparative Information

We previously audited the financial statements of the Organization as of and for the year ended June 30, 2018, and in our report dated October 24, 2018 we expressed an unmodified opinion on those statements. As part of our audit of the 2019 financial statements, we also audited the adjustments to the 2018 financial statements to retrospectively apply the change in accounting as described in the following paragraph. In our opinion, such adjustments are appropriate and have been properly applied, and the summarized comparative information presented herein as of and for the year ended June 30, 2018 is otherwise consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Change in Accounting Principle

As discussed in Note 1 to the financial statements, the Organization adopted Financial Accounting Standards Board Accounting Standards Update No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), during the year ended June 30, 2019. Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
October 23, 2019

THE COMMUNITY COUNCIL OF NASHUA, NH
D/B/A GREATER NASHUA MENTAL HEALTH

Statement of Financial Position

June 30, 2019
(With Comparative Totals for June 30, 2018)

	2019	2018
ASSETS		
Cash and cash equivalents	**$ 2,450,691**	$ 1,464,134
Accounts receivable, net of allowance for doubtful accounts and contractuals of $868,900 in 2019 and $174,846 in 2018	**1,327,181**	1,829,455
Investments	**1,853,735**	1,763,228
Prepaid expenses	**215,098**	177,199
Property and equipment, net	**3,051,239**	2,933,666
Total assets	**$ 8,897,944**	$ 8,167,682
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable and accrued expenses	**$ 575,082**	$ 271,513
Accrued payroll and related activities	**914,303**	371,681
Estimated third-party liability	**-**	950,075
Accrued vacation	**372,238**	322,611
Deferred revenue	**8,930**	-
Notes payable, net of unamortized deferred issuance costs	**1,460,491**	1,544,974
Capital lease obligation	**-**	5,759
Total liabilities	**3,331,044**	3,466,613
Net assets		
Without donor restrictions		
Undesignated	**3,195,674**	2,397,774
Board designated	**2,096,407**	2,044,023
Total without donor restrictions	**5,292,081**	4,441,797
With donor restrictions	**274,819**	259,272
Total net assets	**5,566,900**	4,701,069
Total liabilities and net assets	**$ 8,897,944**	$ 8,167,682

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

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THE COMMUNITY COUNCIL OF NASHUA, NH
D/B/A GREATER NASHUA MENTAL HEALTH

Statement of Activities and Changes in Net Assets

Year Ended June 30, 2019
(With Comparative Totals for Year Ended June 30, 2018)

	2019			
	Without Donor Restrictions	**With Donor Restrictions**	**Total**	2018
Revenues and support				
Program service fees, net	**$ 12,564,103**	**$ -**	**$ 12,564,103**	$ 10,542,550
New Hampshire Bureau of Behavioral Health	**2,244,369**	**-**	**2,244,369**	1,667,297
Federal grants	**305,915**	**-**	**305,915**	523,627
Rental income	**8,886**	**-**	**8,886**	10,638
Contributions and support	**153,665**	**-**	**153,665**	138,800
Other	**462,233**	**-**	**462,233**	189,711
Total revenues and support	**15,739,171**	**-**	**15,739,171**	13,072,623
Expenses				
Program services				
Children's and adolescents' services	**1,880,533**	**-**	**1,880,533**	1,449,647
Adult services	**3,952,548**	**-**	**3,952,548**	3,988,401
Elderly services	**513,666**	**-**	**513,666**	453,161
Deaf services	**391,655**	**-**	**391,655**	344,051
Substance abuse disorders	**610,322**	**-**	**610,322**	532,094
Medical services	**1,572,645**	**-**	**1,572,645**	1,540,437
Other programs	**1,648,908**	**-**	**1,648,908**	1,181,923
Total program services	**10,570,277**	**-**	**10,570,277**	9,489,714
General and administrative	**4,370,159**	**-**	**4,370,159**	2,995,802
Development	**40,834**	**-**	**40,834**	70,885
Total expenses	**14,981,270**	**-**	**14,981,270**	12,556,401
Income from operations	**757,901**	**-**	**757,901**	516,222
Other income				
Investment income, net	**26,241**	**4,418**	**30,659**	26,103
Realized and unrealized gains on investments	**66,142**	**11,129**	**77,271**	41,184
Total other income	**92,383**	**15,547**	**107,930**	67,287
Excess of revenues and support and other income over expenses and change in net assets	**850,284**	**15,547**	**865,831**	583,509
Net assets, beginning of year	**4,441,797**	**259,272**	**4,701,069**	4,117,560
Net assets, end of year	**$ 5,292,081**	**$ 274,819**	**$ 5,566,900**	$ 4,701,069

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

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THE COMMUNITY COUNCIL OF NASHUA, NH D/B/A GREATER NASHUA MENTAL HEALTH

Statement of Functional Revenues and Expenses

Year Ended June 30, 2019

	Children's and Adolescents' Services	Adult Services	Elderly Services	Deaf Services	Substance Abuse Disorders	Medical Services	Other Programs	Total Programs	General and Administrative	Development	Total Organization
Revenues and support and other income											
Program service fees, net	$ 4,118,951	$ 5,187,019	$ 882,865	$ 218,269	$ 283,540	$ 851,596	$ 563,190	$ 12,105,430	$ 458,673	$ -	$ 12,664,103
New Hampshire Bureau of Behavioral Health	142,426	663,132	-	326,407	2,581	-	1,104,823	2,239,369	5,000	-	2,244,369
Federal grant	-	37,413	-	-	122,178	-	146,324	305,915	-	-	305,915
Rental income	-	3,320	-	-	-	-	-	3,320	5,566	-	8,886
Contributions and support	-	-	100	-	-	-	-	100	418	153,147	153,665
Other	-	1,024	9,608	-	307,213	-	-	317,845	252,318	-	570,163
Total revenues and support and other income	$ 4,261,377	$ 5,891,908	$ 892,573	$ 544,676	$ 715,512	$ 851,596	$ 1,814,337	$ 14,971,979	$ 721,975	$ 153,147	$ 15,847,101

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

THE COMMUNITY COUNCIL OF NASHUA, NH D/B/A GREATER NASHUA MENTAL HEALTH

Statement of Functional Revenues and Expenses (Concluded)

Year Ended June 30, 2019

	Children's and Adolescents' Services	Adult Services	Elderly Services	Deaf Services	Substance Abuse Disorders	Medical Services	Other Programs	Total Programs	General and Administrative	Development	Total Organization
Total revenues and support and other income	$ 4,261,377	$ 5,891,908	$ 892,573	$ 544,676	$ 715,512	$ 851,596	$ 1,814,337	$ 14,971,979	$ 721,975	$ 153,147	$ 15,847,101
Expenses											
Salaries and wages	1,359,295	2,787,149	368,596	250,612	472,082	789,291	1,126,059	7,153,084	1,957,669	18,446	9,129,199
Employee benefits	280,281	482,280	62,740	43,991	44,502	99,149	180,640	1,193,583	312,863	4,407	1,510,853
Payroll taxes	101,401	207,115	27,607	18,994	35,225	53,823	76,229	520,394	145,350	1,407	667,151
Substitute staff	-	-	-	-	-	-	-	-	13,574	-	13,574
Accounting	-	-	-	-	-	-	130	130	86,611	23	86,764
Legal fees	-	8,724	2,524	-	-	-	2,699	13,947	41,082	-	55,029
Other professional fees	6,989	14,576	6,884	22,429	7,664	608,745	153,766	821,053	180,959	5,118	1,007,130
Journals and publications	-	-	-	-	-	-	-	-	175	-	175
Conferences	2,229	2,476	49	5,186	5,293	894	4,253	20,380	10,749	-	31,129
Other staff development	2,110	2,428	490	-	-	538	6,486	12,052	30,904	-	42,956
Mortgage interest	-	-	-	-	-	-	-	-	75,835	-	75,835
Heating costs	-	-	-	-	-	-	-	-	26,036	-	26,036
Other utilities	-	365	-	-	-	-	-	365	108,650	-	109,015
Maintenance and repairs	-	3,480	-	-	-	-	-	3,480	265,464	-	268,944
Other occupancy costs	-	-	-	-	-	-	-	-	83,337	-	83,337
Office	6,938	8,371	522	330	3,732	5,550	19,670	45,113	457,500	5,259	507,872
Building and household	162	-	-	-	-	-	-	162	39,424	-	39,586
Food	326	1,248	-	-	510	132	991	3,207	8,591	32	11,830
Advertising	-	-	-	-	-	-	3,686	3,686	-	65	3,751
Printing	1,236	2,699	184	287	144	292	534	5,376	1,737	4,639	11,752
Communication	10,215	36,007	4,540	5,310	2,512	147	7,900	66,631	122,874	-	189,505
Postage	22	16	-	-	-	28	-	66	7,303	611	7,980
Staff	40,446	144,210	20,539	31,723	3,033	1,384	19,514	260,849	8,898	166	269,913
Client services	30,200	181,975	220	5	15,118	215	3,247	230,980	1,200	-	232,180
Malpractice insurance	-	-	-	-	-	-	-	-	147,439	-	147,439
Vehicle insurance	-	-	-	-	-	-	-	-	1,294	-	1,294
Property and liability insurance	-	-	-	-	-	-	-	-	61,289	-	61,289
Other interest	-	-	-	-	-	-	-	-	1,316	-	1,316
Depreciation	37,844	69,346	18,496	12,389	20,381	12,457	37,672	208,585	55,877	409	264,871
Equipment rental	-	-	-	-	-	-	90	90	53,490	-	53,580
Equipment maintenance	-	-	-	-	-	-	-	-	3,573	-	3,573
Membership dues	786	75	275	399	126	-	2,255	3,916	43,356	-	47,272
Other	53	8	-	-	-	-	3,087	3,148	15,740	252	19,140
Total expenses before allocation	1,880,533	3,952,548	513,666	391,655	610,322	1,572,645	1,648,908	10,570,277	4,370,159	40,834	14,981,270
General and administrative allocation	972,845	2,389,165	351,277	154,286	276,221	(721,049)	191,727	3,614,472	(3,630,233)	15,761	-
Total expenses	2,853,378	6,341,713	864,943	545,941	886,543	851,596	1,840,635	14,184,749	739,926	56,595	14,981,270
Change in net assets	$ 1,407,999	$ (449,805)	$ 27,630	$ (1,265)	$ (171,031)	$ -	$ (26,298)	$ 787,230	$ (17,951)	$ 96,552	$ 865,831

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

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THE COMMUNITY COUNCIL OF NASHUA, NH
D/B/A GREATER NASHUA MENTAL HEALTH

Statement of Cash Flows

Year Ended June 30, 2019
(With Comparative Totals for Year Ended June 30, 2018)

	2019	2018
Cash flows from operating activities		
Change in net assets	$ 865,831	$ 583,509
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	265,718	251,257
Net realized and unrealized gains on investments	(77,271)	(41,184)
Provision for bad debt	1,763,837	1,286,950
Gain on sale of assets	-	441
Changes in operating assets and liabilities		
Accounts receivable	(1,261,563)	(1,658,315)
Prepaid expenses	(37,899)	14,164
Accounts payable and accrued expenses	407,847	20,655
Accrued payroll and related expenses and vacation	592,249	17,690
Estimated third-party liability	(950,075)	817,600
Deferred revenue	8,930	-
Net cash provided by operating activities	1,577,604	1,292,767
Cash flows from investing activities		
Purchases of investments	(561,223)	(618,427)
Proceeds from the sale of investments	547,987	629,301
Purchase of property and equipment	(486,724)	(207,305)
Net cash used by investing activities	(499,960)	(196,431)
Cash flows from financing activities		
Net repayment on the line of credit	-	(248,224)
Principal payments on notes payable and capital lease obligations	(91,087)	(128,532)
Net cash used by financing activities	(91,087)	(376,756)
Net increase in cash and cash equivalents	986,557	719,580
Cash and cash equivalents, beginning of year	1,464,134	744,554
Cash and cash equivalents, end of year	$ 2,450,691	$ 1,464,134
Supplemental disclosures of noncash flow activities		
Acquisition of property and equipment included in accounts payable and accrued expenses	$ 42,563	$ 146,843

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

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Organization

The Community Council of Nashua, NH, d/b/a Greater Nashua Mental Health (the Organization) is a comprehensive community health center located in Nashua, New Hampshire. The Organization's mission is to work with the community to meet the mental health needs of its residents by offering evaluation, treatment, resource development, education and research. The Organization is dedicated to clinical excellence and advocacy with its Child and Adolescent, Adult Outpatient Services, Elderly Services, Deaf Services, Substance Abuse, Medical Services, and other programs.

1. Summary of Significant Accounting Policies

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. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Recently Adopted Accounting Pronouncement

In August 2016, Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), which makes targeted changes to the not-for-profit financial reporting model. The new ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the new ASU, net asset reporting is streamlined and clarified. The previous three category classification of net assets is replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance for classifying deficiencies in endowment funds and on accounting for the lapsing of restrictions on gifts to acquire property, plant, and equipment has also been simplified and clarified. New disclosures highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. The ASU was adopted by the Organization for the year ended June 30, 2019.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. GAAP, which require the Organization to report information regarding to its financial position and activities according to the following net asset classification:

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 Organization. These net assets may be used at the discretion of the Organization's management and the board of directors.

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 Organization 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.

All contributions are considered to be available for operational use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as donor restricted support that increases that net asset class. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, donor restricted net assets 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. The Organization records donor-restricted contributions whose restrictions are met in the same reporting period as support without donor restrictions in the year of the gift.

The Organization reports contributions of land, buildings or equipment as support without donor restrictions, unless a donor places explicit restriction on their use. Contributions of cash or other assets that must be used to acquire long-lived assets are reported as donor restricted support and reclassified to net assets without donor restrictions when the assets are acquired and placed in service.

The financial statements include certain prior year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Organization's June 30, 2018 financial statements, from which the summarized information was derived.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding investments.

The Organization has cash deposits in major financial institutions which may exceed federal depository insurance limits. The Organization has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk with respect to these accounts.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances reduced by an allowance for uncollectible accounts. In evaluating the collectibility of accounts receivable, the Organization monitors the amount of actual cash collected during each month against the Organization's outstanding patient accounts receivable balances, as well as the aging of balances. The Organization analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management, as well as the Finance Committee of the Organization, regularly reviews the aging and collection rate of major payer sources.

Investments

Investments in marketable securities and debt instruments with readily determined market values are carried at fair value. Fair values are based on quoted market prices, if available, or estimated using quoted market prices for similar securities.

Dividends, interest, and net realized and unrealized gains (losses) arising from investments are reported as follows:

- Increases (decreases) in net assets with donor restrictions if the terms of the gift require that they be maintained with the corpus of a donor restricted endowment fund;
- Increases (decreases) in net assets with donor restrictions if the terms of the gift or state law imposes restrictions on the use of the allocated investment income (loss); and
- Increases (decreases) in net assets without donor restrictions in all other cases.

Property and Equipment

Property and equipment are carried at cost, if purchased, or at estimated fair value at date of donation in the case of gifts, less accumulated depreciation. The Organization's policy is to capitalize assets greater than $5,000, while minor maintenance and repairs are charged to expense as incurred. Depreciation is recorded using the straight-line method over the following estimated lives as follows:

Furniture and equipment	3-10 years
Buildings and improvements	15-50 years
Computer equipment and software	3-10 years
Vehicles	5 years

Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of functional revenues and expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses are allocated based on client service revenue related to services by department.

Estimated Third-Party Liability

The Organization's third-party liability consists of estimated amounts due to Medicaid under capitation contract agreements. At June 30, 2019, management determined the Organization was within minimum threshold levels and did not need to recognize a potential repayment to third party organizations.

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Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. There was no unrelated business income tax incurred by the Organization for the years ended June 30, 2019 and 2018. Management has evaluated the Organization's tax positions and concluded the Organization has maintained its tax-exempt status, does not have any significant unrelated business income and has taken no uncertain tax positions that require adjustment to, or disclosure within, the accompanying financial statements.

Subsequent Events

For purposes of the preparation of these consolidated financial statements in conformity with U.S. GAAP, management has considered transactions or events occurring through October 23, 2019, which is the date that the financial statements were available to be issued.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize its available funds. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents, investments and a line of credit.

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

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover expenditures not covered by donor-restricted resources or, where appropriate, borrowings. Refer to the statements of cash flows, which identifies the sources and uses of the Organization's cash and cash equivalents.

The following financial assets are expected to be available within one year of the statement of financial position date to meet general expenditures as of June 30:

	2019	2018
Cash and cash equivalents available for operations	**$ 1,933,201**	$ 924,067
Accounts receivable, net	**1,327,181**	1,829,455
Financial assets available to meet general expenditures within one year	**$ 3,260,382**	$ 2,753,522

Cash and cash equivalents in the statement of financial position includes amounts that are part of the endowment and board-designated funds reserved for future capital expenditures, and thus are excluded from the above table.

The Organization's Board of Directors has designated a portion of its resources without donor-imposed restrictions to act as endowment funds. These funds are invested for long-term appreciation and current income but remain available and may be spent at the discretion of the Board of Directors.

The Organization has an available line of credit of $1,000,000 which was fully available at June 30, 2019. See Note 8.

3. Program Service Fees and Concentrations of Credit Risk

Program service fees are charged at established rates and recognized as services are rendered. Discounts, allowances and other arrangements for services provided at other than established rates are recorded as an offset to program service fees. The State of New Hampshire has implemented payment reform in which certain patients covered under Medicaid were transitioned to coverage under a managed care system. Net revenues from managed care represented approximately 85% and 76% of the Organization's net program service fees for 2019 and 2018, respectively. Net revenues from the Medicaid program accounted for approximately 8% and 11% of the Organization's net program service fees for 2019 and 2018, respectively.

An estimated breakdown of program service fees, net of the provision for bad debt, capitation adjustments and contractual allowances, recognized in 2019 and 2018 from those major sources is as follows:

	2019	2018
Private pay	$ 1,162,551	$ 1,401,634
Medicaid	1,997,276	1,880,676
Medicare	1,083,321	1,147,556
Other payers	797,098	916,677
Managed care	19,050,284	16,899,789
	24,090,530	22,246,332
Less: Contractual adjustments	(2,912,404)	(4,426,265)
Capitation adjustments	(6,850,186)	(5,990,567)
Provision for bad debt	(1,763,837)	(1,286,950)
	(11,526,427)	(11,703,782)
Program service fees, net	$ 12,564,103	$ 10,542,550

The increase in bad debt expense in 2019 as compared to 2018 is primarily due to collection issues relating to self pay patients.

The Organization grants credit without collateral to its patients, most of whom are insured under third-party payer agreements. Following is a summary of gross accounts receivable by funding source as of June 30:

	2019	2018
Private pay	34 %	34 %
Medicaid	31	31
Medicare	6	15
Other	9	10
Managed care	20	10
	100 %	100 %

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4. Investments

Investments, which are reported at fair value, consist of the following at June 30:

	2019	2018
Common stocks	$ 738,894	$ 554,946
Equity mutual funds	258,423	403,223
U.S. Treasury bonds	487,623	436,769
Corporate bonds	255,204	270,297
Corporate bond mutual funds	113,591	97,993
	$ 1,853,735	$ 1,763,228

The Organization's investments are subject to various risks, such as interest rate, credit and overall market volatility, which may substantially impact the values of investments at any given time.

5. Fair Value of Financial Instruments

FASB Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and 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.

The fair value hierarchy within ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring 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 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.

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The following table sets forth by level, within the fair value hierarchy, the Organization's assets measured at fair value on a recurring basis as of June 30:

	2019 Level 1	2019 Level 2	2019 Total
Common stocks	$ 738,894	$ -	$ 738,894
Equity mutual funds	258,423	-	258,423
U.S. Treasury bonds	487,623	-	487,623
Corporate bonds	-	255,204	255,204
Corporate bond mutual funds	113,591	-	113,591
	$ 1,598,531	$ 255,204	$ 1,853,735

	2018 Level 1	2018 Level 2	2018 Total
Common stocks	$ 554,946	$ -	$ 554,946
Equity mutual funds	403,223	-	403,223
U.S. Treasury bonds	436,769	-	436,769
Corporate bonds	-	270,297	270,297
Mortgage-backed securities	97,993	-	97,993
	$ 1,492,931	$ 270,297	$ 1,763,228

The fair value for Level 2 assets is primarily based on market prices of comparable or underlying securities, interest rates, and credit risk, using the market approach for the Organization's investments.

6. Property and Equipment

Property and equipment consists of the following:

	2019	2018
Land, buildings and improvements	$ 5,539,240	$ 5,028,346
Furniture and equipment	318,374	284,824
Computer equipment	278,083	254,861
Software	706,407	684,047
Vehicles	33,191	-
Construction in process	-	240,773
	6,875,295	6,492,851
Less accumulated depreciation	(3,824,056)	(3,559,185)
Property and equipment, net	$ 3,051,239	$ 2,933,666

7. Endowment

The Organization's endowment primarily consists of funds established for certain programs provided by the Organization. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by U.S. GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The Organization has interpreted the State of New Hampshire Uniform Prudent Management of Institutional Funds Act (the Act) as allowing the Organization to spend or accumulate the amount of an endowment fund that the Organization determines is prudent for the uses, benefits, purposes and duration for which the endowment fund is established, subject to the intent of the donor as expressed in the gift agreement. As a result of this interpretation, the Organization has included in net assets with perpetual donor restrictions (1) the original value of gifts donated to be maintained in perpetuity, (2) the original value of subsequent gifts to be maintained in perpetuity, and (3) the accumulation to the gifts to be maintained in perpetuity made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. If the donor-restricted endowment assets earn investment returns beyond the amount necessary to maintain the endowment assets' contributed value, that excess is included in net assets with donor restrictions until appropriated by the Board of Directors and, if applicable, expended in accordance with the donors' restrictions. The Organization has interpreted the Act to permit spending from funds with deficiencies in accordance with the prudent measures required under the Act. Funds designated by the Board of Directors to function as endowments are classified as net assets without donor restrictions.

In accordance with the Act, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund;
(2) The purposes of the Organization and the donor-restricted endowment fund;
(3) General economic conditions;
(4) The possible effect of inflation and deflation;
(5) The expected total return from income and the appreciation of investments;
(6) Other resources of the Organization; and
(7) The investment policies of the Organization.

Spending Policy

Effective for the year ended June 30, 2019, the Organization implemented a total return spending rate policy which limits the amount of investment income used to support current operations. The long-term target is to limit the use of the endowment to 4% of the moving average of the market value of the investments over the previous twelve quarters ending June 30 of the prior fiscal year. In 2019, the Board of Directors elected to forego the newly adopted spending policy until 2020. In 2019 and 2018, the Board of Directors appproved a flat appropriation of $40,000 from board-designated endowment funds to support current operations.

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Return Objectives and Risk Parameters

The Organization has adopted investment policies, approved by the Board of Directors, for endowment assets that attempt to maintain the purchasing power of those endowment assets over the long term. Accordingly, the investment process seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable levels of risk. Endowment assets are invested in a well-diversified asset mix, which includes equity and debt securities, that is intended to result in a consistent inflation-protected rate of return that has sufficient liquidity to make an annual distribution of accumulated interest and dividend income to be reinvested or used as needed, while growing the funds if possible. Actual returns in any given year may vary from this amount. Investment risk is measured in terms of the total endowment fund; investment assets and allocation between asset classes and strategies are managed to reduce the exposure of the fund to unacceptable levels of risk.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or the Act requires the Organization to retain as a fund of perpetual duration. Deficiencies result from unfavorable market fluctuations that occurred shortly after the investment of new contributions with donor-imposed restrictions to be maintained in perpetuity and continued appropriation for certain programs that was deemed prudent by the Board of Directors. The Organization has a policy that permits spending from underwater endowment funds, unless specifically prohibited by the donor or relevant laws and regulations. Any deficiencies are reported in net assets with donor-imposed restrictions. There were no deficiencies of this nature as of June 30, 2019 and 2018.

Endowment Composition and Changes in Endowment

The endowment net asset composition by type of fund as of June 30, 2019 was as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 274,819	$ 274,819
Board-designated endowment funds	1,596,406	-	1,596,406
	$ 1,596,406	$ 274,819	$ 1,871,225

The changes in endowment net assets for the year ended June 30, 2019 were as follows:

	Without Donor Restriction	With Donor Restriction	Total
Endowment net assets, June 30, 2018	$ 1,544,023	$ 259,272	$ 1,803,295
Investment return	92,383	15,547	107,930
Appropriation of endowment assets for expenditure	(40,000)	-	(40,000)
Endowment net assets, June 30, 2019	$ 1,596,406	$ 274,819	$ 1,871,225

The endowment net asset composition by type of fund as of June 30, 2018 was as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 259,272	$ 259,272
Board-designated endowment funds	1,544,023	-	1,544,023
	$ 1,544,023	$ 259,272	$ 1,803,295

The changes in endowment net assets for the year ended June 30, 2018 were as follows:

	Without Donor Restriction	With Donor Restriction	Total
Endowment net assets, June 30, 2017	$ 1,526,011	$ 249,797	$ 1,775,808
Contributions	200	-	200
Investment return	57,812	9,475	67,287
Appropriation of endowment assets for expenditure	(40,000)	-	(40,000)
Endowment net assets, June 30, 2018	$ 1,544,023	$ 259,272	$ 1,803,295

8. Debt Obligations

Line of Credit

The Organization maintains a $1,000,000 revolving line of credit with TD Bank, collateralized by a mortgage on real property and substantially all business assets, carrying a variable interest rate of Prime plus 1.0% adjusted daily with a floor rate of 4.00% (5.5% at June 30, 2019). Interest is payable monthly. The line of credit had no outstanding balance at June 30, 2019 or 2018. The line of credit agreement has a maturity date of February 28, 2020.

Notes Payable

The Organization had the following notes payable:

	2019	2018
Note payable to TD Bank. During 2019, the Organization refinanced the existing note payable to extend the maturity date of the borrowing. Under the terms of the refinanced note payable, monthly principal and interest payments of $8,114 are due through February 2024, at which time a balloon payment for the remaining principal is due. Interest rate is fixed at 5.33%; collateralized by mortgaged property.	**$ 836,858**	$ 888,676
Note payable to TD Bank. During 2019, the Organization refinanced the existing note payable to extend the maturity date of the borrowing. Under the terms of the refinanced note payable, monthly principal and interest payments of $4,768 are due through February 2024, at which time a balloon payment for the remaining principal is due. Interest rate is fixed at 5.35%; collateralized by mortgaged property. The note is a participating loan with New Hampshire Health and Education Facilities Authority.	**624,817**	658,329
	1,461,675	1,547,005
Less: unamortized deferred issuance costs	**(1,184)**	(2,031)
Total notes payable	**$ 1,460,491**	$ 1,544,974

The scheduled maturities on notes payable are as follows:

2020	$ 77,170
2021	81,662
2022	86,192
2023	90,972
2024	1,125,679

Cash paid for interest approximates interest expense.

TD Bank requires that the Organization meet certain financial covenants. The Organization was in compliance with covenants as of June 30, 2019.

9. Commitments and Contingencies

Operating Leases

Rent expense of $13,823 and $12,079 for various equipment was incurred for the years ended June 30, 2019 and 2018, respectively, under noncancellable operating lease agreements covering a term greater than one year.

Future minimum lease payments required under noncancellable lease agreements for the years ending June 30 are as follows:

Year	Amount
2020	$ 11,474
2021	2,093
2022	2,093
2023	2,093
2024	349
	$ 18,102

Malpractice Insurance

The Organization insures its medical malpractice risks on a claims-made basis. At June 30, 2019, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of insurance coverage nor are there any unasserted claims or incidents known to management which require loss accrual. The Organization intends to renew coverage on a claims-made basis and anticipates that such coverage will be available.

10. Tax Deferred Annuity Plan

The Organization maintains a 403(b) employer-sponsored retirement plan. Employees are eligible to participate as of the date of hire. Effective July 1, 2017 the Organization established a matching contribution of 100% of employee deferrals up to 3% of eligible compensation. In order to be eligible for the match, an employee must work or earn a year of service, which is defined as at least 1,000 hours during the 12-month period immediately following date of hire. In addition the Organization may elect to provide a discretionary contribution. There was no discretionary contribution made for the year ended June 30, 2019 and 2018. Expenses associated with this plan were $141,033 and $102,941 for the years ended June 30, 2019 and 2018, respectively.

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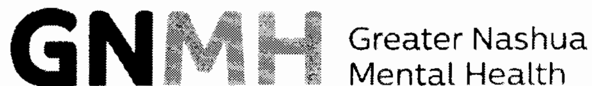

BOARD OF DIRECTORS 2021

ROBERT S. AMREIN, Esquire • *Retired: Attorney / Consultant*	Hudson, NH
RAYMOND BROUSSEAU • BAE Systems	Nashua, NH
PAMELA BURNS – Chair • *Dental Hygienist*	Nashua, NH
ROBERT DORF, DO • *Chief Medical Officer* *Southern New Hampshire Health*	Nashua, NH
CHRISTINE FURMAN • *Retired: Financial Management* *(2-Term) NH State Representative*	Hollis, NH
JONE LABOMBARD – Secretary • *Retired Educator*	Hollis, NH
KAREN LASCELLE, CPA - Treasurer • *Certified Public Accountant*	Nashua, NH
ROBYN MOSES-HARNEY • *Vice President of Human Resources,* *PlaneSense, Inc., Portsmouth*	Hudson, NH
ELIZABETH SHEEHAN • *Director, HR Solution Delivery Hub No. America,* *Iron Mountain*	Litchfield, NH

MARY ANN SOMERVILLE Litchfield, NH

- *Retired: Software design, development, support*

DIANE VIENNEAU - Vice Chair Nashua, NH

- *NH Department of Education, Nashua*

LISA YATES Nashua, NH

- *NH Department of Education, Nashua*

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BETTEJEAN NEVEUX

FINANCIAL & MANAGERIAL STRATEGIST

SKILLS

Budgeting & Forecasting
Analysis & Reporting
Ethics & Compliance
Strategic Planning
Team Leadership
Project Management
Accountability
Improving Efficiency
Business Systems
Risk & Resource Management
Presentations
Active Listening

EDUCATION

MASTER'S DEGREE
Business Administration
Southern New Hampshire University
2009 – 2011

BACHELOR OF SCIENCE
Accounting
Franklin Pierce College
1998 – 2000

LICENSES & CERTIFICATIONS

CERTIFIED MANAGEMENT ACCOUNTANT
License #51807

CANDIDATE
Certified Public Accountant
Anticipated: 05/2018

PROFESSIONAL PROFILE

A financial professional with over ten years of managerial and administrative experience in a diverse set of industries and with a proven record of innovation and leadership. With a focus on continuous improvement and a holistic approach, I am able to reach strategic goals through the use of collaboration, technology and grit. Leading by example, I have successful restored confidence and respect in financial departments while focusing on customer service and a commitment to the corporate mission.

EXPERIENCE

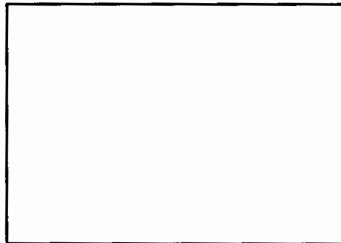
BUSINESS AFFAIRS OFFICER/CFO
Manchester Community College/March 2014 – October 2015

As a member of the President's Cabinet and Leadership Team, developed policies and procedures to allow the College to meet its mission and strategic focus. Successfully managed an overall budget of $22 million by working with department managers over 60 different departments. Directed all institutional operations including accounting & finance, facilities, campus safety, capital projects as well as risk management. Mentored eight (8) direct reports and a total of 29 total employees in the areas of finance, maintenance, safety, reception and stockroom. Participated in system-wide CFO meetings as well as Finance Committee meetings on behalf of the College.

- Developed a more collaborative and positive annual budget process during a period of revenue decline. Presented audience appropriate updates and pro forma statements throughout year to campus leadership, BOD, staff & faculty and advisory committees.
- Greatly increased accuracy of financial reporting and adherence to GAAP through the realignment of cost departments, and improvements to the data structure within Banner Finance.
- Created financial models and tools that allowed management and department leaders to project financial impacts of various enrollment scenarios.
- Increased fee revenue by 10% following thorough financial analysis.
- Overhauled campus safety systems and procedures to better ensure the safety of students, staff, faculty and visitors. Improvements included; a remote door locking system, camera and surveillance upgrades, rekeying of the entire campus and the installation of security software.
- Implemented software that enabled the facilities department to capture and analyze workforce data that would allow management to identify and capitalize on potential personnel efficiencies and better plan for deferred maintenance.
- Introduced the concept of long-term forecasts for the benefit of strategic budgeting.
- Re-engineered adjunct contract process, improving accuracy by 75%.
- Implemented P-Card program to over 50 users.
- Verified donor and grant funding spent in accordance with donor intent or grant guidelines.
- Provided ongoing feedback to subordinates and created development plans that encouraged growth and satisfaction for each employee.

BETTEJEAN NEVEUX

FINANCIAL & MANAGERIAL STRATEGIST



TECHNICAL SKILLS

Microsoft Office Suite

Advanced Excel

Banner

Salesforce

Conga Reporting

Blackbaud

Dashboards

Sage MIP, MAS90

QuickBooks

Graphical representations

School Dude

MEMBERSHIPS & APFILIATIONS

Notary Public

Institute of Management Accountants

Delta Mu Delta

VOLUNTEER EXPERIENCE

Rape and Domestic Crisis Center/ Treasurer
1992 - 1994

EXPERIENCE continued

VICE PRESIDENT FOR FINANCE AND ADMINISTRATION

New Hampshire Association for the Blind/September 2011 – May 2014

Collaborated with other members of management to review, select and monitor organizational opportunities. Managed all financial and administrative matters including, HR, IT, and facility functions.

- Managed $2.5 million annual budget process and provided monthly financials and respective analysis to Board of Directors and Management Team.
- Improved the financial story through the creation of visual dashboards supplementing the monthly financial package.
- Ensured proper application of investment and spending policies to the organization's $7 million endowment and Charitable Gift Annuities.
- Reduced Life and LTD costs by 60% and other contractual expenses by 50% through re-negotiations with vendors.
- Prepared all year-end audit schedules, maintained all supporting documentation for 990 filing, and completed monthly and annual reconciliations.
- Calculated annual compensation from endowment fund and other donor restricted funds.
- Mapped and managed data conversion of client data from legacy system to Salesforce.com and designed an automatic invoicing system resulting in personnel savings through work efficiencies.
- Enhanced data integrity and improved financial reporting through improvements to the GL structure and updated financial software.

ACCOUNTANT

New Hampshire Association for the Blind/November 2005 – September 2011

Performed all accounting duties for the organization including payroll, A/R, A/P as well as providing IT and HR support. As part of a succession plan and expected assumption of VPFA position, progressive responsibilities included completion of the monthly close process, preparation of year end schedules for annual audit and 990 preparation.

DEPARTMENT SECRETARY/ADMISSIONS COORDINATOR

Catholic Medical Center/August 1996 – October 2004

While performing all duties relative to being a stay at home Mom, I worked in the healthcare industry to take advantage of the weekend and evening hours. In this role, I performed all administrative duties within the admissions, emergency and maternity departments for catholic medical center. Utilized customer service, listening and time management skills to ensure excellent patient care.

CONSUMER LOAN RECOVERY MANAGER

First New Hampshire Bank/September 1990 – May 1996

Managed all collection efforts for the recovery of charged off funds related to the consumer loan portfolio. Directed a staff of six (6) and assigned outside legal counsel and collection agencies ensuring greatest recovery of funds.

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CHRISTOPHER PURINGTON

HONORS

NH State Rehabilitation Council Chair 2020-Present, Member 2016-Present
NH Small Business Development Center Advisory Board Member 2011-2016
US Small Business Administration (SBA) 2011 NH Business Champion

SKILLS

Business Development	Leadership	Operations
Marketing	Entrepreneurship	Budget Management
Program Development	Organizational Change	Nonprofit Administration
Resource Development	Strategic Planning	Project Management

EXPERIENCE

GRANITE STATE INDEPENDENT LIVING (GSIL) – Concord, NH
Statewide nonprofit that provides community services

Senior Vice President of Programs 2020 – Present
Vice President of Community Economic Development 2015 – 2020
Director of Business Development 2011 – 2015

- Lead a $17 million statewide community services department that serves 1,800 people, and is comprised of 75 corporate staff, 600 direct support staff, and diverse programs, grants & contracts including personal care, nursing facility transition, employment, education, benefits counseling, transportation, home access modification, peer support, advocacy, and service coordination.
- Secured and successfully implemented a $2.2 million Dept. of Education contract, including partnerships with the Community College System of NH and 50+ statewide school districts, to provide work-based learning services for 1,000+ at-risk high school students throughout NH.
- Manage the department budget and develop new financial strategies, which resulted in a $500,000 deficit improving to a $100,000 surplus and program revenue increasing by more than $1 million.
- Develop significant funding resources necessary to increase community impact and respond to unmet community need through the following sources: foundations, school districts, Social Security Admin., US & NH Dept. of Education, US & NH Dept. of Health and Human Services, US & NH Dept. of Transportation, Medicaid Managed Care, US Dept. of Veterans Affairs, and community giving.
- Strategize and partner with key stakeholders, state and federal agencies, state and US legislature, the Governor's office, and other elected officials to accomplish key strategic plan priorities.
- Oversee staff development efforts and coaching for continual improvement of performance.
- Implement policies and procedures necessary for program quality and integrity that ensure compliance with federal and state funding sources and regulations.
- Directed agency wide marketing efforts. This includes a new outreach campaign that increased annual employment services revenue by $200,000, and a new care attendant recruitment digital campaign that delivered more than 10% of all new hires, supporting $1.5M in Medicaid revenue.

HEALTHY BODY HEALTHY LIFE – Auburn, NH 2009 – Present
Nutrition, fitness & health coaching and employee wellness consulting

Project Manager

- Manage digital marketing and strategic planning projects for healthybodyhealthylife.com.

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GATEWAYS COMMUNITY SERVICES - Nashua, NH 2009 - 2011
Regional nonprofit that provides disability and senior services

Project Manager/Web Marketing Manager

- Managed Medicaid Infrastructure Grant efforts to evolve statewide employment programs, benefits counseling, and vocational training models.
- Facilitated the workforce development coalition, which was a collaboration of regional service providers, stakeholders and related government agencies for professional development and the advancement of employment service delivery.
- Directed small business and economic development program creation and replication, business relationships, contracts, and budgets.
- Developed a customer portal for clients to access statements, submit electronic forms, communicate with customer agents, and increase customer service productivity and efficiency in a secure online environment.
- Managed company wide digital marketing including email marketing and social media. This included developing and administering an online community membership site for the Autism Center to connect families and promote therapy services.

GEARBOX RACQUETBALL - San Diego, CA 2007 - 2013
International athletic equipment manufacturer

Sponsored Athlete & Marketing Representative

- Volunteered to coach junior racquetball athletes.
- Marketed company's product line by running demos and competing on the professional tour.
- Ranked 48th on the International Racquetball Tour for the '05—'06 season.

COMMUNITY BRIDGES - Concord, NH 2007 - 2008
Regional nonprofit that provides disability and senior services

Career Development Specialist

- Created and managed the Vocational Department, which included administering funding relationships, directing service provision, supervising staff, and leading trainings.
- Coached job seekers, including clients with forensic backgrounds, and consulted with staff, management, and partner agencies in the areas of employment law, staffing, training, and benefits to support client career goals.
- Developed relationships with businesses and staffing agencies to make supportive and sustainable job placements.

EDUCATION

Leadership Greater Manchester- Manchester Chamber of Commerce
In progress

Certificate in Community Rehabilitation Education - VIRGINIA COMMONWEALTH UNIV.
Focus on mental health

Lean Green Belt Certification - MORE EFFECTIVE CONSULTING
Focus on continual business process improvement

B.A. in Psychology - UNIVERSITY OF NEW HAMPSHIRE

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Cynthia L. Whitaker, Psy.D.

Education:

Antioch New England Graduate School, Keene, NH
Psy.D. in Clinical Psychology, 2006

University of New Hampshire at Manchester, Manchester, NH
Certificate in Sign Language Interpretation, 2004

Rhode Island College, Providence, RI
B.A. in Psychology and Communications with Honors, 1995
Communications emphasis in Speech and Hearing Sciences

Clinical Experience:

Riverbend Community Mental Health **Henniker, NH** **8/05-present**
Child and Family Therapist

Presently engaged in working with a multidisciplinary team that provides mental health services to children and their families. Position includes provision of individual therapy, family therapy, case management, and advocacy. Coordination with other providers and schools is also involved in the position. Psychology post-doctorate supervision received from 4/06 through present.

Moore Center Services **Manchester, NH** **12/02-6/05**
MIMS Worker/Supervisor

Provided Mental Illness Management Services (MIMS) to children and adults diagnosed with both a mental illness and a developmental disability. Responsibilities included supervising part-time staff, managing staff schedules, other administrative duties, and direct support of consumers involving teaching symptom management strategies and social skills as directed by consumers' treatment plans.

University at Albany Counseling Center **Albany, NY** **7/01–7/02**
Ellis Hospital Mental Health Clinic **Schenectady, NY**
Pre-doctoral Intern in Psychology

APPIC accredited internship with focused training in two distinct settings, a university counseling center and a community mental health center. Core activities included intake assessment and referral, individual and group psychotherapy, crisis intervention in role as "psychologist of the day," individual supervision of second year doctoral student, group supervision of undergraduate peer trainers, and psychological assessment. Also received advanced training on the Rorschach Inkblot Procedure. Training at community mental health center focused on assessment and therapy with adults diagnosed with major mental illness and/or personality disorders in an outpatient setting.

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Monadnock Developmental Services Keene, NH 8/99–6/01
Group Facilitator

Responsible for co-facilitating a monthly group for children who have a sibling with some type of physical or developmental disability, such as autism, leukemia, or cerebral palsy. The group included both expressive and process components and dealt with topics such as roles within a family and shame.

Wediko Children's Services Windsor, NH 9/00–6/01
Assistant Teacher (AmeriCorps Position)

Intensive diagnostic and treatment program that utilizes assessment, education, and behavioral intervention with males ranging in age from 8 to 18 who have emotional and/or behavioral challenges. Responsibilities included assisting lead teacher with academic material presented in classroom, teaching elective classes, implementing Individualized Education Plans (IEPs), and carrying out other duties necessary to maintain the therapeutic milieu of the residential school.

Psychological Services Center Keene, NH 8/99–5/01
Administrative Assistant

Assisted with the administration of a psychology training clinic, including managing billing clients and insurance agencies and coordinating referrals for service. Also involved in the instruction of first year students with the usage of scoring templates for the MMPI-2 and other testing materials owned by the clinic.

Antioch New England Graduate School Keene, NH Fall 2000
Teaching Assistant for Fundamental Clinical Skills I and II

Provided instruction to first year doctoral level students on utilizing confrontation in therapy and on giving mental status examinations. Facilitated small groups of students practicing and learning about beginning counseling and assessment techniques. Also responsible for reading papers and providing feedback to students about their developing skills.

Psychological Services Center Keene, NH 7/99–6/00
PSC Clinician

Pre-doctoral practicum experience involving working with adults, families, and children in an outpatient setting. Received specialized training in cardiac rehabilitation, counseling parents, conducting learning disability assessments, and working with people with eating disorders. .

New Hampshire Hospital Concord, NH 9/98–5/99
Psychology Extern

Pre-doctoral training in assessment and therapy with adults diagnosed with major mental illness and/or personality disorders in an inpatient setting. Monthly seminars attended included Neuropsychology, Case Presentation, and Assessment (Rorschach). Also attended bi-weekly Grand Rounds.

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Arbour-Fuller Hospital **S. Attleboro, MA** **10/95-2/99**
Activity Therapist /Behavior Therapy Specialist

Attended team meetings, determined rehabilitation goals for treatment plans, supervised activity therapy intake screenings, and conducted daily rehabilitation groups on a locked, acute unit for adolescents. Responsibilities also included implementing behavior plans, collecting data, and conducting different types of group therapy, on a locked, acute unit for adults with developmental disabilities.

Leadership Experience:

Beauty 4 Ashes
Member, Board of Directors **2004-present**

New Hampshire Registry of Interpreters for the Deaf
Member at Large of Executive Board **2004-2005**
Student Representative to Executive Board **2002-2004**

ASL Club at the University of New Hampshire at Manchester
President **2002-2003**

Antioch New England Graduate School
Member, Admission Team **Spring 2000& 2001**

Reviewed written applications of prospective students. Also conducted team and individual interviews and collaborated in final selections of students.

Research Experience:

Antioch New England Graduate School **Keene, NH** **2000–2006**
Dissertation Research

Completed dissertation entitled *The Third Party· Psychologists' Attitudes Regarding the Use of Interpreters in Therapy.*

Antioch New England Graduate School **Keene, NH** **9/99-8/00**
Student Member of Internal Review Board (IRB)

Attended monthly IRB meetings, read research proposals, and collaborated with other team members to provide recommendations to researchers.

Butler Hospital **Providence, RI** **12/94-9/97**
Volunteer Research Coordinator & Assistant

Under the supervision of Caron Zlotnick, Ph.D., responsible for coordinating a research project on Adolescent Suicide Attempters and Ideators, which involved a clinical assessment and report of each adolescent. Also scored, entered, and analyzed data on patients in the Women's Treatment Program at the hospital. Position required extensive knowledge of the SAS system.

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Papers and Presentations:

The Third Party: What are Psychologists' Opinions of Interpreters in Therapy. Presented at the Region 1 Conference of the Registry of Interpreters for the Deaf. Providence, RI. July 2006

Anxiety and Stress Management the Natural Way. Presented workshop at the Spinal Corrective Center in Amherst, NH. May 2006

Mental Illness Management Services. Presented workshop at Riverbend Mental Health Center for staff training purposes. May 2006

Transitions for Parents. Developed program designed to explore parental roles in freshman transitions at the University at Albany. June 2002

Parents as Partners. Developed document providing information about college students' use of alcohol and other drugs and parental roles in moderating that was placed on a website for parents at the University at Albany. June 2002

Depression and Women. Presented workshop to a sorority at the University at Albany. April 2002

Stress Management. Presented a workshop to a group of Residential Assistants on the University at Albany campus. April 2002

Handbook of Interpreting in Mental Health Settings. Unpublished Manuscript, University of New Hampshire at Manchester. May 2000

Family Functioning and Loneliness in Adolescent Suicide Ideators and Attempters. Presented paper at 32nd Annual Conference of the American Association of Suicidology. April 1999

Gender and Memory. Presented at the Fourth Annual Undergraduate Research Conference at Rhode Island College. Spring 1995

Professional Affiliations:

- American Psychological Association
  - APA Division 12, Clinical Psychology
  - APA Division 22, Rehabilitation Psychology
    - Special Interest Section on Deafness
- New Hampshire Association of the Deaf
- New Hampshire Disaster Behavioral Health Response Team (DBHRT)
- Registry of Interpreters for the Deaf
  - New Hampshire Registry of Interpreters for the Deaf
- Weare Citizens Emergency Response Team (CERT)

Languages of Fluency:

American Sign Language (ASL)

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DONNA B. LENNON, MA

EDUCATION: **M.A. Counseling & Psychotherapy, Rivier University, 1984.**
B.S. Behavioral Sciences, *CUM LAUDE*, Hawthorne College,1982.

EMPLOYMENT: Donna Lennon Counseling Services, LLC
Concord and Bedford, New Hampshire
Feb 1992 – July 2010 and March 2017 to present
Director of Group practice – Outpatient Services
Psychotherapy and consulting practice for Mental Health & Substance Use Disorders. Provide comprehensive evaluations for EAP's, schools and legal system. Required extensive collaboration with 8 colleagues, MCO's, employers, healthcare providers and insurers.

Easter Seals Farnum Center – August 2015 – August 2017
Clinical Director –Inpatient and Outpatient Services
As member of Sr. Leadership Team, responsible for management of daily clinical operations including clinical supervision of inpatient and outpatient staff. Manage IOP, Continuing Care and therapy groups, execute treatment strategies, facilitate weekly Clinical supervision group. Provide clinical direction for Program Coordinators on detox, residential and outpatient units. Hire, train and develop staff in accordance with best practices.

Gosnold on Cape Cod – Falmouth, MA - July 2010 – July 2015
Program Clinical Director
Leadership of daily operations of clinical & case management staff, resolve challenges, develop process and performance improvement strategies, review clinical documentation, hire, train & supervise clinical staff conduct performance appraisals, monitor budget with CFO, ensuring compliance with NAADAC, NBCC, HIPAA & The Joint Commission standards, ethics and best practices for 50 bed detox., Write clinical programs for patients while providing extensive collaboration with Nursing, Admissions, Utilization Review and other Clinical Program staff at various Gosnold work sites (inpatient rehab and outpatient).

Resource Management Consultants – Salem, NH Jul '90-Jul '91
EAP services and account management to client business & industry, hospital & educational systems employees and their families. Delivered supervisory training to management staff, assessment and referral, develop Lunch n'Learn sessions for staff.

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Bedford Counseling Associates – Bedford, NH 2/90-9/91
Developed, marketed and delivered training programs for local community regarding addiction, family recovery, intervention & treatment. Provided outpatient therapy for individuals, families & groups affected by trauma & addiction.

Manchester High School West – Manchester, NH 8/87 -10/89
Implemented the first formal Student Assistance Program for a student body and faculty of 1850. Established and facilitated comprehensive support groups, program budget, developed and chaired SAP Advisory Board and marketed program to ensure viability and **expansion of program via Mayor and Aldermanic Committee to ALL High School AND Junior High Schools in the city of Manchester.** Initiated state-wide NH-SAP Providers Group, trained "Core Team" of faculty, delivered parent education program re: addiction and recovery. Developed all brochures & marketing materials for program. ***NOMINATED*** **for US Dept of Ed's "Drug Free Schools & Communities Program Award for top ten programs in the U.S.**

COMPCARE/Lake Shore Hospital – Manchester, NH 12/85-5/87
Clinical Leader of Multi-disciplinary Tx Team. Facilitated delivery of quality treatment services for patients and families, supervised Tx Team, provided substance use & mental health evaluations. Developed community education programs for families affected by addiction and trauma.

Digital Equipment Corporation – Nashua, NH & Concord, MA
March 1878 – December 1985
HR Department Personnel Services Administrator and promoted to Personnel Specialist with Corporate HR, EE Benefits Administration, Organizational Development and EE Relations.

PROFESSIONAL AFFILIATIONS:

NH Alcohol & Drug Abuse Counselors Association
National Association of Alcohol & Drug Abuse Counselors
NH Mental Health Counselors Association
Former staff member of NH Teen Institute
Former: Manchester Aldermanic Committee on Substance Abuse

LICENSING:

Licensed Clinical Mental Health Counselor-NH
Master Licensed Alcohol & Drug Abuse Counselor-NH
Certified Advanced Alcohol & Drug Abuse Couns-MA – CADCII

PROFESSIONAL REFERENCES: Will be furnished upon request.

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Ellen Constant

WORK EXPERIENCE

Human Resources Manager

Windham Group - Manchester, NH - January 2003 to September 2015

Responsibilities

•Hired to develop the Human Resources Department for Windham Group with locations throughout New England and down the east coast to Fl.

•Reported to the President of the company and was part of the Senior Leadership team to oversee the Human Resources and areas of the administration function.

•Accountable for maintaining compliance with Federal law and state laws for NH, ME, VT, MA, CT, RI, VA, PA, MD and FL.

•Responsible for all employee relation issues. Focused on training of the management team to avoid issues. Training included counseling for improved performance, appropriate documentation and reward and recognition.

•Responsible for developing, implementing and administrating all HR policies and procedures which included: recruiting, new hire orientation, performance management, compensation, termination, workers comp issues, safety committee, and backup for payroll

•Recruited for all positions in New England and country wide for Ergonomists and Nurses. Used various recruiting methods to get staff in all 50 states.

•Negotiated and managed medical, dental, vision, life and disability plans for employees. Held open enrollment meetings.

•Responsible for the 401k plan and year end reporting.

•Implemented new benefits which included: flexible spending accounts, paid time off plan, anniversary recognition benefit, employee newsletter, lunch & learns and monthly spotlights.

•Rolled out companywide performance management program with quarterly reviews.

•Training and development for all managers and supervisors on various topics that included: Employee Recognition, FMLA, Federal Discrimination Laws, Documenting Disciplinary Actions, FLSA and Sexual Harassment

•Oversaw Internship program – worked with local colleges and universities for successful placement and experience.

•Assisted in the management of profit centers by training department heads on budgets, profit statements, redirecting workloads and sharing of information between each other in order to maintain profitability and appropriate gross margin.

Accomplishments

Helped to grow the company and retain excellent employees. Employee retention was 5% or below annually
Implemented:
Performance management program to tie objectives to corporate goals.
Employee Engagement to connect employees to company and each other
New and better benefits to keep up with the competition
Training and development of new Supervisors and Managers

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Skills Used
Listening, Approachability, Training, Communication,Interpersonal skills
Technical skills as it relates to HR fundamentals and law

Human Resources Manager
Royal & Sun Alliance - Boston, MA - September 1986 to September 2002

Responsibilities
•Partnered with 15-20 Managers and Supervisors to provide Human Resource consultation and leadership in the New England and Boston locations.
•Assisted with all employee relation issues, recruiting, benefit plans, compensation management, training & development and retirement benefits for up to 200 employees.
•Rolled out a competency based performance management system and trained supervisors, managers and employees in both plan content and tying objectives to business strategy
•Actively participated with department heads in writing performance objectives and monitoring quality performance benchmarks.
•Led HR function during acquisition of Orion Capital in Massachusetts, New Hampshire, Vermont and Maine including change facilitation, plan mergers, staffing, downsizing and office closures.
•Successfully managed the local benefits plan administration including medical/dental, 401k, employee stock purchase plans, and coordination of annual open enrollments/new benefit presentations and rollouts.
•Trained supervisors and managers on employee relations, sexual harassment, performance management and diversity.
•Oversaw all non-exempt and exempt staff in the processing units. Staffs ranged from 10-16 employees.
•Managed the hiring, cross training and performance management for the processing units.
•Exceeded goals within the unit annually

Accomplishments
Consistently helped both offices meet the combined ratio goals for the year
Oversaw over 200 employees HR needs as the HR Generalist for both offices
Assisted with the acquisition of Orion Capital

Skills Used
Interpersonal skills, Change management, Performance management, Listening skills, Solid knowledge of HR

EDUCATION

Bachelors of Science in Management
Southern NH University - Manchester, NH

SKILLS

Employee relations (10+ years), Benefits (10+ years), Recruiting (10+ years), Compensation (9 years), Training (10+ years), strategic partner (10+ years), talent acquisition (10+ years), leadership (10+ years), on boarding (10+ years), change agent (10+ years)

CERTIFICATIONS

SPHR
January 2018

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SHRM

SHRM-SCP
January 2015 to January 2018

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CURRICULUM VITAE

Marilou B. Patalinjug Tyner, M.D., FAPA

Employment

2003 – 2010	Outpatient Psychiatry, HBHS dba Process Strategies 376 Kenmore Drive, Danville, WV 25053
2003 – 2008	Outpatient Psychiatry, HBHS dba Process Strategies 163 Main Street, Clay, WV 25043
2008 – 2009	Tele-psychiatry for Prestera Center, Clay County based at Prestera Center, 511 Morris Street, Charleston, WV 25301
2007 – 2009	Tele-psychiatry for PsyCare, Inc. for the Potomac Highland Regional Jail and Central Regional Jail, WV
2010 – 2011	Tele-psychiatry for Prestera Center, Boone County based at Process Strategies office
2010 – 2013	Medical Director, Assessment Unit (TPC Program), Highland Hospital 300 56th Street, Charleston, WV 25304
2007 – 2013	Psychiatry Consult for Cabin Creek Health Centers in Dawes, WV, Clendenin, WV and Sissonville, WV; Tele-psychiatry for all three sites since March 2010, based at Process Strategies office
2008 – 2013	Outpatient Psychiatry, Process Strategies 1418A MacCorkle Avenue, Charleston, WV 25303
2013 – Current	Chief Medical Officer, Highland-Clarksburg Hospital 3 Hospital Plaza, Clarksburg, WV 26301
2013 – Current	Forensic Psychiatry Unit, Highland-Clarksburg Hospital 3 Hospital Plaza, Clarksburg, WV 26301

Certification / Licensure

1987 - 1995	Physician Licensure, Philippines
2002 - 2003	Physician Licensure, State of Connecticut
2002 - 2004	Physician Limited Permit, New York
2003 - Current	Physician Licensure, West Virginia
2003 - Current	Diplomate in Psychiatry, American Board of Psychiatry and Neurology, Inc.
2005 - Current	Certification in Forensic Psychiatry American Board of Psychiatry and Neurology, Inc.
2013 - 2023	Maintenance of Certification in Psychiatry, American Board of Psychiatry and Neurology, Inc.
2015 – 2025	Maintenance of Certification in Forensic Psychiatry American Board of Psychiatry and Neurology, Inc.

Education

1983 B.S.	Psychology, University of the Philippines College of Arts and Sciences Quezon City, Philippines
1987 M.D.	University of the Philippines College of Medicine Manila, Philippines

Postdoctoral Training

1987 - 1988	Postgraduate Internship, Philippine General Hospital Manila, Philippines
1989 - 1991	Residency Training, Psychiatry Philippine General Hospital, Manila, Philippines
1991 - 1992	Chief Resident, Psychiatry Philippine General Hospital, Manila, Philippines
1998 - 2002	Residency Training, Psychiatry NYU School of Medicine, New York, NY 10016
2001 - 2002	Chief Resident, Psychiatry Outpatient Division Chief Resident (July-December 2001) Administrative Chief Resident (January-June 2002) NYU School of Medicine, New York, NY 10016
2002 - 2003	Fellowship Training, Forensic Psychiatry NYU School of Medicine, New York, NY 10016

Other Professional Positions

1993	Research Associate, Intercare Research Foundation, Inc. Metro Manila, Philippines
1993 - 1994	Research Assistant, Research Foundation for Mental Hygiene Research based at Kirby Forensic Psychiatric Center Wards' Island, NY 10035
1994 – 1998	Research Scientist, Nathan S. Kline Institute Research based at Kirby Forensic Psychiatric Center Wards' Island, NY 10035

Awards and Honors

1983	Cum Laude, BS Psychology, University of the Philippines
1983	Phi Kappa Phi Honor Society, University of the Philippines,
1983	Pi Gamma Mu Honor Society, University of the Philippines
1992	Ciba-Geigy Fellowship Grant in Administrative Psychiatry
2002	Aventis Women Leaders Fellowship, American Psychiatric Association Annual Meeting, Philadelphia

Membership in Professional Societies

2000 - 2010	Member, American Psychiatric Association
2010 – Current	Fellow, American Psychiatric Association
2002 - Current	Member, American Academy of Psychiatry and the Law
2002 - Current	Member, NYU-Bellevue Psychiatric Society
2008 - Current	Member, American Medical Association
2008 – Current	Member, West Virginia State Medical Association

Teaching Experience

1990 - 1992	Training of Trainers in Critical Incident Stress Debriefing National Program for Mental Health, Philippines
1992 - 1993	Lectures in Psychiatry for Physical Therapy Students, University of the Philippines College of Manila, Philippines
1994 - 1998	Instructor, Management of Crisis Situations for Forensics Kirby Forensic Psychiatric Center, Wards Island, New York
2001 - 2003	Clinical Instructor, New York University School of Medicine
2004 – current	Clinical Assistant Professor, West Virginia University, CAMC Department of Behavioral Medicine and Psychiatry, Charleston, WV
2015 – current	Clinical Assistant Professor, West Virginia University School of Medicine, Morgantown, WV

Research

1. Patalinjug, M.B. and Harmon R.B. (2003) Characteristics of Defendants Charged with Stalking: Preliminary Look at Referrals to the Forensics Psychiatry Clinic Three Years After the Passage of NY State Stalking Laws, Presented at the 56th Annual Meeting of the American Association of Forensic Sciences, February 20, 2004, Dallas, TX.
2. Convit, A., Wolf, O.T., de Leon, M.J., Patalinjug, M.B., Kandil, E., Caraos, C., Scherer, A., Saint Louis, L., Cancro, R. (2001). Volumetric Analysis of the Prefrontal regions: Findings in aging and schizophrenia. *Psychiatry Research: Neuroimaging Section*, 107: 61-73.
3. Hoptman, M.J., Yates, K.F., Patalinjug, M.B., Wack, R.C., and Convit, A. (1999). Clinical Prediction of Assaultive Behavior Among Male Psychiatric Patients at a Maximum-Security Forensic Facility. *Psychiatric Services*, 50: 1461-1466.
4. Patalinjug, M.B., Convit, A., Hoptman, M.J., Yates, K.F., Dunn, D., Otis, D. (1997) Staff Assaulters vs. Patient Assaulters in a Forensic Psychiatric Facility: Is there a Difference? Poster Presentation: Tenth Annual NY State Office of Mental Health Research Conference, Albany, NY.
5. Convit, A., McHugh, P., de Leon, M., Hoptman, M., Patalinjug, M. (1997) MRI Volume of the Amygdala: A New Reliable Method. Poster Presentation: Tenth Annual NY State Office of Mental Health Research Conference, Albany, NY.
6. Hoptman, M., Convit, A., Yates, K.F., Patalinjug, M.B. (1997) Violence and Slowing of the Anterior EEG: Relationships to Impulsivity. Poster Presentation: Tenth Annual NY State Office of Mental Health Research Conference, Albany, NY.
7. Bengzon, A.R.A., Jimenez A.L., Bengzon M.A., Esquejo D.P., Torres M.R., Sison-Aguilar M.A., Salazar M.C., Patalinjug M.B. (1994). Programs, Process, Politics, People: The Story of the Department of Health Under the Aquino Administration, 1986-1992. Submitted to the World Health Organization, Geneva, Switzerland.
8. Jimenez A.L., Torres M.R., Marte B.G., Patalinjug M.B., Guillergan M.L. (1992) The Establishment of a Mental Health Information System at the Philippine General Hospital Department of Psychiatry, Patient Services Section: A Preliminary Study. Paper read at the 18th Annual Convention of the Philippine Psychiatric Association, Manila, Philippines.

REFERENCES

1. Ted Thornton, M.D. (304) 552-6836 ted.thornton@yahoo.com
2. Toni Goodykoontz, M.D. (304) 669-0470 tgoodykoontz1@gmail.com
3. Fred Frazier III, APRN, PMHNP-BC (304) 669-9032 fredfrazier3@gmail.com

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Maureen Ryan

Qualifications Summary:

- Mission driven, results oriented leader with a strong track record of achieving goal oriented, cost effective quality outcomes
- 20 years progressive management experience in both the private and public sector
- Successful experience in project management, program design and implementation, strategic planning, and grant writing
- Excellent written and verbal communication skills and experienced in public speaking, delivering presentations and facilitating diverse groups

Professional Experience

New Hampshire Department of Health and Human Services **12/05 - present**

Senior Director, Office of Human Services **6/16-present**

- Responsible for providing strategic leadership, direction and administrative oversight for the Divisions of Family Assistance, Children, Youth, & Families, and Child Support Services; the Bureaus of Elderly & Adult Services, Homeless & Housing Services; and Community Based Military Programs; and the Office of Health Equity
- Oversees the administration and implementation of programs to ensure compliance with state and federal laws, regulations, and policies; programmatic efficiency and effectiveness; financial integrity and sustainability; and effective personnel and resource allocation
- Proactively identifies critical issues, actions, or decision-points impacting program administration and service delivery, such as policy change, legislative mandate, or resource need, and engages staff to fully assess the issues and impacts, proactively develop a well-supported strategic plan or response, and communicate and implement decisions timely
- Actively mentors and engages OHS senior management in supporting high quality, effective management practices by supporting skill development in motivating and leading staff, managing change, strategic planning, developing innovative solutions, effective program implementation, data-driven evaluation, and modeling and supporting a professional, accountable workforce

Administrator, Bureau of Homeless and Housing Services **8/07 – 6/16**

- Direct the coordination and administration of federal and state funding of statewide homeless service contracts
- Direct all bureau activities including contract monitoring, technical assistance, strategic planning, training and regional problem-solving activities
- Coordinate planning efforts for the development of community services and new initiatives
- Serve as agency representative relative to state homeless service programs, to local, state and federal agencies

Administrator, Bureau of Improvement and Integrity **3/06 – 8/07**

- Responsible for the overall management of the Continuous Improvement unit of the Bureau of Improvement and Integrity
- Direct all aspects of DHHS wide program Quality Assurance reviews including routine program evaluations, special investigations, work process analysis, and root cause analysis of specific programmatic issues
- Develop and direct projects related to Quality Improvement including facilitating interagency collaboration, system changes involving multiple divisions, organizational development issues and team building

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Program Planning and Review Specialist, Bureau of Improvement and Integrity **12/05 – 3/06**

- Overall management and administration of a Centers for Medicare and Medicaid Services (CMS) Real Choice Systems Change Grant
- Coordinated the start up of the department wide implementation of a comprehensive Quality Improvement effort
- Established and facilitated an ongoing, state wide stakeholder Quality Council, the goal of which is to improve communication between the state and community health service providers and elicit feedback on quality improvement initiatives

Consultant/Independent Contractor 2009-2014
NH region for Anthem EAP and Work Place Options, Raleigh, North Carolina

- Facilitate workshops and professional development seminars on various topics including employee relations, management, leadership development, and work life balance.

Employee Assistance Consultant, Resource Management Consultants 8/05 – 11/05
One Pillsbury St., Suite 300, Concord, NH 03301

- Provided telephone consultation, risk assessment, therapeutic intervention and facilitated referrals to various resources for individuals needing assistance with work/life issues

Director of Outreach, HEARTH 9/01-8/05
1640 Washington St., Boston, MA 02118

- Directed and supervised Outreach Department program staff in the coordination of case management, housing search, and housing stabilization services
- Developed and managed the agency's representative payee program, ensuring compliance with federal regulations and ensuring quality of service in managing clients' finances
- Developed and maintained collaborative relationships within the community including local businesses, healthcare providers, local and state government entities, and human service agencies
- Provided weekly clinical and administrative supervision to case managers, representative payee staff, and program interns
- Developed and coordinated the agency's Critical Incident Debriefing Team

Program Director, The Lynn Emergency Shelter 12/00- 8/01
Lynn Shelter Association, 100 Willow St., Lynn, MA 01901

- Responsible for the overall management of a homeless shelter, serving up to 80 homeless adults nightly, ensuring quality and consistency of service delivery
- Managed the shelter's operating budget and performed analysis/strategic planning
- Developed and implemented a structured day program, the goal of which was to offer tools to expand skills and enhance the capabilities of shelter guests
- Developed and implemented a comprehensive case management program and provided training and clinical supervision to case managers

Program Coordinator, Common Ground Women's Transitional Housing Program 2/97 – 12/00
Shelter Inc., 109 School St., Cambridge, MA 02139

- Responsible for the overall management of a HUD funded transitional housing program, and providing counseling and case management to program residents
- Developed and facilitated various workshops and groups for program residents
- Developed and facilitated training programs for shelter staff and interns

Education

Lesley University, Cambridge, MA Master of Arts in Psychology 1997

St. Bonaventure University, New York Bachelor of Arts 1992
Major: Psychology Minor: Mass Communications

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PATRICK M. ULMEN

October 10, 1997

Objective:

Industrious and dependable Masters graduate, with educational and experiential focus principally in research, psychology, case management and business administration, seeking management related growth opportunities with marketing research focus. In both educational and work experience, has demonstrated skills to work well with others, apply knowledge, make innovative contributions, manage complex problems and situations, and perform at a level exceeding expectations and demands.

Work Experience:

8/1992 - current

CLM Behavioral Health Systems, Windham Inn

P.O. Box 1027, Windham, N.H. 03087 (603) 434-9937

Psychiatric Case Manager. Duties include advocacy, development of rehabilitation goals, coordination of treatment, identification and acquisition of resources, counseling and ongoing support. Skills growth and accomplishments resulted in assignment of and success with exceptionally complex cases. Proposed, initiated, and continued development of alternative treatment planning and tracking mechanism ongoing since instated December 1995.

Information Analyst. Employing computer and research skills to identify, collect, analyze and review information relevant to planning, delivery, and monitoring of consumer support services and associated client outcomes to management staff and Regional Planning Committee.

Management Information Systems Assistant. Assisting in design, development, integration, refinement, maintenance, and expansion of automated community support services networking system.

1/1992 - 1/1995

Hesser College

3 Sundial Ave, Manchester, N.H. 03103 (603) 668-6660

Instructor. Courses taught: Introduction to Psychology, Individual and Group Counseling Techniques, and Contemporary Social Problems. Based on established teaching skills and reputation, actively sought by students seeking challenge and scholarship.

7/1991 - 8/1992 & 6/1986 - 6/1989

Chick Beaulieu Inc.

5 & 1/2 Gaffney St, Nashua N.H. 03060 (603) 883-5822

Office Manager, On-site Supervisor and Construction Worker. Duties included maintaining company journals, managing all business financial transactions, customer and employee relations, job costing, and reorganization of information flow, operations and records, delivery and coordination of service on site.

3/1991 - 6/1991

ECPI of Tidewater VA Inc.

5555 Greenwich, Suite 100, Virginia Beach, VA. 23462-6513 (804) 671-7171

Instructor. Taught Applied Psychology.

Recent Presentations:

8/8/1997 Development and Implementation of an Integrated Clinical Information Management System Within Community Support Services. Institute on Mental Health Management Information. Albany, NY.

6/16/1997 Practical Application of MHSIP Outcome Measures within Community Support Services. New Hampshire Community Mental Health Services Conference. Manchester, NH.

Education:

6/1989 - 7/1991 Old Dominion University, Norfolk, VA. Master of Science, Psychology.

1982 - 1987 Keene State College, Keene, NH. B.S. Business Management, B.A. Psychology.

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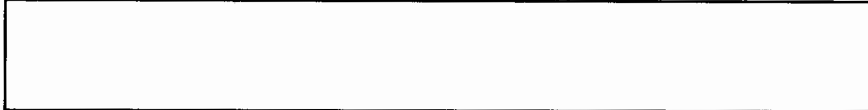
PATRICK M. ULMEN



MANAGEMENT INFORMATION SYSTEMS PROJECT MANAGER
INFORMATION ANALYST
PSYCHIATRIC CASE MANAGER

CAREER SUMMARY

Educational and experiential focus in development and integration of information systems, research, psychology, case management, education and business administration. Established reputation for working well with others, applying knowledge, making innovative contributions, managing complex problems and situations while performing at a level exceeding expectations and demands.

PRESENT POSITION

Development and management of web based information system between two regional community mental health centers. Management of local network, hardware and software system at a state funded regional Mental Health Center. Monitoring staff needs, recommending, and when indicated implementing appropriate changes. Educating staff towards more efficient and effective use of existing systems. Development and/or implementation of reporting tools. Analysis of existing data to generate information which meets the needs of staff, the agency, community and state representatives. Presentations at State and Northeastern conferences on developing and employing an information management system to improve psychiatric care. Collaborative work with a software development firm specializing in employing leading edge technology to develop state of the art, web based, information management systems.
Case management duties include advocacy, development of rehabilitation goals, coordination of treatment, identification and acquisition of resources, counseling and ongoing support for approximately 25 consumers of mental health services.

RECENT PRESENTATIONS

March, 1998 An Integrated Clinical Information Management System, Annual Conference for The Association of Community Living. Albany, NY.
August, 1997 Development and Implementation of an Integrated Clinical Information Management System Within Community Support Services, Institute on Mental Health Management Information. Albany, NY.
June, 1997 Practical Application of MHSIP Outcome Measures Within Community Support Services, New Hampshire Community Mental Health Service Conference. Manchester, NH.

EARLIER EXPERIENCE

College instructor of psychology, counseling and social science for 5 years. Based on established teaching skills and reputation actively sought by students seeking challenge and scholarship.
Office manager at a home improvement company. Duties included maintaining company journals, job costing, managing business financial transactions, customer and employee relations, and reorganizing information flow, office operations and records.

EDUCATION

Old Dominion University, Norfolk, VA. Master of Science, Psychology.
Keene State College, Keene, NH. BS Business Management, BA Psychology.

GREATER NASHUA MENTAL HEALTH

Key Personnel

Name	**Job Title**	**Salary**	**% Paid from this Contract**	**Amount Paid from this Contract**
Cynthia Whitaker, PsyD	President and CEO	$160,500	0.00%	$0.00
Donna Lennon	Vice President of Clinical Operations	$115,000	0.00%	$0.00
Marilou Patalinjug Tyner, MD	Chief Medical Officer	$270,000	0.00%	$0.00
Bettejean Neveux, CMA	Chief Financial Officer	$120,000	0.00%	$0.00
Maureen Ryan	Director, Quality & Compliance	$98,621	0.00%	$0.00
Ellen Constant	Director of Human Resources	$93,370	0.00%	$0.00
Chris Purington	Director of Development & Community Relations	$85,000	0.00%	$0.00
Patrick Ulmen	Chief Information Officer	$54,735	0.00%	$0.00

State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Mental Health Center contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Mental Health Center of Greater Manchester ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017, (Late Item A), as amended on June 19, 2019, (Item #29), 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, 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, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $10,767,012.

3. Modify Exhibit A, Amendment #1, Scope of Services by replacing in its entirety with Exhibit A Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
5. Add Exhibit K, Amendment #2, DHHS Information Security Requirements, 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

DocuSigned by:
Katja Fox
FD9D05B04C63442

6/10/2021

Date

Name: Katja Fox
Title: Director

The Mental Health Center of Greater Manchester

DocuSigned by:
William Rider
BC08F61E7C534CE...

6/10/2021

Date

Name: William Rider
Title: President/CEO

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

OFFICE OF THE ATTORNEY GENERAL

6/11/2021

Date

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:

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 shall operate a Community Mental Health Center (CMHC) that provides services intended to promote recovery from mental illness for eligible residents in the State of New Hampshire (individuals) for Region 7. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.

1.4. Prior to termination of this contract the parties will agree on a plan for transition and destruction of confidential data in accordance with Exhibit K.

1.5. The Contractor shall provide individualized, recovery based services and supports in the manner that best allows each individual to stay in their home and within the community providing current treatment and recovery options that are based on scientific research and evidence based practices (EBP).

1.6. The Contractor acknowledges the requirements of the Community Mental Health Agreement (CMHA) and shall demonstrate progress toward meeting the following terms in the CMHA: 1.) Assertive Community Treatment Teams; 2.) Evidence-Based Supported Employment; and 3.) Transition planning for individuals at New Hampshire Hospital and Glencliff Home and 4.) Supported Housing. Further, the Contractor shall participate in annual Quality Service Reviews (QSR) conducted under the terms of the CMHA.

1.7. The Contractor shall enter into a capitation model of contracting with all NH Managed Care Organizations to support the delivery and coordination of behavioral health services and supports for children, youth, transition-aged youth, young adults, and adults.

1.8. The Contractor shall support the integration of physical and behavioral health as a standard of practice; implementing the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Levels of Collaboration/Integration to the maximum extent feasible.

1.9. The Contractor shall ensure that clinical standards and operating procedures are consistent with trauma-informed models of care, as defined by SAMHSA.

The clinical standards and operating procedures must reflect a focus on wellness, recovery, and resiliency.

1.10. The Contractor shall engage in ongoing implementation, service improvements, and expansion efforts associated with New Hampshire's 10 Year Mental Health Plan.

1.11. For the purposes of this agreement, all references to days shall mean calendar days unless otherwise specified.

1.12. The Contractor shall provide individuals, caregivers and youth the opportunity for feedback and leadership within the agency to help improve services in a person-centered manner when applicable and appropriate.

1.13. The Contractor shall ensure rapid access to services is available to each individual by offering an appointment slot on the same or next calendar day of the initial contact.

2. System of Care for Children's Mental Health

2.1. The Contractor shall collaborate with the Department on the implementation of NH RSA 135-F, System of Care for Children's Mental Health.

2.2. The Contractor shall provide services for children, youth, and young adults with serious emotional disturbance (SED) in a manner that aligns with NH RSA 135-F. The Contractor shall ensure services are:

2.2.1. Family Driven - services and supports are provided in a manner that best meets the needs of the family and the family goals;

2.2.2. Youth Driven - services and supports are provided in a manner that best meets the needs of the child, youth or young adult and that supports their goals;

2.2.3. Community Based - services and supports are provided in a manner that best allow children, youth, and young adults to stay within their home and community; and

2.2.4. Cultural and Linguistic Competent - Services are provided in a manner that honors a child, youth, or young adult and their family-identified culture, beliefs, ethnicity, preferred language, gender and gender identity and sexual orientation.

2.3. The Contractor shall collaborate with the FAST Forward program, ensuring services are available for all children and youth enrolled in the program.

2.4. The Contractor shall make referrals to the FAST Forward program for any child, youth, or young adult that may be eligible.

3. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

3.1. The Contractor shall maintain appropriate levels of certification through a contract with the Judge Baker Center for Children.

3.2. The Contractor shall ensure new and incoming staff work towards meeting a goal of 70% of their children and youth client's needs with the evidence-based practice of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC).

3.3. The Contractor shall maintain a use of the Judge Baker's Center for Children (JBCC) TRAC system to support each case with MATCH-ADTC as the identified treatment modality.

3.4. The Contractor shall invoice BCBH through green sheets for

3.4.1. The costs for both the certification of incoming therapists and the recertification of existing clinical staff, not to exceed the budgeted amount

3.4.2. The full of the annual fees paid to the JBCC for the use of their TRAC system to support MATCH-ADTC.

4. Renew Sustainability (Rehabilitation for Empowerment, Education, and Work)

4.1. The Contractor shall provide the Rehabilitation for Empowerment, Education and Work (RENEW) intervention with fidelity to transition-aged youth who qualify for state-supported community mental health services, in accordance with the University of New Hampshire (UNH) -Institute On Disability (IOD) model.

4.2. The Contractor shall obtain support and coaching from the IOD at UNH to improve the competencies of implementation team members and agency coaches.

5. Division for Children, Youth and Families (DCYF)

5.1. The Contractor shall provide mental health consultation to staff at Division for Children, Youth and Families (DCYF) District Offices related to mental health assessments and/or ongoing treatment for children served by DCYF.

5.2. The Contractor shall provide Foster Care Mental Health Assessments for children and youth younger than eighteen (18) years of age who are entering foster care for the first time.

6. Crisis Services

6.1. If the Contractor has, or enters into, an agreement with a hospital to provide crisis services to individuals who are eligible, or presumed eligible in the emergency department, for Medicaid services, the Contractor may bill Medicaid according to fee schedules or MCO contracts for services rendered.

6.2. The Contractor shall document crisis services delivered in the emergency department setting as part of its Phoenix Submissions, in a format, and with

content, completeness, and timelines specified by the Department, ensuring documented information includes screenings performed, diagnosis codes, and referrals made.

6.3. The Contractor shall provide documentation of each collaborative relationship with acute care hospitals in its region, at the request of the Department.

6.4. The Contractor shall provide emergency services as defined in NH Administrative Rule He-M 403.06 (a)(6) and NH Administrative Rule He-M 426.09.

6.5. As part of the crisis resolution, the Contractor shall screen each individual for Assertive Community Treatment (ACT). If clinically appropriate, the Contractor shall:

6.5.1. Refer the individual for an expedited ACT assessment and/or intake and treatment upon discharge; or

6.5.2. Inform the appropriate regional CMHC in order to expedite the ACT assessment and/or intake and treatment upon discharge from emergency department or inpatient psychiatric or medical care setting, if the individual resides in a region other than the region in which the individual is receiving crisis services.

6.6. The Contractor shall not refer an individual for hospitalization at New Hampshire Hospital (NHH) unless the Contractor has determined that NHH is the least restrictive setting in which the individual's immediate psychiatric treatment needs can be met. The Contractor shall:

6.6.1. Make all reasonable efforts to ensure no other clinically appropriate bed is available at any other NH inpatient psychiatric unit, Designated Receiving Facility (DRF), Adult Psychiatric Residential Treatment Program (APRTP), Mobile Crisis apartments, or other step-up/step-down beds prior to referring an individual to NHH,

6.6.2. Work collaboratively with the Department and contracted Managed Care Organizations for the implementation of the Zero Suicide within emergency departments.

6.7. The Contractor shall provide services to individuals experiencing a psychiatric and/or substance use related crisis through a rapid response team that includes, but is not limited to:

6.7.1. One (1) Master's level clinician.

6.7.2. One (1) peer support specialist.

6.7.3. One (1) on-call psychiatrist.

6.7.4. Access to telehealth, including tele-psychiatry, for additional capacity, as needed.

6.8. The Contractor shall ensure all staff have the necessary qualifications as defined under New Hampshire Administrative Rule He-M 400, Community Mental Health, Parts 403 and 426.

6.9. The Contractor shall develop an implementation and/or transition plan with a timeline for transforming crisis services for Department approval no later than 30 days from the contract effective date. The Contractor shall ensure the implementation and/or transition plan includes, but is not limited to:

6.9.1. The plan to educate current community partners and individuals on the use of the Access Point Number.

6.9.2. Staffing adjustments needed in order to meet the full crisis response scope and titrated up to meet the 24/7 nature of this crisis response.

6.9.3. The plan to meet each performance measure over time.

6.9.4. How data will be sent to the Access Point if calls are received directly at the center and are addressed by the center during the transition period.

6.10. The Contractor shall work in tandem with the designated vendor providing services through the Rapid Response Access Point contract as approved by the Governor and Executive Council.

6.11. The Contractor shall enter into a Memorandum of Understanding within 30 days of contract effective date with the Rapid Response Access Point, which provides the Regional Response Teams information regarding the nature of the crisis through verbal and/or electronic communication including but not limited to:

6.11.1. The location of the crisis.

6.11.2. The safety plan either developed over the phone or on record from prior contact(s).

6.11.3. Any accommodations needed.

6.11.4. Treatment history of the individual, if known.

6.12. The Contractor shall promote the use of the telephone number for the Rapid Response Access Point as the primary contact for crisis services, which utilizes Global Positioning System (GPS) enabled technology to identify the closest and available Regional Response Team.

6.13. The Contractor shall ensure all rapid response team members participate in a crisis response training, as designated by the Department, which follows the concepts and topics identified in the National Guidelines for Crisis Care Best Practice Toolkit published by the Substance Abuse and Mental health Services Administration (SAMHSA).

6.14. The Contractor shall provide the physical address of the physical location to the Rapid Response Access Point where the rapid response team may provide office-based urgent assessments.

6.15. The Contractor shall ensure a rapid response team is available twenty-four (24) hours per day, seven (7) days a week for deployment within their region and boarder regions, as directed by the Rapid Response Access Point.

6.16. The Contractor shall ensure the rapid response team is trained and available to provide crisis response services to avoid unnecessary hospitalization, incarceration or institutionalization. The Contractor shall ensure services include but are not limited to:

6.16.1. Face-to-face assessments.

6.16.2. Disposition and decision making.

6.16.3. Initial care and safety planning.

6.16.4. Post crisis and stabilization services. .

6.17. The Contractor may utilize presumptive eligibility when responding to individuals who are not connected to a CMHC or who may be considered low utilizers.

6.18. The Contractor shall ensure the rapid response team responds to all dispatches either face-to-face in the community within one (1) hour of the request ensuring:

6.18.1. The response team includes a minimum of two (2) individuals for safety purposes, which includes a Master's level staff and a peer support specialist if occurring at locations based on individual and family choice that include but are not limited to:

6.18.1.1. In or at the individual's home.

6.18.1.2. In an individual's school setting.

6.18.1.3. Other natural environments of residence includingfoster homes.

6.18.1.4. Community settings.

6.18.1.5. Peer run agencies

6.18.2. The response team includes a minimum of one (1) Master's level team member if occurring at safe, staffed sites or public service locations which may include, but are not limited to:

6.18.2.1. Schools.

6.18.2.2. Jails.

6.18.2.3. Police departments.

6.18.2.4. Emergency departments.

6.18.3. A no-refusal policy upon triage and all requests for mobile response receive a response and assessment regardless of the individual's disposition, which may include current substance use.

6.18.4. Documented clinical rationale with administrative support when a mobile intervention is not provided.

6.18.5. Coordination with law enforcement personnel, if required, when responding to individuals in a mental health crisis presenting a safety concern or when active rescue is required. The Contractor shall:

6.18.5.1. Work in partnership with the Rapid Response Access Point and Department to establish protocols to ensure a bi-directional partnership with law enforcement.

6.18.6. A face-to-face lethality assessment as needed that includes, but is not limited to:

6.18.6.1. Obtaining a client's mental health history including, but not limited to:

6.18.6.1.1. Psychiatric, including recent inpatient hospitalizations and current treatment providers.

6.18.6.1.2. Substance misuse.

6.18.6.1.3. Social, familial and legal factors.

6.18.6.2. Understanding the client's presenting symptoms and onset of crisis.

6.18.6.3. Obtaining medication list, adherence to prescribed medications and brief medical history.

6.18.6.4. Conducting a mental status exam.

6.18.7. Developing a mutually agreed upon individualized safety plan and care disposition and decision making, with the client, which may include, but is not limited to:

6.18.7.1. Staying in place with:

6.18.7.1.1. Stabilization services;

6.18.7.1.2. A safety plan; and

6.18.7.1.3. Outpatient providers.

6.18.7.2. Stepping up to crisis stabilization services or apartments.

6.18.7.3. Admission to peer respite.

6.18.7.4. Voluntary hospitalization.

6.18.7.5. Initiation of Involuntary Emergency Admission (IEA).

6.18.7.6. Medical hospitalization.

6.19. The Contractor shall provide Crisis Stabilization Services, which are services and supports that are provided until the crisis episode subsides. The Contractor shall ensure:

6.19.1. Crisis Stabilization Services are delivered by the rapid response team for individuals who are in active treatment prior to the crisis in order to assist with stabilizing the individual and family as rapidly as possible.

6.19.2. Are provided in the individual and family home, as desired by the individual.

6.19.3. Stabilization services are implemented using methods that include, but are not limited to:

6.19.3.1. Involving peer support specialist(s) and/or Bachelor level crisis staff by providing follow up contact within forty-eight (48) hours post-crisis for all face-to-face interventions, which may include, but are not limited to:

6.19.3.1.1. Promoting recovery.

6.19.3.1.2. Building upon life, social and other skills.

6.19.3.1.3. Offering support.

6.19.3.1.4. Facilitating referrals.

6.19.3.2. Providing warm hand offs for post-crisis support services, including connecting back to existing treatment providers and/or providing a referral for additional peer support specialist contacts.

6.19.3.3. Providing crisis stabilization services with a Master's level clinician through short-term, trauma informed approaches, which may include, but are not limited to:

6.19.3.3.1. Cognitive Behavior Therapy (CBT).

6.19.3.3.2. Dialectical Behavior Therapy (DBT).

6.19.3.3.3. Solution-focused therapy.

6.19.3.3.4. Developing concrete discharge plans.

6.19.3.3.5. Providing substance use disorder assessment and counseling techniques for dually diagnosed individuals.

6.19.4. Crisis stabilization in a Residential Treatment facility for children and youth are provided by a Department certified and approved Residential Treatment Provider.

6.20. The Contractor may provide Sub-Acute Care services for up to 30 days to individuals who are not connected to any treatment provider prior to contact with the regional rapid response team or Regional Response Access Point in order assist individuals with bridging the gap between the crisis event and ongoing treatment services. The Contractor shall:

6.20.1. Ensure sub-acute care services are provided by the CMHC region in which the individual is expected to receive long-term treatment.

6.20.2. Work with the Rapid Response Access Point to conduct educational and outreach activities within the local community and to institutional stakeholders in order to promote appropriate referrals to, and the utilization of, rapid response team resources.

6.20.3. Work with the Rapid Response Access Point to ensure the community is aware of, and is able to, access rapid response mobile crisis services and supports through the outreach and educational plan of the Rapid Response Access Point outreach and educational plan, which includes but is not limited to:

6.20.3.1. A website that prominently features the Rapid Response Access Point phone number and links with information about Rapid Response and connectivity to the Rapid Response Access Point.

6.20.3.2. All newly printed appointment cards that include the Rapid Response Access point crisis telephone number as a prominent feature.

6.20.3.3. Direct communications with partners to the Rapid Response Access Point for crisis services and deployment.

6.20.4. Work with the Rapid Response Access Point to change existing patterns of hospital emergency departments (ED) for crisis response in the region and collaborate by:

6.20.4.1. Meeting regularly with local police and first responders to discuss interface, procedures, and collaborations to understand challenges and improve outcomes for individuals in the community;

6.20.4.2. Educating partners, clients and families on all diversionary services available, by encouraging early intervention;

6.20.4.3. Maintaining and developing relationships with local hospitals and work together to promote the use of the Rapid Response Access Point number and rapid response services, in order to reduce ED use;

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6.20.4.4. Coordinating with homeless outreach services; and

6.20.4.5. Conducting outreach to at-risk seniors programming.

6.21. The Contractor shall ensure that within ninety (90) days of the contract effective date:

6.21.1. Connection with the Rapid Response Access Point and the identified GPS system that enables transmission of information needed to:

6.21.1.1. Determine availability of the Regional Rapid Response Teams;

6.21.1.2. Facilitate response of dispatched teams; and

6.21.1.3. Resolve the crisis intervention.

6.21.2. Connection to the designated resource tracking system.

6.21.3. A bi-directional referral system is in place with electronic scheduling to support information sharing that facilitates closed loop referrals and transmission of clinical triage summaries, safety plans and shared care plans with community providers.

6.22. The Contractor shall submit reports relative to the rapid response services provided in this agreement. The Contractor shall:

6.22.1. Document all contacts in the medical record for both State eligible and non-eligible individuals who receive regional rapid response team services.

6.22.2. Provide monthly reports by the fifteenth (15th) day of each month, on a template provided by the Department which includes, but is not limited to:

6.22.2.1. Number of unique individuals who received services.

6.22.2.2. Date and time of mobile arrival.

6.22.3. Submit information through the Department's Phoenix System beginning no later than six (6) months from the contract effective date, unless otherwise instructed on a temporary basis by the Department:

6.22.3.1. Diversions from hospitalizations;

6.22.3.2. Diversions from Emergency Rooms;

6.22.3.3. Services provided;

6.22.3.4. Location where services were provided;

6.22.3.5. Length of time service or services provided;

6.22.3.6. Whether law enforcement was involved for safety reasons;

6.22.3.7. Whether law enforcement was involved for other reasons;

6.22.3.8. Identification of follow up with the individual by a member of the Contractor's regional rapid response team within 48 hours post face-to-face intervention;

6.22.3.9. Indication that referral for ongoing mental health services following the immediate crisis was provided; and

6.22.3.10. Outcome of service provided, which may include but is not limited to:

6.22.3.10.1. Remained in home.

6.22.3.10.2. Hospitalization.

6.22.3.10.3. Crisis stabilization services.

6.22.3.10.4. Crisis apartment.

6.22.3.10.5. Emergency department.

6.23. The Contractor's performance will be monitored by ensuring Contractor performance by ensuring seventy (70%) of clients receive a post-crisis follow up from a member of the Contractor's regional rapid response team within forty-eight (48) hours of a face-to- face intervention, as identified through Phoenix encounter data.

6.24. The Contractor shall provide four (4) Community Crisis Beds in an apartment setting, which serve as an alternative to hospitalization and/or institutionalization. The Contractor shall ensure:

6.24.1. Admissions to an apartment for Community Crises Beds are for providing brief psychiatric intervention in a community based environment structured to maximize stabilization and crisis reduction while minimizing the need for inpatient hospitalization.

6.24.2. Community Crisis Beds in an apartment:

6.24.2.1. Include no more than two (2) bedrooms per crisis apartment, which:

6.24.2.2. Are operated with sufficient clinical support and oversight, and peer staffing, as is reasonably necessary to prevent unnecessary institutionalization.

6.24.2.3. Have peer staff and clinical staff available to be onsite, 24 hours per day, seven days per week, whenever necessary, to meet individualized needs.

6.24.2.4. Are available to individuals 18 years and older on a voluntary basis and allow individuals to come and go from the apartment as needed to maintain involvement in and connection to school, work, and other recovery-oriented

commitments and/or activities as appropriate to the individual's crisis treatment plan.

6.24.2.5. Are certified under New Hampshire Administrative Rule He-M 1000, Housing, Part 1002, Certification Standards for Behavioral Health Community Residences, and include:

6.24.2.5.1. At least one (1) bathroom with a sink, toilet, and a bathtub or shower;

6.24.2.5.2. Specific sleeping area designated for each individual;

6.24.2.5.3. Common areas shall not be used as bedrooms.

6.24.2.5.4. Storage space for each individual's clothing and personal possessions;

6.24.2.5.5. Accommodations for the nutritional needs of the individual; and.

6.24.2.5.6. At least one (1) telephone for incoming and outgoing calls.

6.24.3. Crisis intervention, stabilization services, and discharge planning services are provided by the members of the regional rapid response team as clinically appropriate.

6.24.4. Ongoing safety assessments are conducted no less than daily.

6.24.5. Assistance with determining individual coping strengths in order to develop a crisis treatment recovery plan for the duration of the stay and a post-stabilization plan.

6.24.6. Coordination and provision of referrals for necessary psychiatric services, social services, substance use services and medical aftercare services.

6.24.7. An individual's stay at a crisis apartment is for no more than seven consecutive (7) days, unless otherwise approved in writing by the Department;

6.24.8. Transportation for individuals is provided from the site of the crisis to the apartment to their home or other residential setting after stabilization has occurred.

6.24.9. Any staff member providing transportation has:

6.24.9.1. A valid driver's license.

6.24.9.2. A State inspected vehicle.

6.24.9.3. Proof of vehicle insurance.

6.24.10. Provision of a list of discharge criteria from the crisis apartments and related policies and procedures regarding the apartment beds to the Department within thirty (30) days of the contract effective date for Department approval.

6.24.11. Peer Support Specialists engage individuals through methods including, but not limited to Intentional Peer Support (IPS).

6.24.12. Reports are submitted to the Department for Crisis Apartments in the format and frequency determined by the Department that includes but is not limited to:

6.24.12.1. Admission and Discharge Dates

6.24.12.2. Discharge disposition (community or higher level of care)

6.24.12.3. Number of referrals refused for admission.

7. Adult Assertive Community Treatment (ACT) Teams

7.1. The Contractor shall maintain two (2) Adult ACT Teams both of which meet the SAMHSA Model and are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00am. The Contractor shall ensure:

7.1.1. Each Adult ACT Team delivers comprehensive, individualized, and flexible services, supports, targeted case management, treatment, and rehabilitation in a timely manner as needed, onsite in the individuals' homes and in other natural environments and community settings, or alternatively, via telephone where appropriate to meet the needs of the individual.

7.1.2. Each Adult ACT Team is composed of at least ten (10) dedicated professionals who make-up a multi-disciplinary team including, a psychiatrist, a nurse, a Masters-level clinician, or functional equivalent therapist, functional support worker and a full time equivalent certified peer specialist.

7.1.3. Each Adult ACT Team includes an individual trained to provide substance misuse support services including competency in providing co-occurring groups and individual sessions, and supported employment.

7.1.4. Caseloads for Adult ACT Teams serve no more than twelve (12) individuals per Adult ACT Team member, excluding the psychiatrist who has no more than seventy (70) people served per 0.5 FTE psychiatrist, unless otherwise approved by the Department.

7.2. The Contractor shall ensure ACT staff, with the exception of psychiatrist and nurse, receive:

7.2.1. A minimum of 15 hours in basic ACT training within one (1) year of hire date that is consistent with the ACT EBP SAMHSA toolkit approved by BMHS.

7.2.2. A minimum of 4 hours of advanced ACT training of co-occurring disorders within fifteen (15) months of hire date that is consistent with the ACT EBP SAMSHA toolkit and Integrated Dual Disorder Model approved by BMHS.

7.3. The Contractor shall ensure Adult ACT Teams do not have waitlists for screening purposes and/or admission to the ACT Team. The Contractor shall ensure:

7.3.1. Individuals do not wait longer than 30 days for either assessment or placement.

7.3.2. Work with the Department at identifying solutions and appropriate levels of care for any individual waiting for Adult ACT Team services for more than 30 days in order to meet the demand for services and implement the solutions within forty-five (45) days.

7.3.3. Individuals receiving services from Adult ACT Team members, if psychiatrically hospitalized, are offered a same day or next day appointment with any Adult ACT Team member upon date of discharge.

7.4. The Contractor shall report its level of compliance with the above listed requirements on a monthly basis at the staff level in the format, and with content, completeness, and timeliness as specified by the Department as part of the Phoenix submissions, which are due no later than the 15th of the month. The Department may waive this provision in whole or in part in lieu of an alternative reporting protocol, being provided under an agreement with Department contracted Medicaid Managed Care Organizations. The Contractor shall:

7.4.1. Ensure services provided by the Adult ACT Team are identified in the Phoenix submissions as part of the ACT cost center.

7.4.2. Screen for ACTper Administrative Rule He-M 426.08, Psychotherapeutic Services.

7.4.3. Report all ACT screenings with the outcome of the screening to indicate whether the individual is appropriate for ACT, as part of the Phoenix submissions, or in the format, content, completeness, and timelines as specified by the Department.

7.4.4. Make a referral for an ACT assessment within (7) days of:

7.4.4.1. A screening outcome that an individual may be appropriate to receive ACT services.

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7.4.4.2. An individual being referred for an ACT assessment, ensuring the assessment is completed within seven (7) days.

7.4.5. Report the outcome of ACT assessments to the Department as part of the Phoenix submissions, in the format, content, completeness, and timelines as specified by the Department.

7.4.6. Ensure, fall individuals assessed as appropriate for ACT services are admitted to the ACT team caseload and begin receiving ACT services within seven (7) days, with the exception of individuals who decline such services, or are not available to receive such services for reasons that may include, but are not limited to:

7.4.6.1. Extended hospitalization or incarceration.

7.4.6.2. Relocation of individuals out of the Contractor's designated community mental health region.

7.4.7. Ensure, in the event that admitting the individual to the ACT Team caseload causes the ACT Team to exceed the caseload size limitations specified above, consultation with the Department to seek approval:

7.4.7.1. To exceed caseload size requirements, or

7.4.7.2. To provide alternative services to the individual until the individual can be admitted to the ACT caseload.

8. Evidence-Based Supported Employment (EBSE)

8.1. The Contractor shall gather employment status for all adults with Severe Mental Illness(SMI)/Severe Persistent Mental Illness (SPMI) at intake and every quarter thereafter.

8.2. The Contractor shall report the employment status for all adults with SMI/SMPI to the Department in the format, content, completeness, and timelines specified by the Department, ensuring individuals indicating a need for EBSE, receive services.

8.3. The Contractor shall provide a referral for all individuals who express an interest in receiving Evidence-Based Supported Employment (EBSE) services to the Supported Employment (SE) team within seven (7) days.

8.4. The Contractor shall deemed the individual as waiting for SE services if the SE team cannot accommodate enrollment of SE services at which the individual will be added to the waitlist, which is reported to the Department, as specified by the Department.

8.5. The Contractor shall provide EBSE to eligible individuals in accordance with the SAMHSA and/or Dartmouth model.

8.6. The Contractor shall ensure EBSE services include, but are not limited to:

8.6.1. Job development.

8.6.2. Work incentive counseling.

8.6.3. Rapid job search.

8.6.4. Follow along supports for employed individuals.

8.6.5. Engagement with mental health treatment teams and local NH Vocational Rehabilitation services.

8.7. The Contractor shall ensure EBSE services do not have waitlists, ensuring individuals do not wait longer than 30 days for EBSE services. If waitlists are identified, Contractor shall:

8.7.1. Work with the Department to identify solutions to meet the demand for services; and

8.7.2. Implement such solutions within 45 days.

8.8. The Contractor shall maintain the penetration rate of individuals receiving EBSE at a minimum of 18.6 percent (18.6%) as per the CMHA agreement.

8.9. The Contractor shall ensure SE staff receive:

8.9.1. A minimum of 15 hours in basic training within one year of hire date as approved by the IPS Employment Center and approved by BMHS.

8.9.2. A minimum of 7 hours of advanced SE Job Development Training within 15 months of hire as approved by the IPS-SE Employment Center and BMHS.

9. Work Incentives Counselor Capacity Building

9.1. The Contractor shall employ a minimum of one FTE equivalent Work Incentive Counselor located onsite at the CMHC for a minimum of one (1) state fiscal year.

9.2. The Contractor shall ensure services provided by the Work Incentive Counselor include, but are not limited to:

9.2.1. Connecting individuals and applying for Vocational Rehabilitation services, ensuring a smooth referral transition.

9.2.2. Engaging individuals in supported employment (SE) and/or increased employment by providing work incentives counseling and planning.

9.2.3. Providing accurate and timely work incentives counseling for beneficiaries with mental illness who are pursuing SE and self-sufficiency.

9.3. The Contractor shall develop a comprehensive plans for individuals that include visualization of the impact of two or three different levels of income on existing benefits and what specific work incentive options individuals might use to:

9.3.1. Increase financial independence;

9.3.2. Accept pay raises; or

9.3.3. Increase earned income.

9.4. The Contractor shall develop comprehensive documentation of all individual existing disability benefits programs including, but not limited to:

9.4.1. SSA disability programs;

9.4.2. SSI income programs;

9.4.3. Medicaid, Medicare;

9.4.4. Housing Programs; and

9.4.5. Food stamps and food subsidy programs.

9.5. The Contractor shall collect data to develop quarterly reports in a format requested by the Department, on employment outcomes and work incentives counseling benefits that includes but is not limited to:

9.5.1. The number of benefits orientation presentations provided to individuals.

9.5.2. The number of individuals referred to Vocational Rehabilitation who receive mental health services.

9.5.3. The number of individuals who engage in SE services.

9.5.3.1. Percentage of individuals seeking part-time employment.

9.5.3.2. Percentage of individuals seeking full-time employment.

9.5.3.3. The number of individuals who increase employment hours to part-time and full-time.

9.6. The Contractor shall ensure the Work Incentive Counselor staff are certified to provide Work Incentives Planning and Assistance (WIPA) through the no-cost training program offered by Virginia Commonwealth University.

9.7. The Contractor shall collaborate with the Vocational Rehabilitation providers to develop the Partnership Plus Model to identify how Social Security funding will be obtained to support the Work Incentives Counselor position after Vocational Rehabilitation funding ceases.

9.8. The Department will monitor Contractor performance by reviewing data to determine outcomes that include:

9.8.1. An increased engagement of individuals in supported employment based on the SE penetration rate.

9.8.2. An increase in Individual Placement in both part-time and full-time employment and;

9.8.3. Improved fidelity outcomes specifically targeting:

9.8.3.1. Work Incentives Planning

9.8.3.2. Collaboration between Employment Specialists & Vocational Rehab.

10. Coordination of Care from Residential or Psychiatric Treatment Facilities

10.1. The Contractor shall designate a member of its staff to serve as the primary liaison to New Hampshire Hospital (NHH) who works with the applicable NHH staff, payer(s), guardian(s), other community service providers, and the applicable individual, to assist with coordinating the seamless transition of care for individuals transitioning from NHH to community based services or transitioning to NHH from the community.

10.2. The Contractor shall not close the case of any individual who is admitted to NHH. Notwithstanding, the Contractor shall be deemed to be in compliance with all Administrative He-M 408, Clinical Records rules regarding documentation if it is noted in the record that the individual is an inpatient at NHH or another treatment facility. All documentation requirements as per He-M 408 will be required to resume upon re-engagement of services following the individual's discharge from inpatient care.

10.3. The Contractor shall participate in transitional and discharge planning within 24 hours of admission to an inpatient facility.

10.4. The Contractor shall work with the Department, payers and guardians (if applicable) to review cases of individuals that NHH, Transitional Housing, or alternative treatment facility or the Contractor, have indicated will have difficulty returning to the community to identify barriers to discharge, and to develop an appropriate plan to transition into the community.

10.5. The Contractor shall make a face-to-face appointment available to an individual leaving NHH, Transitional Housing or alternative residential setting who desires to reside in the region served by the Contractor within seven (7) calendar days of receipt of notification of the individual's discharge, or within seven (7) calendar days of the individual's discharge, whichever is later.

10.6. The Contractor shall ensure individuals who are discharged and are new to a CMHC have an intake appointment within seven (7) calendar days. If the individual declines to accept the appointment, declines services, or requests

an appointment to be scheduled beyond the seven (7) calendar days, the Contractor may accommodate the individual's request provided the accommodation is clinically appropriate, and does not violate the terms of a conditional discharge. The Contractor's Adult ACT Team must see individuals who are on the ACT caseload and transitioning from NHH into the community within 24 hours of NHH discharge.

10.7. The Contractor shall make all reasonable efforts to ensure that no appropriate bed is available at any other inpatient psychiatric unit, Designated Receiving Facility (DRF) per NH RSA 135-C and NH Administrative Rule He-M 405, Designation of Receiving Facilities, Mobile Crisis Apartment, Peer Support Recovery Center, or Adult Psychiatric Residential Treatment Program (APRTP) prior to referring an individual to NHH.

10.8. The Contractor shall collaborate with NHH and Transitional Housing Services (THS) to develop and execute conditional discharges from NHH to THS in order to ensure that individuals receive treatment in the least restrictive environment. The Department will review the requirements of NH Administrative Rule He-M 609 to ensure obligations under this section allow CMHC delegation to the THS vendors for clients who reside there.

10.9. The Contractor shall have all necessary staff members available to receive, evaluate, and treat individuals discharged from NHH seven (7) days per week, consistent with the provisions in NH Administrative Rule He-M 403 and NH Administrative Rule He-M 426.

10.10. For individuals at NHH who formerly resided in the Contractor's designated community mental health region prior to NHH admission, who have been identified for transition planning to the Glencliff Home, the Contractor shall, at the request of the individual or guardian, or of NHH or Glencliff Home staff, participate in transition planning to determine if the individual can be supported in the Contractor's region with community based services and supports instead of transitioning to the Glencliff Home. In the event the individual would require supports from multiple funding sources or the Department's systems of care, the Contractor shall collaborate with additional Department staff at NHH's request, to address any barriers to discharge the individual to the community.

11. COORDINATED CARE AND INTEGRATED TREATMENT

11.1. Primary Care

11.1.1. The Contractor shall request written consent from each individual to allow the designated primary care provider to release information for the purpose of coordinating care regarding mental health services or substance misuse services or both.

11.1.2. The Contractor shall support each individual with linking to an available primary care provider, if the individual does not have an identified primary care provider, to:

11.1.2.1. Monitor health;

11.1.2.2. Provide medical treatment as necessary; and

11.1.2.3. Engage in preventive health screenings.

11.1.3. The Contractor shall consult with each primary care provider at least annually, or as necessary, to integrate care between mental and physical health for each individual, which may include the exchange of pertinent information including, but not limited to medication changes or changes in the individual's medical condition.

11.1.4. The Contractor shall document on the release of information form the reason(s) written consent to release information was refused in the event an individual refuses to provide consent to release information.

11.2. Substance Misuse Treatment, Care and/or Referral

11.2.1. The Contractor shall provide services and meet requirements to address substance misuse and to support recovery intervention implementation, which include, but are not limited to:

11.2.1.1. Screening no less than 95% of eligible individuals for substance misuse at the time of intake, and annually thereafter.

11.2.1.2. Conducting a full assessment for substance misuse disorder and associated impairments for each individual that screens positive for substance use.

11.2.1.3. Developing an individualized service plan for each eligible individual based on information from substance misuse screening.

11.2.2. The Contractor shall utilize the SAMSHA evidence-based models for Co-Occurring Disorders Treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model.

11.2.3. The Contractor shall make all appropriate referrals if the individual requires additional substance use disorder care utilizing the current New Hampshire system of care, and ensuring linkage to and coordination with resources.

11.3. Area Agencies

11.3.1. The Contractor shall collaborate with the Area Agency that serves the region to address processes that include:

11.3.1.1. Enrolling individuals for services who are dually eligible for both organizations.

11.3.1.2. Ensuring transition-aged clients are screened for the presence of mental health and developmental supports and refer, link and support transition plans for youth leaving children's services into adult services identified during screening.

11.3.1.3. Following the "Protocol for Extended Department Stays for Individuals served by Area Agency" issued December 1, 2017 by the State of New Hampshire Department of Health and Humans Services, as implemented by the regional Area Agency.

11.3.1.4. Facilitating collaborative discharge planning meetings to assess individuals who are leaving NHH to re-engage them with both the CMHC and Area Agency representatives.

11.3.1.5. Ensuring annual training is designed and completed for intake, eligibility, and case management for dually diagnosed individuals and that attendee's include intake clinicians, case-managers, service coordinators and other frontline staff identified by both CMHC's and Area Agencies. The Contractor shall ensure the training utilizes the Diagnostic Manual for Intellectual Disability 2 that is specific to intellectual disabilities, in conjunction with the DSM V.

11.3.1.6. Planning for each person who receives dual case management by outlining the responsibilities of each organization and expectations for collaboration between the organizations.

11.3.1.7. Participating in shared service annual treatment meetings to assess quality and progress towards treatment goals as well as monitoring continued need for dual services when waivers are required for services between agencies.

11.4. Peer Supports

11.4.1. The Contractor shall promote recovery principles and integrate peer support services through the agency, which includes, but is not limited to:

11.4.1.1. Employing peers as integrated members of the CMHC treatment team(s) with the ability to deliver conventional interventions that include case management or psychotherapy, and interventions uniquely suited to the peer role that includes intentional peer support.

11.4.1.2. Supporting peer specialists to promote hope and resilience, facilitate the development and use of recovery-based goals and care plans, encourage treatment engagement and facilitate connections with natural supports.

11.4.1.3. Establishing working relationships with the local Peer Support Agencies, including any Peer Respite, step-up/step-down, and Clubhouse Centers and promote the availability of these services.

11.5. Transition of Care with MCO's

11.5.1. The Contractor shall ensure ongoing coordination occurs with the MCO Care Managers to support care coordination among and between services providers.

12. Prohealth Coordinated and Collaborative Care Program

12.1. The Contractor shall develop and provide population-level health, prevention, outreach, education, health and mental health screening, motivational enhancement, and referral to treatment for individuals including but not limited to youth and cultural and/or linguistic and sexual and/or gender minorities.

12.2. The Contractor shall incorporate person-centered health and mental health screenings with each individual's goals into to the intake, quarterly reassessments, treatment plans, shared plan of care, team meetings, and communications within the CMHC and Federally Qualified Health Center (FQHC).

12.3. The Contractor shall develop and implement population health initiatives for individuals with more complex needs to achieve target behavioral and physical outcomes. The Contractor shall:

12.3.1. Utilize routine registries of individuals' behavioral and physical health indicators, referrals, and outcomes within seventy-five (75) days of the contract effective date.

12.3.2. Follow-up with individuals to provide motivational enhancement and referrals for case management, integrated services, and evidence-based practice (EBP) integrated treatment as described in this agreement, as needed when the individual's behaviorals and physical health target outcomes are not met.

12.4. The Contractor shall re-engage individuals who begin to dis-engage from care, in order to prevent premature discharge, and assist with coordination tracking, follow-up, and integration of physical and behavioral health care for individuals with more complex needs.

12.5. The Contractor shall maintain staff or subcontractors with experience, credentials, and roles as described by the Department that include, but are not limited to:

12.5.1. Care coordinator(s).

12.5.2. Community health worker(s) and peer expert(s).

12.5.3. Information technology support.

12.6. The Contractor shall reports and documentation to the Department that include, but are not limited to:

12.6.1. Real-time and quarterly reports of de-identified and aggregate data that document outcomes of and demonstrate value in services provided as identified in this agreement, which is collected in collaboration with and submitted to the Department or a contracted designee of the Department, and the SAMHSA through secure portals.

12.6.2. Written documentation of self-assessment that demonstrates that the partnership is pursuing the requirements of the Interoperability and Portability Ace Stage 2 of meaningful use within six (6) months of the contract effective date.

12.6.3. Written documentation of self-assessment that reflects plans to mirror certification or national accreditation standards in the delivery of coordinated, collaborative, and integrated care.

13. PROHEALTH INTEGRATED HEALTH HOME

13.1. The Contractor shall provide a person-centered Integrated Health Home aligned with a health integration model described by SAMHSA and Health Resources & Services Administration (HRSA) to ensure integrated delivery of services to individuals with SMI, SPMI, and/or SED by a multidisciplinary team of health and mental health professionals that include, but are not limited to:

13.1.1. Primary care service providers.

13.1.2. Community behavioral health care service providers.

13.1.3. Wellness service providers.

13.2. The Contractor shall enter into an agreement with an FQHC, approved by the HRSA, Medicare, Medicaid, and, as appropriate, Clinical Laboratory Improvement Amendment (CLIA) to deliver primary care and laboratory

collection, as necessary and allowed onsite at the Contractor's location, in addition to other services in this agreement.

13.3. The Contractor shall provide co-located FQHC-delivered integrated primary care screenings, detection, treatment planning, and treatment of physical health conditions.

13.4. The Contractor shall deliver well-child and well-adult screenings, physical exams, immunizations and primary care treatment of physical illnesses and promote recommendations identified by:

13.4.1. Bright Futures of the American Academy of Pediatrics.

13.4.2. The United States Preventative Services Task Force.

13.4.3. FQHCs, including recommendations relative to early screening of cardiovascular disease.

13.5. The Contractor shall deliver, or refer individuals to, evidence-based practice (EBP) treatment services and integrated treatment, as needed, based on the outcomes of the physical health and wellness screenings and assessments.

13.6. The Contractor shall deliver integrated evidence-based screenings, treatment planning and treatment to individuals with behavioral health conditions with SMI, SPMI, and/or SED at evidence-based intervals.

13.7. The Contractor shall screen individuals for:

13.7.1. Trauma, depression and substance misuse;

13.7.2. Medication misuse;

13.7.3. Involvement or interest in employment and/or education;

13.7.4. Need for Adult ACT Team services; and

13.7.5. Desire for symptom management.

13.8. The Contractor shall provide EBP mental health services to individuals with SMI, SPMI, and/or SED in a stepped approach that ensures feasibility and high quality program implementation. The Contractor shall ensure services include, but are not limited to:

13.8.1. Illness Management and Recovery.

13.8.2. Trauma Focused Cognitive Behavioral Therapy.

13.8.3. Pharmacological treatment promoting the use of Decision Aid for Psychopharmacology.

13.9. The Contractor shall maintain staff or subcontractors at the FQHC with experience, credentials, and roles, as described by the Department, that include but are not limited to:

13.9.1. Site project director.

13.9.2. Primary care advanced practice nurse or provider(s).

13.9.3. Primary care medical assistant(s).

13.9.4. Interview and data entry staff.

13.10. The Contractor shall collaborate with the FQHC to develop a quality improvement plan to be approved by the Department. The Contractor shall ensure participation in meetings for the quality improvement plan development by the following personnel:

13.10.1. The clinical director;

13.10.2. The children's mental health director;

13.10.3. Peer experts.

13.11. The Contractor shall submit documentation and reports to the Department that include, but are not limited to:

13.11.1. Quarterly reports, due by the fifteenth (15) day of the month prior to the close of the quarter, that include brief narratives of progress, training, and plans, policies, procedures, templates, and guidance changed to align with integration and wellness, in a format requested by the Department.

13.11.2. Quarterly reports of aggregated medical history and primary care provider and quarterly documented contact with primary care provider, past year physical exam and wellness visit documentation, in collaboration with and submitted to the Department or a contracted designee of the Department in a format and transmittal approved by the Department.

13.11.3. Quarterly reports of de-identified height, weight, body mass index (BMI), waist circumference, blood pressure, tobacco use and/or breath carbon monoxide, plasma glucose, and lipid documentation from the SAMHSA SPARS portal.

13.11.4. Quarterly quality improvement plans.

13.11.5. Quarterly reports on plans for sustainability that identify the policy and financing changes required to sustain project activities within one (1) month of the contract effective date.

13.11.6. Documentation of self-assessment that demonstrates that the partnership is pursuing the requirements of the Interoperability and Portability Act Stage 2 of meaningful use, which may include a manual process for sharing documents.

13.11.7. Documentation of the review of self-assessment tools towards certification or accreditation recognized nationally for the delivery of integrated care, including but not limited to certification as a Certified

Community Behavioral Health Clinic or other certification necessary for providing services in this agreement.

14. Prohealth Wellness Interventions and Health Counseling

14.1. The Contractor shall provide individuals with, or refer individuals to, wellness programs that include multiple options tailored to individuals and that include health coaches to assist individuals with selecting options that best match individual needs and interests.

14.2. The Contractor shall ensure options include, but are not limited to:

14.2.1. One-time brief Motivational Enhancement interventions; Let's Talk About Smoking (LTAS), Vaping Education, Let's Talk About Feeling Good (LTAFG), and health education.

14.2.2. Access to medications associated with wellness interventions, including but not limited to:

14.2.2.1. Nicotine replacement therapy (NRT).

14.2.2.2. NRT starter packs.

14.2.2.3. Onsite prescribing and pharmacy to maintain NRT supply.

14.2.2.4. Access other smoking cessation medication, which may include but is not limited to, varenicline and/or bupropion.

14.2.3. An individual one-time prevention contact and population level prevention initiatives that include materials for motivational enhancement, resources, and referrals for youth younger than sixteen (16) years of age.

14.2.4. The Breathe Well Live Well (BWLW) program with Care2Quit designed for smokers with SMI, SPMI, or SED, and includes health counseling using motivational interviewing, cognitive behavioral therapy, and stages of change-based interventions to motivate risk reduction and quit attempts. The Contractor shall ensure BWLW includes counseling of an individual in the natural support system of the individual using Care2Quit curriculum, referral for cessation pharmacotherapy, and incentives for participation and quit attempts.

14.2.5. The Healthy Choices Healthy Changes (HCHC) program designed for individuals with SMI, SPMI, and/or SED who are overweight or obese and includes health counseling using motivational interviewing, cognitive behavioral therapy, and stages of change-based interventions to motivate risk reduction and acquisition of healthy habits and weight management. The Contractor shall ensure HCHC includes:

14.2.5.1. A gym membership for twelve (12) months;

14.2.5.2. A wellness specialist and an InSHAPE health mentor;

14.2.5.3. A Weight Watchers membership for one (1) year.

14.2.5.4. The Weight Watchers mobile application for individuals who are 18 years of age and older or the MyFitnessPal mobile application for youth younger than 18 years of age; and

14.2.5.5. A structured incentives program for participation and initiating behavior change.

14.2.6. Referrals and facilitated community engagement in wellness treatment services, including but not limited to:

14.2.6.1. A web-based application and text subscriptions.

14.2.6.2. New Hampshire Helpline telephone counseling services.

14.2.6.3. MyLifeMyQuit.

14.2.6.4. Tobacco and obesity education.

14.2.6.5. Diabetes education programs.

14.2.6.6. Other related programs in this agreement based on the outcomes of health screening and treatment planning goals identified above.

14.3. The Contractor shall maintain staff or subcontractors with experience, credentials, and roles, as described by the Department, that include but are not limited to:

14.3.1. Wellness specialist(s).

14.3.2. Health mentor(s).

15. Supported Housing

15.1. The Contractor shall stand up a minimum of six (6) new supported housing beds, including but not limited to, transitional or community residential beds by December 31, 2021. The Contractor shall:

15.1.1. Submit a plan for expanding supported housing in the region including a budget to the Department for approval by August 15, 2021, that includes but is not limited to:

15.1.1.1. Type of supported housing beds.

15.1.1.2. Staffing plan.

15.1.1.3. Anticipated location.

15.1.1.4. Implementation timeline.

15.1.2. Provide reporting in the format and frequency requested by the Department that includes, but is not limited to:

15.1.2.1. Number of referrals received.

15.1.2.2. Number of individuals admitted.

15.1.2.3. Number of people transitioned into other local community residential settings.

16. CANS/ANSA or Other Approved Assessment

16.1. The Contractor shall ensure all clinicians providing community mental health services to individuals eligible for services in accordance with NH Administrative Rule He-M 426, are certified in the use of:

16.1.1. The New Hampshire version of the Child and Adolescent Needs and Strengths Assessment (CANS) if serving the child and youth population; and

16.1.2. The New Hampshire version of the Adult Needs and Strengths Assessment (ANSA), or other approved evidence based tool, if serving the adult population.

16.2. The Contractor shall ensure clinicians are maintain certification by through successful completion of a test provided by the Praed Foundation, annually.

16.3. The Contractor shall ensure ratings generated by the New Hampshire version of the CANS or ANSA assessment are:

16.3.1. Utilized to develop an individualized, person-centered treatment plan.

16.3.2. Utilized to document and review progress toward goals and objectives and to assess continued need for community mental health services.

16.3.3. Submitted to the database managed for the Department that allows client-level, regional, and statewide outcome reporting by the 15th of every month, in CANS/ANSA format.

16.3.4. Employed to assist in determining eligibility for State Psychiatric Rehabilitation services.

16.4. The Contractor shall complete documentation of re-assessments using the New Hampshire version of the CANS or ANSA 2.0 in accordance with NH Administrative Rule He-M 401.04-09 for eligibility determination and in accordance with NH Administrative Rule He-M 401.12-13 for periodic Individual Service Plan (ISP) reviews.

16.5. The Contractor may use an alternate evidence based, assessment tool that meets all ANSA 2.0 domains, subject to written Department approval. There is no alternate assessment tool allowed for the use of CANS. If an alternative tool is approved, monthly reporting of data generated by the Contractor must be in ANSA 2.0 format, to enable client-level, regional and statewide reporting.

16.6. The Contractor shall consult with the Medicaid Managed Care Organizations (MCO) to develop and implement a process that meets the MCOs' need to measure program effectiveness.

16.7. The Contractor shall correct all errors or complete all system corrections to ensure data is submitted in its entirety and completeness no later than six (6) months from contract effective date. Failure to complete all correction may result in withholding of funds until all corrections are completed.

17. Pre-Admission Screening and Resident Review

17.1. The Contractor shall assist the Department with Pre-Admission Screening and Resident Review (PASRR) to meet the requirements of the PASRR provisions of the Omnibus Budget Reconciliation Act of 1987.

17.2. Upon request by the Department, the Contractor shall:

17.2.1. Provide the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident; and

17.2.2. Conduct evaluations and examinations needed to provide the data to determine if an individual being screened or reviewed:

17.2.2.1. Requires nursing facility care; and

17.2.2.2. Has active treatment needs.

18. Application for Other Services

18.1. The Contractor shall assist eligible individuals in accordance with NH Administrative Rule He-M 401, with completing applications for all sources of financial, medical, and housing assistance, according to their respective rules, requirements and filing deadlines. The Contract shall assist with applications that may include, but are not limited to:

18.1.1. Medicaid.

18.1.2. Medicare.

18.1.3. Social Security Disability Income.

18.1.4. Veterans Benefits.

18.1.5. Public Housing.

18.1.6. Section 8 Subsidies.

19. Community Mental Health Program (CMHP) Status

19.1. The Contractor shall meet the approval requirements of NH Administrative Rule He-M 403 as a governmental or non-governmental non-profit agency, or the contract requirement of NH RSA 135-C:3 as an individual, partnership, association, public or private, for profit or nonprofit, agency or corporation to provide services in the state mental health services system.

19.2. The Contractor shall provide all applicable documentation, policies and procedures, and shall participate in an onsite compliance review, as requested by the Department, to determine compliance with NH Administrative Rule He-M 403 and NH RSA 135-C:3. Compliance reviews will be at times to be determined by the Department, and will occur no less than once every five (5) years.

20. Quality Improvement

20.1. The Contractor shall perform, or cooperate with the performance of, quality improvement and/or utilization review activities, as are determined to be necessary and appropriate by the Department within timeframes reasonably specified by the Department.

20.2. The Contractor shall cooperate with the Department-conducted individual satisfaction survey. The Contractor shall:

20.2.1. Furnish information necessary, within HIPAA regulations, to complete the survey.

20.2.2. Furnish complete and current contact information so that individuals may be contacted to participate in the survey.

20.2.3. Support the efforts of the Department to conduct the survey.

20.2.4. Encourage all individuals sampled to participate.

20.2.5. Display posters and other materials provided by the Department to explain the survey and otherwise support attempts by the Department to increase participation in the survey.

20.3. The Contractor shall demonstrate efforts to incorporate findings from their individual survey results into their Quality Improvement Plan goals.

20.4. The Contractor shall engage and comply with all aspects of fidelity reviews based on a model approved by the Department and on a schedule approved by the Department.

21. Maintenance of Fiscal Integrity

21.1. The Contractor shall submit to the Department the Balance Sheet, Profit and Loss Statement, and Cash Flow Statement for the Contractor and all related parties that are under the Parent Corporation of the mental health provider organization each month.

21.2. The Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. These statements shall be individualized by providers, as well as a consolidated (combined) statement that includes all subsidiary organizations.

21.3. Statements shall be submitted within thirty (30) calendar days after each month end, and shall include, but are not limited to:

21.3.1. Days of Cash on Hand:

21.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

21.3.1.2. Formula: Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

21.3.1.3. Performance Standard: The Contractor shall have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed.

21.3.2. Current Ratio:

21.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

21.3.2.2. Formula: Total current assets divided by total current liabilities.

21.3.2.3. Performance Standard: The Contractor shall maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

21.3.3. Debt Service Coverage Ratio:

21.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

21.3.3.2. Definition: The ratio of Net Income to the year to date debt service.

21.3.3.3. Formula: Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.

21.3.3.4. Source of Data: The Contractor's Monthly Financial Statements identifying current portion of long-term debt payments (principal and interest).

21.3.3.5. Performance Standard: The Contractor shall maintain a minimum standard of 1.2:1 with no variance allowed.

21.3.4. Net Assets to Total Assets:

21.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

21.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

21.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

21.3.4.4. Source of Data: The Contractor's Monthly Financial Statements.

21.3.4.5. Performance Standard: The Contractor shall maintain a minimum ratio of .30:1, with a 20% variance allowed.

21.4. In the event that the Contractor does not meet either:

21.4.1. The standard regarding Days of Cash on Hand and the standard regarding Current Ratio for two (2) consecutive months; or

21.4.2. Three (3) or more of any of the Maintenance of Fiscal Integrity standards for three (3) consecutive months:

21.4.2.1. The Department may require that the Contractor meet with Department staff to explain the reasons that the Contractor has not met the standards.

21.4.2.2. The Department may require the Contractor to submit a comprehensive corrective action plan within thirty (30) calendar days of notification and plan shall be updated at least every thirty (30) calendar days until compliance is achieved.

21.4.2.3. The Department may request additional information to assure continued access to services.

21.4.2.4. The Contractor shall provide requested information in a timeframe agreed upon by both parties.

21.5. The Contractor shall inform the Director of the Bureau of Mental Health Services (BMHS) by phone and by email within twenty-four (24) hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be

considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement

21.6. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement. These reports are due within thirty (30) calendar days after the end of each month.

21.7. The Contractor shall provide its Revenue and Expense Budget within twenty (20) calendar days of the contract effective date.

21.8. The Contractor shall complete the Fiscal Year Revenue and Expense Budget on a form supplied by the Department, which shall include but not be limited to, all the Contractor's cost centers. If the Contractor's cost centers are a combination of several local cost centers, the Contractor shall display them separately as long as the cost center code is unchanged.

21.9. The Contractor shall provide quarterly Revenue and Expense Reports (Budget Form A), within thirty (30) calendar days after the end of each fiscal quarter, defined as July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

22. Reduction or Suspension of Funding

22.1. In the event that the State funds designated as the Price Limitation in Form P-37, General Provisions, Block 1.8. of the General Provisions are materially reduced or suspended, the Department shall provide prompt written notification to the Contractor of such material reduction or suspension.

22.2. In the event that the reduction or suspension in federal or state funding shall prevent the Contractor from providing necessary services to individuals, the Contractor shall develop a service reduction plan, detailing which necessary services will no longer be available.

22.3. Any service reduction plan is subject to approval from the Department, and shall include, at a minimum, provisions that are acceptable to the Department, with services that include, but are not limited to:

22.3.1. Evaluation of and, if eligible, an individual service plan for all new applicants for services.

22.3.2. Emergency services for all individuals.

22.3.3. Services for individuals who meet the criteria for involuntary admission to a designated receiving facility.

22.3.4. Services to individuals who are on a conditional discharge pursuant to RSA 135-C:50 and NH Administrative Rule He-M 609.

23. Elimination of Programs and Services by Contractor

23.1. The Contractor shall provide a minimum thirty (30) calendar days written notice prior to any reductions in delivery of services, or notice as soon as possible if the Contactor is faced with a more sudden need to reduce delivery of services.

23.2. The Contractor shall consult and collaborate with the Department prior to elimination or reduction of services in order to reach a mutually agreeable solution as to the most effective way to provide necessary services.

23.3. The Department reserves the right to require the Contractor to participate in a mediation process with the Commissioner of the Department of Health and Human Services, and to invoke an additional thirty (30) calendar day extension in the event of a proposal to reduce or eliminate any contracted services.

23.4. If the parties are still unable to come to a mutual agreement within the thirty (30) calendar day extension, the Contractor may proceed with its proposed program change(s) so long as proper notification to eligible individuals is provided.

23.5. The Contractor shall not redirect funds allocated in the budget for the program or service that has been eliminated or substantially reduced to another program or service without the mutual agreement of both parties.

23.6. In the event that an agreement cannot be reached, the Department shall control the expenditure of the unspent funds.

24. Data Reporting

24.1. The Contractor shall submit any data needed to comply with federal or other reporting requirements to the Department or contractor designated by the Department.

24.2. The Contractor shall submit all required data elements via the Phoenix system except for the CANS/ANSA and Projects for Assistance in Transition from Homelessness program (PATH) data, as specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

24.3. The Contractor shall submit individual demographic and encounter data, including data on non-billable individual-specific services and rendering staff providers on all encounters, to the Department's Phoenix system, or its successors, in the format, content, completeness, frequency, method and timeliness as specified by the Department. Individual data must include a Medicaid ID number for individuals who are enrolled in Medicaid.

24.4. The Contractor shall include client eligibility with all Phoenix services in alignment with current reporting specifications. For an individual's services to be considered BMHS eligible, SPMI, SMI, Low Utilizer (LU), SED, and Severe Emotional Disturbance Interagency (SEDIA) are acceptable.

24.5. The Contractor shall meet the general requirements for the Phoenix system which include, but are not limited to:

24.5.1. Agreeing that all data collected in the Phoenix system, which is Confidential Data as defined by Exhibit K, is the property of the Department to use as it deems necessary.

24.5.2. Ensuring data files and records are consistent with file specification and specification of the format and content requirements of those files.

24.5.3. Ensuring that errors in data returned to the Contractor are corrected and resubmitted to the Department within ten (10) business days.

24.5.4. Ensuring data is current and updated in the Contractor's systems as required for federal reporting and other reporting requirements and as specified by the Department.

24.5.5. Implementing review procedures to validate data submitted to the Department to confirm:

24.5.5.1. All data is formatted in accordance with the file specifications;

24.5.5.2. No records will reject due to illegal characters or invalid formatting; and

24.5.5.3. The Department's tabular summaries of data submitted by the Contractor match the data in the Contractor's system.

24.6. The Contractor shall meet the following standards:

24.6.1. Timeliness: monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data unless otherwise approved by the Department, and the Contractor shall review the Department's tabular summaries within five (5) business days.

24.6.2. Completeness: submitted data must represent at least ninety-eight percent (98%) of billable services provided, and ninety-eight percent (98%) individuals served by the Contractor.

24.6.3. Accuracy: submitted service and member data shall conform to submission requirements for at least ninety-eight percent (98%) of the records, and one-hundred percent One–hundred percent (100%) of unique member identifiers shall be accurate and valid.

24.7. The Department may waive requirements for fields in Phoenix on a case by case basis through a written waiver communication that specifies the items being waived. In all circumstances:

24.7.1. The waiver length shall not exceed 180 days.

24.7.2. Where the Contractor fails to meet standards, the Contractor shall submit a corrective action plan within thirty (30) calendar days of being notified of an issue.

24.7.3. After approval of the corrective action plan, the Contractor shall implement the plan.

24.7.4. Failure of the Contractor to implement the plan may require:

24.7.4.1. Another plan; or

24.7.4.2. Other remedies, as specified by the Department.

25. Behavioral Health Services Information System (BHSIS)

25.1. The Contractor may receive funding for data infrastructure projects or activities, depending upon the receipt of federal funds and the criteria for use of those funds, as specified by the federal government. The Contractor shall ensure funding-specific activities include:

25.2. Identification of costs associated with client-level Phoenix and CANS/ANSA databases including, but not limited to:

25.2.1. Rewrites to database and/or submittal routines.

25.2.2. Information Technology (IT) staff time used for re-writing, testing or validating data.

25.2.3. Software and/or training purchased to improve data collection.

25.2.4. Staff training for collecting new data elements.

25.2.5. Development of any other BMHS-requested data reporting system.

25.3. Progress Reports from the Contractor that:

25.3.1. Outline activities related to Phoenix database;

25.3.2. Include any costs for software, scheduled staff trainings; and

25.3.3. Include progress to meet anticipated deadlines as specified.

26. PATH Services

26.1. The Contractor shall provide services through the Projects for Assistance in Transition from Homelessness (PATH) program in compliance with the Federal Public Health Services Act, Section 522(b)(10), Part C to individuals who are homeless or at imminent risk of being homeless and who are believed to have Severe Mental Illness (SMI), or SMI and a co-occurring substance use disorder.

26.2. The Contractor shall ensure PATH services include, but are not limited to:

26.2.1. Outreach.

26.2.2. Screening and diagnostic treatment.

26.2.3. Staff training.

26.2.4. Case management.

26.3. The Contractor shall ensure PATH case management services include, but are not limited to:

26.3.1. Assisting eligible homeless individuals with obtaining and coordinating services, including referrals for primary health care.

26.3.2. Assisting eligible individuals with obtaining income support services, including, but not limited to:

26.3.2.1. Housing assistance.

26.3.2.2. Food stamps.

26.3.2.3. Supplementary security income benefits.

26.4. The Contractor shall acknowledge that provision of PATH outreach services may require a lengthy engagement process and that eligible individuals may be difficult to engage, and may or may not have been officially diagnosed with a mental illness at the time of outreach activities.

26.5. The Contractor shall identify a PATH worker to:

26.5.1. Conduct outreach, early intervention, case management, housing and other services to PATH eligible clients.

26.5.2. Participate in periodic Outreach Worker Training programs scheduled by the Bureau of Homeless and Housing Services; and

26.5.3. Provide housing supports, as identified by the Department.

26.6. The Contractor shall comply with all reporting requirements under the PATH Grant.

26.7. The Contractor shall be licensed to provide client level data into the New Hampshire Homeless Management Information System (NH HMIS).

26.8. The Contractor shall be familiar with and follow NH-HMIS policy, including specific information that is required for data entry, accuracy of data entered, and time required for data entry.

26.9. Failure to submit reports or enter data into HMIS in a timely manner could result in delay or withholding of reimbursements until such reports are received or data entries are confirmed by the Department.

26.10. The Contractor shall ensure that each PATH worker provides outreach through ongoing engagement with individuals who:

26.10.1. Are potentially PATH eligible; and

26.10.2. May be referred to PATH services by street outreach workers, shelter staff, police and other concerned individuals.

26.11. The Contractor shall ensure that each PATH worker is available to team up with other outreach workers, police or other professionals in active outreach efforts to engage difficult to engage or hard to serve individuals.

26.12. The Contractor shall conduct PATH outreach is conducted wherever PATH eligible clients may be found.

26.13. The Contractor shall ensure the designated PATH worker assesses each individual for immediacy of needs, and continues to work with each individual to enhance treatment and/or housing readiness.

26.14. The Contractor shall ensure the PATH worker's continued efforts enhance individual safety and treatment while assisting the individual with locating emergency and/or permanent housing and mental health treatment.

26.15. The Department reserves the option to observe PATH performance, activities and documents through this agreement ensuring observations do not unreasonably interfere with Contractor performance.

26.16. The Contractor shall inform BHHS of any staffing changes relative to PATH services.

26.17. The Contractor shall retain all records related to PATH services the latter of either:

26.17.1. A period of five (5) years following the contract completion date and receipt of final payment by the Contractor; or

26.17.2. Until an audit is completed and all questions are resolved.

26.18. The Department reserves the right to make changes to the contract service that do not affect its scope, duration, or financial limitations upon agreement between the Contractor and the Department.

27. Deaf Services

27.1. The Contractor shall work with the Deaf Services Team, employed by Region 6, for all individuals seeking services who would benefit from receiving treatment in American Sign Language (ASL) or from staff who are specially trained to work with the deaf and hard of hearing population.

27.2. The Contractor shall work with the Deaf Services Team in Region 6 for consultation for disposition and treatment planning, as appropriate.

27.3. The Contractor shall ensure treatment plans take the importance of access to culturally and linguistically appropriate services on treatment outcomes into consideration.

27.4. The Contractor shall ensure services are client-directed, which may result in:

27.4.1. Clients being seen only by the Deaf Services Team through CMHC Region 6;

27.4.2. Care being shared across the regions; or

27.4.3. The individual's local CMHC providing care after consultation with the Deaf Services Team.

27.4.4.

28. Refugee Interpreter Services

28.1. The Contractor shall ensure general funds are used to provide language interpreter services for eligible uninsured, non-English speaking refugees receiving community mental health services through the mental health provider.

28.2. The Contractor qualifies for general funds for Refugee Interpreter Services because it is located in one of the primary refugee resettlement areas in New Hampshire.

29. Cypress Center

29.1. The Contractor shall operate a Designated Receiving Facility (DRF) as outlined in New Hampshire Administrative Rule He-M 405, Designation of Receiving Facilities, on Cypress Street in Manchester, NH.

29.2. The Contractor shall ensure the DRF works in conjunction with regional Community Mental Health programs and providers to ensure crisis unit beds for individuals who are in need of involuntary admission for any of the following purposes:

29.2.1. Involuntary emergency admission (IEA) pursuant to NH RSA 135-C: 27-33 beginning with initial custody and continuing through the day following the probable cause hearing;

29.2.2. IEA for the period of such admission following the probable cause hearing; or

29.2.3. Non-emergency involuntary admission (IA) pursuant to NH RSA 135-C 34-54.

29.3. The Contractor shall work collaboratively with Community Mental Health programs and providers to provide case coordination, including:

29.3.1. Coordination of client evaluation;

29.3.2. Treatment planning;

29.3.3. Discharge plans that include ongoing services and supports; and

29.3.4. Following all discharge criteria as outlined in NH Administrative Rule He-M 405.

29.4. The Contractor shall not refuse admission of a person sent to the DRF facility pursuant to NH RSA 135-C 28 or 36-45, unless there are no beds available at the time of admission.

29.5. The Contractor shall maintain staffing as outlined in NH Administrative Rule He-M 405.11, or, if at any time staffing is not maintained, send immediate notification to the Department to jointly develop a staffing plan.

29.6. At the Department's discretion, the Contractor shall participate in quality assurance reviews that may be conducted for determination of the compliance or non-compliance of the DRF with NH Administrative Rule He-M 405 and all other applicable Department rules. The Contractor shall:

29.6.1. Participate and maintain a quality improvement plan based on any findings from the review.

29.6.2. Ensure Department access to the quality improvement plan, which will be overseen by the Department.

29.6.3. Develop new, or revise current, quality improvement plans with the Department.

29.6.4. Provide quarterly updates to any findings by the Department.

29.7. The Contractor shall participate in quarterly DRF meetings to collaborate with the Department and other DRFs within the State of NH to ensure:

29.7.1. Ongoing service needs are met; and

29.7.2. Improvement in services and statewide collaboration focus on reducing psychiatric admission waitlists.

30. The Institutional Review Board (IRB)

30.1. IRB is a ten (10)-member board that is responsible for reviewing all proposals that are submitted that involve research on individuals with mental illness. The IRB is also called "The Committee for the Protection of Human Subjects". Federal law requires that any time federal dollars are to be used for research on humans, the State must have an IRB. These funds pay for one (1) part-time administrator and one (1) part-time secretary. The IRB reviews approximately one hundred (100) research proposals per year. Most of these proposals deal with the use and effect of different drugs on people with mental illness.

Method and Conditions Precedent to Payment

1. This Agreement is funded by:
   1.1. 1.89% Projects for Assistance in Transition from Homelessness (PATH), as awarded on 9/17/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA 93.150, FAIN X06SM083717-01.
   1.2. 6.29% ProHealth NH: New Hampshire Partnerships to Improve Health & Wellness for Young People with SED and SMI, as awarded on 6/10/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA# 93.243, FAIN# H79SM080245
   1.3. 91.54% General funds.
   1.4. 0.28% Other funds; Behavioral Health Services Information System (BHSIS). U.S. Department of Health and Human Services.
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The State shall pay the Contractor an amount not to exceed the Price Limitation, specified in Form P-37, General Provisions, Block 1.8 for the services provided by the Contractor pursuant to Exhibit A, Amendment #2 Scope of Services.
4. The Contractor agrees to provide the services in Exhibit A, Amendment #2 Scope of Services in compliance with funding requirements.
5. The Contractor shall provide a Revenue and Expense Budget, on a Department-provided template, within twenty (20) business days from the effective date of the contract, for Department approval.
6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:
   7.1. For Medicaid enrolled individuals:
      7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
      7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
   7.2. For individuals with other insurance or payors:
      7.2.1. The Contractor shall directly bill the other insurance or payors.

8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the table below define how many units to report or bill.

Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit
23-37 minutes	2 units
38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:

   9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program to be Funded	SFY2018 Amount	SFY2019 Amount	SFY2020 Amount	SFY2021 Amount	SFY2022 Amount
Div. for Children Youth and Families (DCYF) Consultation	$ 3,540	$ 3,540	$ 3,540	$ 3,540	$ 3,540
Emergency Services/Mobile Crisis Services (effective SFY 22)	$ 440,884	$ 440,884	$ 440,884	$ 440,884	$ 1,768,077
Mobile Crisis Apartments Occupancy (effective SFY 22)					$ 143,000
Assertive Community Treatment Team (ACT) - Adults	$ 450,000	$ 450,000	$ 450,000	$ 450,000	$ 450,000
ACT Enhancement Payments		$ 25,000			$ 12,500
Behavioral Health Services Information System (BHSIS)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 10,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)	$4,000		$ 5,000	$ 5,000	$ 5,000
Rehabilitation for Empowerment, Education and Work (RENEW)	$ 3,945	$ 3,945	$ 6,000	$ 6,000	$ 6,000
PATH Provider (BHS Funding)	$ 40,121	$ 40,121	$ 43,725	$ 43,725	$ 43,725
Housing Bridge Start Up Funding		$ 25,000			
General Training Funding		$ 10,000			$ 5,000
System Upgrade Funding		$ 30,000			$ 15,000
Refugee Interpreter Services Funding	$ 14,000	$ 14,000	$ 14,000	$ 14,000	$ 14,000
IRB Funding	$ 63,000	$ 63,000	$ 63,000	$ 63,000	$ 63,000

Cypress Center Funding	$ 675,000	$ 675,000	$ 675,000	$ 675,000	$ 675,000
VR Work Incentives					$ 80,000
System of Care 2.0					$ 5,300
ProHealth NH Grant					$ 570,592
Total	**$ 1,699,490**	**$ 1,785,490**	**$ 1,706,149**	**$ 1,706,149**	**$ 3,869,734**

9.2. Payment for each contracted service in the above table shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the Department approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of the Department, result in financial penalties not greater than the amount of the directed expenditure.

9.4. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each Department approved invoice for Contractor services provided pursuant to this Agreement.

9.6. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of ***$73.75*** per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Amendment #2, Scope of Services, Division for Children, Youth, and Families (DCYF).

9.7. Emergency Services/Mobile Crisis Services: The Department shall reimburse the Contractor only for those Emergency Services provided to clients defined in Exhibit A, Amendment #2 Scope of Services, Provision of Crisis Services. Effective July 1. 2021, the Contractor shall bill and seek reimbursement for mobile crisis services provided to individuals pursuant to this Agreement as follows:

9.7.1. For Medicaid enrolled individuals through the Department Medicaid Fee for Service program in accordance with the current, publically posted Fee for Service (FFS) schedule located at NHMMIS.NH.gov.

9.7.2. For Managed Care Organization enrolled individuals the Contractor shall be reimbursed pursuant to the Contractor's agreement with the applicable Managed Care Organization for such services.

9.7.3. For individuals with other health insurance or other coverage for the services they receive, the Contractor will directly bill the other insurance or payors.

9.7.4. For individuals without health insurance or other coverage for the services they receive, and for operational costs contained in Exhibits B, Amendment #2 Method and Conditions Precedent to Payment, or which the Contractor cannot otherwise seek reimbursement from an insurance or third-party payer, the Contractor will directly bill the Department to access contract funds provided through this Agreement.

9.7.4.1. Invoices of this nature shall include general ledger detail indicating the Department is only being invoiced for net expenses, shall only be reimbursed up to the current Medicaid rate for the services provided and contain the following items for each client and line item of service:

9.7.4.1.1. First and last name of client.

9.7.4.1.2. Date of birth.

9.7.4.1.3. Medicaid ID Number.

9.7.4.1.4. Date of Service identifying date, units, and any possible third party reimbursement received.

9.7.5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibits B, Amendment #3 Appendix 2 Budget.

9.7.5.1. The Contractor shall provide a Mobile Crisis Budget on a Department-provided template, within twenty (20) business days from the effective date of the contract, for Department approval.

9.7.5.2. Law enforcement is not an authorized expense.

9.8. Crisis Apartments Occupancy: The Contractor shall invoice the Department for the prior month based on the number of beds, the number of days in that month and the daily rate of ***$97.94.*** At the end of each quarter the Department will conduct a review of occupancy rates of crisis apartments. The Department may recoup funding to the actual average occupancy rate for the quarter, in whole or in part, if the occupancy rate, on average, is less than 80%.

9.9. Assertive Community Treatment Team (ACT) Adults: The contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A, Amendment #2 Scope of Services, Adult Assertive Community Treatment (ACT) Teams

ACT Costs	INVOICE TYPE	TOTAL COST
Invoice based payments on invoice	Programmatic costs as outlined on invoice by month	$450,000
ACT Enhancements	Agencies may choose one of the following for a total of 5 (five) one time payments of $5000.00. Each item may	$25,000 in SFY 2019, $12,500 per SFY for 2022

	only be reported on one time for payment. ACT Incentives can be drawn down upon completion of the CMHC FY22 Fidelity Review. $6,250 can be drawn down for each incentive to include; intensity and frequency of individualized client care to total $12,500. Intensity of services must be measured between 50-84 minutes of services per client per week on average. Frequency of service for an individual must be between 2-3 times per client per week. 1. Agency employs a minimum of .5 Psychiatrist on Team based on SFY 19 or 20 Fidelity Review. 2. Agency receives a 4 or higher score on their SFY 19 or 20 Fidelity Review for Consumer on Team, Nurse on Team, SAS on Team, SE on Team, or Responsibility for crisis services.	

9.10. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A, Amendment #2 Scope of Services.

9.11. MATCH: Funds to be used to support services and trainings outlined in Exhibit A, Amendment #2 Scope of Services. The breakdown of this funding per SFY effective SFY 2020 is outlined below.

TRAC COSTS	CERTIFICATION OR RECERTIFICATION	TOTAL COST
$2,500	$250/Person X 10 People = $2,500	$5,000

9.12. RENEW Sustainability Continuation: The Department shall reimburse the Contractor for RENEW activities outlined in Exhibit A, Amendment #2, Scope of Services, RENEW Sustainability. RENEW costs will be billed on green sheets and will have detailed information regarding the expense associated with each of the following items, not to exceed ***$6,000*** annually. Funding can be used for training of new facilitators; training for an internal coach; coaching IOD for facilitators, coach, and implementation teams; and travel costs.

9.13. PATH Funding: Subject to change based on performance standards, HMIS compliance, SAMHSA requirements, and PATH grant requirements as outlined in Exhibit A, Amendment #2 Scope of Services, PATH Services.

9.14. Housing Support Services including Bridge: The contractor shall be paid based on an activity and general payment as outlined below. Funds to be used for the provision of services as outlined in Exhibit A, Amendment #2 Scope of Services, in SFY 2019.

Housing Services Costs	**INVOICE TYPE**	**TOTAL COST**
Hire of a designated housing support staff	One time payment	$15,000
Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A Amendment #2, Scope of Services	One time payment	$10,000

9.15. General Training Funding: Funds are available in SFY 2019 and SFY 2022 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.16. System Upgrade Funding: One time funds available in SFY 2019 and SFY 2022 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Amendment #2 Scope of Services, Data Reporting. Funds may also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B, Amendment #2, Method and Conditions Precedent to Payment, ensuring invoices specify purposes for use of funds.

9.17. Refugee Interpreter Services: Funding to support interpreter services outlined in Exhibit A, Amendment #2 Scope of Services.

9.18. IRB Funding: Funding to support specific staffing provisions as outlined in Exhibit A, Amendment #2 Scope of Services.

9.19. Cypress Center: Funding to support programming as outlined in Exhibit A, Amendment #2 Scope of Services.

9.20. ProHealth: Payment for ProHealth services shall be made monthly as follows:

9.20.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of programming as outlined in Exhibit A, Amendment #2, Scope of Services, and shall be in accordance with Department approved budgets.

9.20.2. The Contractor shall submit Invoices in a form satisfactory to the State by the twentieth (20th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoices must be completed, signed, dated and returned to the Department in order to initiate payment.

9.20.3. The Contractor agrees to keep records of their activities related to Department programs and services.

9.20.4. The Contractor shall provide a ProHealth Budget, on a Department-provided template, within twenty (20) business days from the effective date of the contract, for Department approval.

9.21. System of Care 2.0: Funds are available in SFY 2022 to support associated program expenses as outlined in the below budget table.

Clinical training for expansion of MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems) program	$5,000
Indirect Costs (not to exceed 6%)	$300
Total	**$5,300**

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

New Hampshire Department of Health and Human Services

Exhibit K, Amendment #2

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. “Breach” means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, “ Breach” shall have the same meaning as the term “Breach” in section 164.402 of Title 45, Code of Federal Regulations.

2. “Computer Security Incident” shall have the same meaning “Computer Security Incident” in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. “Confidential Information” or “Confidential Data” means all non-public information owned, managed, created, received for or on behalf of, the Department that is protected by information security, privacy or confidentiality rules, Agreement and state and federal laws or policy. This information may include but is not limited to, derivative data, Protected Health Information (PHI), Personally Identifiable Information (PII), Substance Use Disorder Information (SUD), Federal Tax Information, Social Security Administration, and CJIS (Criminal Justice Information Services) data, including the copy of information submitted known as the Phoenix Data. Confidential Information or Confidential Data shall not include medical records produced and maintained by the contractor in the course of their practice or information owned by the patient/client. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the contractor

4. “End User” means any person or entity (e.g., contractor, contractor’s employee, business associate, subcontractor, other downstream user, etc.) that receives Confidential Data or derivative data in accordance with the terms of this Contract.

5. “HIPAA” means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. “Incident” means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or Confidential data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

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

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

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3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that Confidential Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees Confidential Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the Confidential Data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting Confidential Data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is <u>encrypted</u> and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to

access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the Confidential Data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. If it is infeasible to return or destroy the Confidential Data, protections pursuant to this Information Security Requirements Exhibit survive this contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process Confidential Data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.
6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting

infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such Confidential Data upon request or contract termination; and will obtain written certification for any State of New Hampshire Confidential Data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire Confidential Data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the Confidential Data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate Confidential Data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the Confidential Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to

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contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. Omitted.

10. The Contractor will not store, knowingly or unknowingly, any Confidential Data or State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the

level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

    e. limit disclosure of the Confidential Information to the extent permitted by law.

    f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

    g. only authorized End Users may transmit the Confidential Data, including any

derivative files containing personally identifiable information, and in all cases, such Confidential Data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

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VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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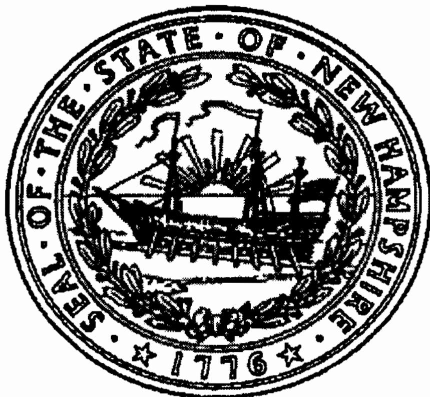
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE MENTAL HEALTH CENTER OF GREATER MANCHESTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 17, 1960. 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: **63323**
Certificate Number : **0005351206**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this **15th** day of **April** A.D. **2021**.

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Kevin Sheppard ________________________, hereby certify that:
(Name of the elected Officer of the Corporation/LLC, cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of The Mental Health Center of Greater Manchester ________.
(Corporation/LLC Name)

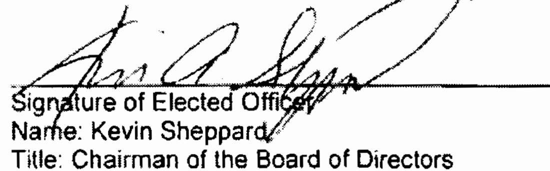
2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 25 ________, 2021, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That William Rider, President and Chief Operating Officer ________
(Name and Title of Contract Signatory)

is duly authorized on behalf of The Mental Health Center of Greater Manchester to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 5/26/2021



Signature of Elected Officer
Name: Kevin Sheppard
Title: Chairman of the Board of Directors

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/23/2021

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).

PRODUCER	CONTACT NAME: Teri Davis	
CGI Business Insurance	PHONE (A/C, No, Ext): (866) 841-4600	FAX (A/C, No): (866) 574-2443
5 Dartmouth Drive	E-MAIL ADDRESS: TDavis@CGIBusinessInsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
Auburn NH 03032	INSURER A : Philadelphia Insurance	
INSURED	INSURER B : Philadelphia Indemnity	
The Mental Health Center of Greater Manchester, Inc.	INSURER C : A.I.M. Mutual	
401 Cypress Street	INSURER D :	
	INSURER E :	
Manchester NH 03103-3628	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 21-22 Master **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	COMMERCIAL GENERAL LIABILITY; [ ] CLAIMS-MADE [X] OCCUR; [X] Professional Liability $2M Agg; GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC; OTHER:			PHPK2251310	04/01/2021	04/01/2022	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
							Sexual/Physical Abuse or	$ 1,000,000
B	AUTOMOBILE LIABILITY; [X] ANY AUTO; [ ] OWNED AUTOS ONLY; [ ] SCHEDULED AUTOS; [X] HIRED AUTOS ONLY; [X] NON-OWNED AUTOS ONLY			PHPK2251305	04/01/2021	04/01/2022	~~COMBINED~~ SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Hired/borrowed Liability	$ 1,000,000
B	[X] UMBRELLA LIAB [ ] OCCUR; [ ] EXCESS LIAB [ ] CLAIMS-MADE; [ ] DED [X] RETENTION $ 10,000			PHUB8760532	04/01/2021	04/01/2022	EACH OCCURRENCE	$ 10,000,000
							AGGREGATE	$ 10,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N; If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		ECC6004000298-2020A	09/12/2020	09/12/2021	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

Supplemental Names Manchester Mental Health Foundation, Inc., Manchester Mental Health Realty, Inc., Manchester Mental Health Services, Inc., Manchester Mental Health Ventures, Inc.
This Certificate is issue for insured operations usual to Mental Health Services.

CERTIFICATE HOLDER	CANCELLATION
State of NH Dept. of Health & Human Services 129 Pleasant St 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

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The Mental Health Center
of Greater Manchester

MISSION

To empower individuals to achieve recovery and promote personal and community wellness through an accessible, comprehensive, integrated and evidence-based system of behavioral health care.

VISION

To promote prevention recovery and wellness, and strive to be a center of excellence and sought after partner in developing and delivering state-of-the-art behavioral health treatment integrated within our community.

GUIDING VALUES AND PRINCIPLES

We treat everyone with respect, compassion and dignity.

We offer hope and recovery through individualized, quality behavioral health services.

We provide evidence-based, culturally responsive and consumer, family focused care.

We support skilled staff members who work together and strive for excellence.

We pursue partnerships that promote wellness and create a healthy community.

Revised and Approved by the Board of Directors on September 25, 2018

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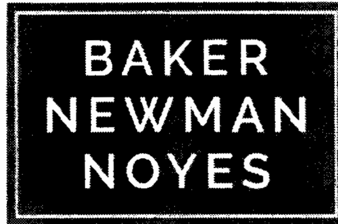

Manchester Mental Health Foundation, Inc. and Affiliates

Audited Consolidated Financial Statements and Supplementary Information

Year Ended June 30, 2019
With Independent Auditors' Report

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnncpa.com

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

AUDITED CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

June 30, 2019

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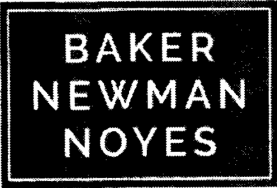

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnncpa.com

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Manchester Mental Health
Foundation, Inc. and Affiliates

We have audited the accompanying consolidated financial statements (collectively, the financial statements) of Manchester Mental Health Foundation, Inc. and Affiliates (the Organization), which comprise the statement of financial position as of June 30, 2019, the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

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To the Board of Directors
Manchester Mental Health
Foundation, Inc. and Affiliates

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2019, and the results of its operations, changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of a Matter

As discussed in Note 1 to the financial statements, in 2019, the Organization adopted the provisions of Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958) - Presentation of Financial Statements of Not-for-Profit Entities*. Our opinion is not modified with respect to this matter.

Other Matter—Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplementary information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Baker Newman & Noyes LLC

Manchester, New Hampshire
January 29, 2020

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

June 30, 2019

ASSETS

Current assets:	
Cash and cash equivalents	$ 6,062,465
Restricted cash	487,518
Accounts receivable, net	1,714,057
Other accounts receivable	755,153
Investments – short-term	250,000
Prepaid expenses	495,780
Total current assets	9,764,973
Investments – long-term	3,826,275
Assets whose use is limited or restricted	419,492
Property and equipment, net of accumulated depreciation	14,349,362
Total assets	$28,360,102

LIABILITIES AND NET ASSETS

Current liabilities:	
Accounts payable	$ 377,328
Accrued payroll, vacation and other accruals	3,740,354
Deferred revenue	157,461
Accrual for estimated third-party payor settlements	249,469
Current portion of long-term debt	230,290
Amounts held for patients and other deposits	21,280
Total current liabilities	4,776,182
Extended illness leave, long term	460,541
Post-retirement benefit obligation	68,672
Long-term debt, less current maturities and unamortized debt issuance costs	7,071,263
Total liabilities	12,376,658
Net assets:	
Without donor restrictions	15,563,952
With donor restrictions	419,492
Total net assets	15,983,444
Total liabilities and net assets	$28,360,102

See accompanying notes.

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

CONSOLIDATED STATEMENT OF ACTIVITIES
AND CHANGES IN NET ASSETS

Year Ended June 30, 2019

	Without Donor Restriction	With Donor Restriction	Total
Revenues and other support:			
Program service fees, net	$22,440,002	$ –	$22,440,002
Program rental income	335,067	–	335,067
Fees and grants from government agencies	4,644,491	–	4,644,491
Interest income	105,293	–	105,293
Other income	6,732,629	–	6,732,629
Total revenues and other support	34,257,482	–	34,257,482
Operating expenses:			
Program services:			
Children and adolescents	4,885,860	–	4,885,860
Elderly	256,616	–	256,616
Emergency services	2,444,022	–	2,444,022
Vocational services	555,013	–	555,013
Noneligibles	1,445,620	–	1,445,620
Multiservice team	7,879,982	–	7,879,982
ACT team	3,808,348	–	3,808,348
Crisis unit	5,299,302	–	5,299,302
Community residences and support living	1,486,944	–	1,486,944
HUD residences	214,402	–	214,402
Other	1,908,952	–	1,908,952
Total program services	30,185,061	–	30,185,061
Support services:			
Management and general	3,404,710	–	3,404,710
Operating property	478,932	–	478,932
Interest expense	256,944	–	256,944
Total operating expenses	34,325,647	–	34,325,647
Loss from operations	(68,165)	–	(68,165)

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

CONSOLIDATED STATEMENT OF ACTIVITIES
AND CHANGES IN NET ASSETS (CONTINUED)

Year Ended June 30, 2019

	Without Donor Restriction	With Donor Restriction	Total
Loss from operations	$ (68,165)	$ –	$ (68,165)
Nonoperating revenue (expenses):			
Commercial rental income	403,191	–	403,191
Rental property expense	(367,083)	–	(367,083)
Contributions	288,525	6,418	294,943
Net investment return	207,272	22,404	229,676
Dues	(4,800)	–	(4,800)
Donations to charitable organizations	–	(16,500)	(16,500)
Miscellaneous expenses	(2,949)	–	(2,949)
Nonoperating revenue, net	524,156	12,322	536,478
Excess of revenues over expenses	455,991	12,322	468,313
Reclassification of net assets with donor restrictions	(67,481)	67,481	–
Increase in net assets	388,510	79,803	468,313
Net assets at beginning of year	15,175,442	339,689	15,515,131
Net assets at end of year	$15,563,952	$419,492	$15,983,444

See accompanying notes.

MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year Ended June 30, 2019

									Mental Health	
	Total Agency	Admin-istration	Total Center Programs	Child/ Adolescents	Elderly Services	Emer-gency Services	Voca-tional Services	Non-Eligibles	Multi Service Team	ACT Team
Personnel costs:										
Salary and wages	$22,131,547	$ 2,199,292	$19,896,260	$3,391,466	$ 142,196	$1,725,550	$ 313,528	$1,076,868	$5,304,872	$2,532,987
Employee benefits	4,878,479	548,608	4,322,012	842,688	37,992	325,101	84,182	110,585	1,200,122	603,992
Payroll taxes	1,652,808	154,794	1,495,260	257,831	10,764	127,120	24,055	81,746	393,563	187,668
	28,662,834	2,902,694	25,713,532	4,491,985	190,952	2,177,771	421,765	1,269,199	6,898,557	3,324,647
Professional fees:										
Client evaluation/services	237,139	62,773	174,366	(5,292)	612	–	2,984	34,482	33,556	7,450
Audit fees	59,765	5,124	48,876	8,656	693	3,715	1,134	3,146	13,172	6,912
Legal fees	23,135	2,033	20,902	1,631	168	1,356	1,391	579	9,266	4,366
Other professional fees/consultants	124,195	20,412	64,183	11,109	1,313	5,901	1,608	3,727	14,553	8,400
Staff development and training:										
Journals and publications	11,694	2,182	9,512	1,385	112	550	168	717	1,944	1,024
Conferences/conventions	86,368	14,140	72,228	15,273	439	3,395	390	1,313	15,111	9,657
Other staff development	180,379	34,678	145,701	2,621	413	8,793	18,549	1,699	29,857	23,256
Occupancy costs:										
Rent	9,607	9,607	–	–	–	–	–	–	–	–
Heating costs	13,294	–	7,932	–	–	–	–	–	–	–
Other utilities	409,302	9,713	227,804	–	6,536	26,251	9,289	–	41,237	18,890
Maintenance and repairs	775,577	15,145	470,913	–	13,391	32,589	19,043	722	91,727	39,790
Other occupancy costs	220,740	54	38,403	1,995	–	126	–	–	140	–
Consumable supplies:										
Office	250,594	52,905	196,414	22,100	1,168	6,558	4,477	13,350	43,608	11,662
Building/household	73,309	2,469	61,863	180	837	5,498	1,206	63	5,556	2,556
Educational/training	634,425	3,151	631,274	23,038	5,906	26,006	2,651	5,562	186,945	41,484
Food	102,540	911	74,018	318	2	170	142	7	116	37
Medical	72,948	(15)	72,963	264	(2)	(11)	(3)	(9)	17,173	(20)
Other consumable supplies	619,879	83,566	536,313	89,884	7,775	41,645	13,290	35,535	144,812	73,978
Depreciation - equipment	227,056	18,393	208,663	39,014	6,135	10,824	8,227	10,626	45,748	29,600
Depreciation - building	443,617	8,611	195,875	5,613	6,666	7,650	9,039	3,217	43,916	18,154
Equipment maintenance	26,205	5,006	21,199	2,849	168	912	506	1,391	6,144	2,291
Advertising	69,661	8,012	61,599	9,733	913	4,130	1,261	4,453	14,592	7,684
Printing	34,818	3,150	31,668	5,623	235	2,320	414	4,235	6,818	2,048
Telephone/communication	381,255	29,242	352,013	51,674	7,790	25,660	16,365	25,956	83,408	42,425
Postage and shipping	49,408	25,282	24,126	3,784	330	2,374	496	1,369	5,744	3,022
Transportation:										
Staff	206,686	2,983	203,311	37,771	136	22,048	12,151	498	26,866	76,391
Clients	6,898	–	6,898	–	–	47	–	3	42	–
Insurance:										
Malpractice and bonding	63,965	5,849	56,808	10,061	806	4,318	1,318	3,656	15,309	8,034
Vehicles	15,885	1,507	14,378	2,546	213	1,093	334	923	3,867	2,034
Comprehensive property/liability	123,987	11,367	108,420	19,202	1,491	8,241	2,516	6,988	29,254	15,332
Membership dues	44,628	5,412	34,416	5,146	449	2,209	674	1,862	7,802	4,110
Interest expense	256,944	–	–	–	–	–	–	–	–	–
Other expenditures	198,242	21,861	84,088	27,697	969	11,883	3,628	10,351	43,142	23,134
Total expenditures	34,716,979	3,368,217	29,970,659	4,885,860	256,616	2,444,022	555,013	1,445,620	7,879,982	3,808,348
Administration allocation	–	(3,368,217)	3,368,217	550,681	32,540	283,309	59,754	166,932	879,795	434,087
Total expenses	$34,716,979	$ –	$33,338,876	$5,436,541	$ 289,156	$2,727,331	$ 614,767	$1,612,552	$8,759,777	$4,242,435

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	Center							Amoskeag		Foundation
	Crisis Unit	Community Residence	Supportive Living	Other Mental Health	Other Non-BBH	Operating Property	Rental Property	Administration	Program Related	Administration
Personnel costs:										
Salary and wages	$3,309,408	$ 297,582	$ 583,486	$ 49,033	$1,169,284	$ –	$ –	$ 18,840	$ 17,155	$ –
Employee benefits	643,864	74,230	153,699	10,888	234,669	–	–	7,859	–	–
Payroll taxes	253,036	22,812	43,872	3,750	89,043	–	–	2,754	–	–
	4,206,308	394,624	781,057	63,671	1,492,996	–	–	29,453	17,155	–
Professional fees:										
Client evaluation/services	85,329	–	–	59	15,186	–	–	–	–	–
Audit fees	7,020	594	1,836	216	1,782	–	–	5,765	–	–
Legal fees	1,299	110	340	67	329	113	87	–	–	–
Other professional fees/consultants	8,054	668	2,127	2,299	4,424	22,418	17,182	–	–	–
Staff development and training:										
Journals and publications	1,300	88	844	32	1,348	–	–	–	–	–
Conferences/conventions	9,091	435	2,793	387	13,944	–	–	–	–	–
Other staff development	29,457	5,106	3,393	23	22,534	–	–	–	–	–
Occupancy costs:										
Rent	–	–	–	–	–	–	–	–	–	–
Heating costs	–	–	7,932	–	–	–	–	–	5,362	–
Other utilities	76,339	–	43,514	497	5,251	91,435	70,081	–	10,269	–
Maintenance and repairs	175,929	137	84,875	1,168	11,542	141,964	108,810	–	38,745	–
Other occupancy costs	32,640	–	5,299	–	(1,797)	100,478	77,012	–	4,793	–
Consumable supplies:										
Office	20,266	132	2,032	1,885	69,176	–	–	1,275	–	–
Building/household	39,189	12	5,600	67	1,099	–	–	–	8,977	–
Educational/training	162,077	219	5,410	233	171,743	–	–	–	–	–
Food	67,405	2	5,423	–	396	–	–	–	27,611	–
Medical	54,678	(2)	(6)	(1)	902	–	–	–	–	–
Other consumable supplies	78,318	6,206	19,478	2,257	23,135	–	–	–	–	–
Depreciation - equipment	36,500	3,608	11,893	1,022	5,466	–	–	–	–	–
Depreciation - building	65,409	–	29,730	6,344	137	122,496	93,889	–	22,746	–
Equipment maintenance	2,139	146	1,626	58	2,969	–	–	–	–	–
Advertising	8,030	660	2,042	240	7,861	28	22	–	–	–
Printing	4,966	138	425	56	4,390	–	–	–	–	–
Telephone/communication	60,951	7,629	19,664	736	9,755	–	–	–	–	–
Postage and shipping	4,921	260	803	94	929	–	–	–	–	–
Transportation:										
Staff	6,887	1,922	3,234	91	15,316	–	–	–	392	–
Clients	2,131	–	4,675	–	–	–	–	–	–	–
Insurance:										
Malpractice and bonding	8,159	690	2,134	251	2,072	–	–	–	1,308	–
Vehicles	2,065	175	540	64	524	–	–	–	–	–
Comprehensive property/liability	15,573	1,318	4,073	479	3,953	–	–	–	4,200	–
Membership dues	4,324	353	1,130	4,298	2,059	–	–	–	–	4,800
Interest expense	–	–	–	–	–	253,414	–	–	3,530	–
Other expenditures	22,548	1,922	5,876	691	(67,753)	–	–	–	72,844	19,449
Total expenditures	5,299,302	427,152	1,059,792	87,284	1,821,668	732,346	367,083	36,493	217,932	24,249
Administration allocation	586,940	50,543	129,618	9,467	184,551	–	–	–	–	–
Total program expenses	$5,886,242	$ 477,695	$1,189,410	$ 96,751	$2,006,219	$ 732,346	$ 367,083	$ 36,493	$ 217,932	$ 24,249

See accompanying notes.

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

CONSOLIDATED STATEMENT OF CASH FLOWS

Year Ended June 30, 2019

Cash flows from operating activities:	
Change in net assets	$ 468,313
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation and amortization	670,673
Amortization of debt issuance costs	10,461
Restricted contributions	(6,418)
Net realized and unrealized gains on investments	(123,950)
Change in operating assets and liabilities:	
Accounts receivable, net	(427,944)
Other accounts receivable	(277,817)
Prepaid expenses	(100,706)
Accounts payable	187,691
Accrued payroll, vacation and other accruals	489,304
Deferred revenue	111,302
Accrual for estimated third-party payor settlements	249,469
Amounts held for patients and other deposits	2,031
Postretirement benefit obligation	(2,553)
Extended illness leave	45,376
Net cash provided by operating activities	1,295,232
Cash flows from investing activities:	
Purchases of property and equipment	(531,943)
Change in assets whose use is limited or restricted	(79,803)
Proceeds from sale of investments	1,191,284
Purchases of investments	(1,603,190)
Net cash used by investing activities	(1,023,652)
Cash flows from financing activities:	
Restricted contributions	6,418
Payments on long-term debt	(215,438)
Net cash used by financing activities	(209,020)
Net change in cash, restricted cash and cash equivalents	62,560
Cash, restricted cash and cash equivalents at beginning of year	6,487,423
Cash, restricted cash and cash equivalents at end of year	$ 6,549,983
Supplemental disclosures:	
Interest paid	$ 246,483

See accompanying notes.

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1. Summary of Significant Accounting Policies

Nature of Operations

The Mental Health Center of Greater Manchester, Inc. (the Center) is a not-for-profit corporation organized under New Hampshire law to provide services in the areas of mental health, and related nonmental health programs. The Center is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Amoskeag Residences, Inc. (Amoskeag), a not-for-profit corporation formed through the Center, was organized to acquire real property in Manchester, New Hampshire and to operate thereon a project group home under a Section 202 direct loan of the National Housing Act. The project is regulated by the United States Department of Housing and Urban Development (HUD), and serves on average 12 chronically mentally ill individuals in New Hampshire. Amoskeag received funding under Section 8 of the National Housing Act and is subject to a housing assistance payments agreement.

In July 1990, the Center was reorganized and Manchester Mental Health Foundation, Inc. (the Foundation) became the sole corporate member of the Center. The Foundation is also a 501(c)(3). The Foundation's purpose is to raise and invest funds for the benefit of the Center. The Foundation has two additional affiliates, MMH Realty Corporation (Realty) and Manchester Mental Health Ventures Corporation (Ventures), both of which are currently inactive.

In July 2017, the Center acquired commercial real estate in Manchester, New Hampshire that it previously leased a portion of. As of June 30, 2019, the Center occupies approximately 37,000 square feet of the approximately 65,000 square feet in the building. The remaining square footage is leased to unrelated third parties and the entire building is managed by an unrelated management company engaged by the Center.

Basis of Presentation and Principles of Consolidation

The consolidated financial statements (the financial statements) include the accounts of the Foundation, Center and Amoskeag, collectively referred to as the Organization. All inter-company transactions and accounts have been eliminated in consolidation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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1. Summary of Significant Accounting Policies (Continued)

Income Taxes

The Organization consists of not-for-profit entities as described in Section 501(c)(3) of the Internal Revenue Code, and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Organization believes that it has appropriate support for the income tax positions taken and to be taken, and that its accruals for tax liabilities are adequate for all open tax years based on an assessment of many factors including experience and interpretations of tax laws applied to the facts of each matter. Management evaluated the Organization's tax positions and concluded the Organization has maintained its tax-exempt status, does not have any significant unrelated business income, has taken no significant uncertain tax positions that require disclosure in the accompanying financial statements and has no material liability for unrecognized tax benefits.

Cash and Cash Equivalents

The Organization considers cash in bank and all other highly liquid investments with an original maturity of three months or less to be cash and cash equivalents. The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant risk on these accounts.

Restricted Cash

Restricted cash consists of cash received by the Organization for insurance settlement payments, resident deposits and replacement reserves as required by HUD. The cash received is recorded as restricted cash and a corresponding payable or deposit liability is recorded in the accompanying statement of financial position. The Center maintains its restricted cash in bank deposit accounts which, at times, may exceed federally insured limits. The Center has not experienced losses in such accounts and believe it is not exposed to any significant risks on these accounts.

In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash (a consensus of the FASB Emerging Issues Task Force)*, cash and restricted cash are presented together in the statement of cash flows.

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1. Summary of Significant Accounting Policies (Continued)

Accounts Receivable

Accounts receivable are recorded based on amounts billed for services provided, net of respective contractual adjustments and bad debt allowances. In evaluating the collectability of accounts receivable, the Center analyzes past results and identifies trends for each major payor source of revenue for the purpose of estimating the appropriate amounts of the allowance for contractual adjustments and bad debts. Data in each major payor source is regularly reviewed to evaluate the adequacy of the allowance for contractual adjustments and doubtful accounts. Specifically, for receivables relating to services provided to clients having third-party coverage, an allowance for contractual adjustments and doubtful accounts and a corresponding provision for contractual adjustments and bad debts are established for amounts outstanding for an extended period of time and for third-party payors experiencing financial difficulties; for receivables relating to self-pay clients, a provision for bad debts is made in the period services are rendered based on experience indicating the inability or unwillingness of clients to pay amounts for which they are financially responsible.

Based on management's assessment, the Center provides for estimated contractual allowances and uncollectible amounts through a charge to earnings and a credit to a valuation allowance. Balances that remain outstanding after the Center has used reasonable collection efforts are written off through a change to the valuation allowance and a credit to accounts receivable.

During the year ended June 30, 2019, the Center maintained its estimate in the allowance for doubtful accounts at 65% of total accounts receivable. The allowance for doubtful accounts increased to $3,236,470 as of June 30, 2019 from $2,697,713 as of June 30, 2018. This was a result of an overall increase in accounts receivable from $3,983,826 as of June 30, 2018 to $4,950,527 as of June 30, 2019. The allowance reflects this increase accordingly.

Property and Equipment

Property and equipment are carried at cost if purchased or at estimated fair value at date of donation in the case of gifts, less accumulated depreciation. The cost of property, equipment and improvements is depreciated over the estimated useful life of the assets using the straight line method. Assets deemed to have a useful life greater than three years are deemed capital in nature. Estimated useful lives range from 3 to 40 years. Maintenance and repairs are charged to expense as incurred.

Debt Issuance Costs

Costs associated with the issuance of long-term debt are initially capitalized and amortized to interest expense over the respective life of the related obligation. The debt issuance costs are presented as a component of long-term debt.

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1. Summary of Significant Accounting Policies (Continued)

Vacation Pay and Fringe Benefits

Vacation pay is accrued and charged to the programs when earned by the employee. Fringe benefits are allocated to the appropriate program expense based on the percentage of actual time spent on the programs.

Program Service Fees

The Center recognizes program service fee revenue relating to services rendered to clients that have third-party payor coverage and are self-pay. The Center receives reimbursement from Medicare, Medicaid and insurance companies at defined rates for services to clients covered by such third-party payor programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as allowances when received. For services rendered to uninsured clients (i.e., self-pay clients), revenue is recognized on the basis of standard or negotiated discounted rates. At the time services are rendered to self-pay clients, a provision for bad debts is recorded based on experience and the effects of newly identified circumstances and trends in pay rates. Program service fee revenue (net of contractual allowances and discounts but before taking account of the provision for bad debts) recognized during the year ended June 30, 2019 totaled $22,440,002, of which $22,068,948 was revenue from third-party payors and $371,054 was revenue from self-pay clients.

Rental Income

Rental income from operating leases leased by third parties is recognized on a straight-line basis in nonoperating income over the noncancelable term of the related leases. Recognition of rental income commences when the tenant takes control of the space. Judgment is required to determine when a tenant takes control of the space, and accordingly, when to commence the recognition of rent. The Organization's leases generally provide for minimum rent and contain renewal options.

State and Federal Grant Revenue and Expenditures

The Center receives a number of grants from, and has entered into various contracts with, the State of New Hampshire and Federal government related to providing mental health services. Revenues and expenses under state and federal grant programs are recognized as the related expenditure is incurred. Grant monies received prior to fiscal year end are recorded as deferred revenue until such time funds are expended.

Other Income

Other income predominately pertains to the portion of Medicaid capitated payments that exceed the standard fee for service reimbursement (based on a Department of Health and Human Services rate schedule) that the Center receives. Capitation is a payment methodology under which a provider receives a fixed amount per person to provide health care services to a specified population of patients during a specified time period. The Center is paid the fixed amount per person regardless of whether that person receives services or not. Other components of other income include meaningful use revenues, Medicaid directed payments, and other miscellaneous sources of income that are recognized when earned or upon receipt if the ultimate payment to be received is not estimable.

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1. Summary of Significant Accounting Policies (Continued)

Performance Indicator

Excess of revenues over expenses is comprised of operating revenues and expenses and nonoperating revenues and expenses. For purposes of display, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operating revenue and expenses. Peripheral or incidental transactions are reported as nonoperating revenues or expenses, which include contributions, rental activities, net investment return, other nonoperating expenses, and contributions to charitable organizations.

Net Assets With Donor Restrictions

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), restricted net assets are reclassified as net assets without donor restrictions and reported in the statement of operations as either net assets released from restrictions for operations (for noncapital-related items) or net assets released from restrictions for property, plant and equipment (for capital-related items). Some restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity.

Except for contributions related to capital purchases, donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions in the accompanying financial statements.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted consist of donor-restricted funds.

Investments and Investment Income

Investments, including assets whose use is limited or restricted, are measured at fair value in the statement of financial position. Interest income on operating cash is reported within operating revenues. Net investment return on investments and assets whose use is limited or restricted (including realized and unrealized gains and losses on investments, investment fees and interest and dividends) is reported as nonoperating revenues (expenses). The Organization has elected to reflect changes in the fair value of investments and assets whose use is limited or restricted, including both increases and decreases in value whether realized or unrealized in nonoperating revenues or expenses.

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1. Summary of Significant Accounting Policies (Continued)

Investment Return Objectives, Risk Parameters and Strategies

The Foundation has board designated and endowment assets. The Foundation has adopted investment policies, approved by the Board of Directors, for endowment assets that attempt to maintain the purchasing power of those endowment assets over the long term. Accordingly, the investment process seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable levels of risk. Endowment assets are invested in a well-diversified asset mix, which includes equity and debt securities, that is intended to result in a consistent inflation-protected rate of return that has sufficient liquidity to make an annual distribution of accumulated interest and dividend income to be reinvested or used as needed, while growing the funds if possible. Actual returns in any given year may vary from this amount. Investment risk is measured in terms of the total endowment fund; investment assets and allocation between asset classes and strategies are managed to reduce the exposure of the fund to unacceptable levels of risk.

Spending Policy for Appropriation of Assets for Expenditure

The Board of Directors of the Foundation determines the method to be used to appropriate endowment funds for expenditure. As a guideline, approximately 5% of the total value of the three year quarterly average of available funds is intended to be distributed annually. The corresponding calculated spending allocations are distributed in an annual installment from the current net total or accumulated net total investment returns for individual endowment funds. In establishing this policy, the Board of Directors considered the expected long term rate of return on its endowment.

Retirement Benefits

The Center maintains a tax-sheltered annuity benefit program, which covers substantially all employees. Eligible employees may contribute up to maximum limitations (set annually by the IRS) of their annual salary. After one year's employment, the employee's contributions are matched by the Center up to 5% of their annual salary. The combined amount of employee and employer contributions is subject by law to yearly maximum amounts. The employer match was $554,303 for the year ended June 30, 2019.

Extended Illness Leave Plan

The Center sponsors an unfunded extended illness leave plan for employees. Employees with at least 10 years of service are eligible to receive a lump sum payout of up to 100% of any accrued unused extended illness leave, based upon years of service at retirement. The Center incurred net postretirement health expenses totaling $39,744 during the year ended June 30, 2019. The Center expects to make employer contributions totaling $76,900 for the fiscal year ending June 30, 2020. Liabilities recognized are based on a third party actuarial analysis.

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1. Summary of Significant Accounting Policies (Continued)

The following table sets forth the change in the Center's extended illness leave plan liability during the year ended June 30, 2019:

Statement of financial position liability at beginning of year	$(415,165)
Net actuarial loss arising during the year	(18,927)
Increase from current year service and interest cost	(47,474)
Contribution made during the year	21,025
Statement of financial position liability at end of year	$(460,541)

Postretirement Health Benefit Plan

The Center sponsors an unfunded defined benefit postretirement plan covering certain of its employees (employed prior to January 1, 1997). In 2007, all eligible active employees were offered and accepted a buyout of the program leaving the plan to provide medical benefits to eligible retired employees. As a result, no additional employees will be enrolled in the plan. Only current retirees participate in the plan.

During 1997, the Center amended the plan to freeze monthly premiums at their December 31, 1996 level and to no longer provide the postretirement benefit to employees hired after December 31, 1996. The weighted-average annual assumed rate of increase in per capita cost of covered benefits (i.e., health care cost trend rate) was 3.57% for the year ending June 30, 2019, and 4.00% per year for retirements that occur on or after January 1, 1997, until those retirees' monthly premium cap of $188 is reached. The Center recognized a net postretirement health benefit totaling $5,915 during the year ended June 30, 2019. The Center expects to make employer contributions totaling $10,100 for the fiscal year ending June 30, 2020.

The following table sets forth the change in the Center's postretirement health benefit plan liability, as calculated by a third party actuary during the year ended June 30, 2019:

Statement of financial position liability at beginning of year	$ (71,225)
Net actuarial loss arising during the year	(7,315)
Increase from current year service and interest cost	(2,740)
Contributions made during the year	12,608
Statement of financial position liability at end of year	$ (68,672)

Malpractice Loss Contingencies

The Center has an occurrence basis policy for its malpractice insurance coverage. An occurrence basis policy provides specific coverage for claims resulting from incidents that occur during the policy term, regardless of when the claims are reported to the insurance carrier. The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the Center. In the event a loss contingency should occur, the Center would give it appropriate recognition in its financial statements.

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1. Summary of Significant Accounting Policies (Continued)

Functional Expense Allocation

The costs of providing program services and other activities have been summarized on a functional basis in the consolidating statement of functional expenses. Accordingly, costs have been allocated among program services and supporting services benefitted.

Recent Accounting Pronouncements

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities (Topic 958)* (ASU 2016-14) – *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. ASU 2016-14 was effective for the Organization for the year ended June 30, 2019. The Organization has adjusted the presentation of these financial statements and related disclosures accordingly to comply with this new pronouncement.

In November 2016, the FASB issued ASU No. 2016-18, *Statement of Cash Flows – Restricted Cash* (ASU 2016-18), which requires that the statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the consolidated statements of cash flows. The provisions of ASU 2016-18 are effective for the Organization for the fiscal year ended June 30, 2020. The Organization adopted ASU 2016-18 during the fiscal year ended June 30, 2019 and the adoption did not have a material effect on the financial statements.

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers* (ASU 2014-09), which requires revenue to be recognized when promised goods or services are transferred to customers in amounts that reflect the consideration to which the Organization expects to be entitled in exchange for those goods and services. ASU 2014-09 will replace most existing revenue recognition guidance in U.S. GAAP when it becomes effective. ASU 2014-09 is effective for the Organization on July 1, 2019. ASU 2014-09 permits the use of either the retrospective or cumulative effect transition method. The Organization is evaluating the impact that ASU 2014-09 will have on its revenue recognition policies, but does not expect the new pronouncement will have a material impact on the Organization's financial statements and related disclosures.

In January 2016, the FASB issued ASU No. 2016-01, *Financial Instruments – Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities* (ASU 2016-01). The amendments in ASU 2016-01 address certain aspects of recognition, measurement, presentation and disclosure of financial instruments. ASU 2016-01 is effective for the Organization for the year ended June 30, 2020, with early adoption permitted. The Organization is currently evaluating the impact that ASU 2016-01 will have on the Organization's financial statements.

1. Summary of Significant Accounting Policies (Continued)

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)* (ASU 2016-02). Under ASU 2016-02, at the commencement of a long-term lease, lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset. ASU 2016-02 is effective for the Organization on July 1, 2021 with early adoption permitted. Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. The Organization is currently evaluating the impact of the pending adoption of ASU 2016-02 on the Organization's financial statements.

In June 2018, the FASB issued ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made* (ASU 2018-08). Due to diversity in practice, ASU 2018-08 clarifies the definition of an exchange transaction as well as the criteria for evaluating whether contributions are unconditional or conditional. ASU 2018-08 is effective for the Organization beginning July 1, 2019, with early adoption permitted. The Organization is evaluating the impact that ASU 2018-08 will have on the Organization's financial statements. Although management's analysis is not complete, the adoption of ASU 2018-08 is not expected to have a material effect on the financial statements.

Subsequent Events

Events occurring after the statement of financial position date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through January 29, 2020 which is the date the financial statements were available to be issued.

2. Program Service Fees From Third-Party Payors

The Center has agreements with third-party payors that provide payments to the Center at established rates. These payments include:

> *New Hampshire and Managed Medicaid* - The Center is reimbursed for services from the State of New Hampshire and Managed Care Organizations for services rendered to Medicaid clients on the basis of fixed fee for service and case rates.

Approximately 74% of net program service fee revenue is from participation in the state and managed care organization sponsored Medicaid programs for the year ended June 30, 2019. Laws and regulations governing the Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates could change materially in the near term.

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3. Accounts Receivable

Accounts receivable consists of the following at June 30, 2019:

Accounts receivable:	
Due from clients	$ 2,162,753
Managed Medicaid	634,786
Medicaid receivable	653,825
Medicare receivable	152,506
Other insurance	1,346,657
	4,950,527
Allowance for bad debts and contractuals	(3,236,470)
Accounts receivable, net	$ 1,714,057

4. Investments and Assets Whose Use is Limited or Restricted

Investments and assets whose use is limited or restricted are presented in the financial statements at market value as follows at June 30, 2019:

Cash and cash equivalents	$ 58,183
Certificate of deposit	250,000
Fixed income securities	633,230
Common stock and mutual funds	3,554,354
	$4,495,767

Investments

Investments, stated at fair value, are comprised of the following at June 30, 2019:

Cash and cash equivalents	$ 52,434
Certificate of deposit	250,000
Fixed income securities	570,665
Common stock and mutual funds	3,203,176
	$4,076,275

Assets Whose Use is Limited or Restricted

The composition of assets whose use is limited or restricted, stated at fair value, is comprised of the following at June 30, 2019:

Donor restricted:	
Cash and cash equivalents	$ 5,749
Fixed income securities	62,565
Common stock and mutual funds	351,178
	$419,492

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4. Investments and Assets Whose Use is Limited or Restricted (Continued)

Interest and dividend income, investment fees and net realized and unrealized gains and losses from assets whose use is limited and investments included in nonoperating revenues and expenses are comprised of the following at June 30, 2019:

Interest and dividend income:	
Without donor restrictions	$114,518
With donor restrictions	12,378
Investment fees:	
Without donor restrictions	(19,105)
With donor restrictions	(2,065)
Net realized gains:	
Without donor restrictions	26,182
With donor restrictions	2,830
Net unrealized gains:	
Without donor restrictions	85,677
With donor restrictions	9,261
	$229,676

5. Fair Value Measurements

Fair value is defined as the price that would be received to sell 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. In determining fair value, the use of various valuation approaches, including market, income and cost approaches, is permitted.

A fair value hierarchy has been established based on whether the inputs to valuation techniques are observable or unobservable. Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entity's own assumptions about how market participants would value an asset or liability based on the best information available. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Organization for financial instruments measured at fair value on a recurring basis. The three levels of inputs are as follows:

Level 1 - Observable inputs such as quoted prices in active markets;

Level 2 - Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and

Level 3 - Unobservable inputs in which there is little or no market data.

5. Fair Value Measurements (Continued)

Assets and liabilities measured at fair value are based on one or more of three valuation techniques. The three valuation techniques are as follows:

- *Market approach* – Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;
- *Cost approach* – Amount that would be required to replace the service capacity of an asset (i.e., replacement cost); and
- *Income approach* – Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques).

In determining the appropriate levels, the Organization performs a detailed analysis of the assets and liabilities. There have been no changes in the methodologies used at June 30, 2019.

The following is a description of the valuation methodologies used:

Certificate of Deposit and Fixed Income Securities

The fair value is determined by using broker or dealer quotations, external pricing providers, or alternative pricing sources with reasonable levels of price transparency, which are primarily classified as Level 1 within the fair value hierarchy.

Mutual funds

Mutual funds are valued based on the closing net asset value of the fund as reported in the active market in which the security is traded, which generally results in classification as Level 1 within the fair value hierarchy.

Common Stock

Common stock is valued at the closing price of the fund as reported in the active market in which the security is traded, which generally results in classification as Level 1 within the fair value hierarchy.

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5. Fair Value Measurements (Continued)

The following table presents by level, within the fair value hierarchy, the Foundation investment assets at fair value, as of June 30, 2019. As required by professional accounting standards, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Description	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 58,183	$ –	$ –	$ 58,183
Certificate of deposit	250,000	–	–	250,000
Common stock:				
Large cap value	10,307	–	–	10,307
Fixed income:				
Corporate bonds	633,230	–	–	633,230
Mutual funds:				
Bank loans	123,986	–	–	123,986
Emerging markets bond	70,234	–	–	70,234
Foreign large cap equity	480,412	–	–	480,412
Intermediate term bond	113,025	–	–	113,025
Large cap blended equity	1,858,273	–	–	1,858,273
Mortgage backed security	156,593	–	–	156,593
Sector	302,823	–	–	302,823
Short-term bond	66,667	–	–	66,667
Small cap foreign/emerging market equity	168,556	–	–	168,556
Strategic income	132,713	–	–	132,713
Tactical	70,765	–	–	70,765
	$4,495,767	$ –	$ –	$4,495,767

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6. Property and Equipment

Property and equipment consisted of the following at June 30, 2019:

Operating properties:	
Land	$ 1,835,152
Buildings and improvements	12,658,142
Furniture and equipment	2,490,922
	16,984,216
Less accumulated depreciation	(6,646,311)
	10,337,905
Commercial rental properties:	
Land	315,876
Buildings and improvements	3,874,524
	4,190,400
Less accumulated depreciation	(178,943)
	4,011,457
	$14,349,362

Depreciation expense for the year ended June 30, 2019 was $670,673 of which $576,784 is reflected in operations and $93,889 is reflected in nonoperating activity related to rental properties.

7. Deferred Revenue

Deferred revenue consisted of the following at June 30, 2019:

Cenpatico cap adjustment	$ 80,237
Granite State UW BMBF Youth grant	25,000
Miscellaneous deferred revenue	24,496
Pearl Manor Seniors Initiative Grant	27,728
	$157,461

8. Line of Credit

As of June 30, 2019, the Center had available a line of credit with a bank providing for maximum borrowings of $2,500,000. The line is secured by all business assets of the Center and was not utilized as of June 30, 2019. These funds are available with interest charged at TD Bank, N.A. Base Rate (5.5% as of June 30, 2019). The line of credit is due on demand and is set to expire on February 29, 2020.

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9. Long-Term Debt

Long-term debt consisted of the following at June 30, 2019:

Bond payable to a bank, due July 2027, with interest only payments at 3.06% through November 2025. Fixed principal payments commence December 2025. Secured by specific real estate	$5,760,000
Note payable to a bank, due December 2025, monthly principal and interest payments of $22,937 at a 4.4% interest rate. Secured by specific real estate	1,545,852
Note payable to a bank, due July 2020, monthly principal and interest payments of $1,231 at a 4.03% interest rate. Secured by specific real estate	80,260
	7,386,112
Less current portion	(230,290)
Less unamortized debt issuance costs	(84,559)
	$7,071,263

In connection with the line of credit, note payable and bond payable agreements, the Center is required to comply with certain restrictive financial covenants including, but not limited to, debt service coverage and days cash on hand ratios. At June 30, 2019, the Organization was in compliance with these restrictive covenants.

Aggregate principal payments on long-term debt, due within the next five years and thereafter are as follows:

Year ending June 30:	
2020	$ 230,290
2021	294,114
2022	232,716
2023	240,033
2024	247,419
Thereafter	6,141,540
	$7,386,112

Interest expense for the year ending June 30, 2019 was $256,944. In accordance with ASU 2015-03, the amortization of debt issuance costs of $10,461 is reflected in interest expense. The remaining balance of $246,483 is interest related to the above debt for the year ended June 30, 2019.

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10. Lease Obligations

The Center leases certain facilities and equipment under operating leases which expire at various dates. Aggregate future minimum payments under noncancelable operating leases with terms of one year or more as of June 30, 2019 are as follows:

2020	$ 91,145
2021	86,950
2022	52,430
2023	13,300
	$243,825

Rent expense incurred by the Center was $92,697 for the year ended June 30, 2019.

11. Leases in Financial Statements of Lessors

In July 2017, the Center acquired an office building it previously partially leased located at 2 Wall Street in Manchester, New Hampshire. The Center leases the real estate it does not occupy to nonrelated third parties. Aggregate future minimum lease payments to be received from tenants under noncancelable operating leases with terms of one year or more as of June 30, 2019 are as follows:

2020	$ 390,142
2021	250,046
2022	131,756
2023	135,314
2024	138,448
Thereafter	36,547
	$1,082,253

Rental revenue related to these noncancelable operating leases was $403,191 for the year ended June 30, 2019.

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12. Concentrations of Credit Risk

The Foundation held investments with LPL Financial totaling $4,245,767 as of June 30, 2019. Of this amount $3,745,767 is in excess of SIPC coverage of $500,000 and is uninsured.

The Center grants credit without collateral to its clients, most who are area residents and are insured under third-party payor agreements. The mix of receivables due from clients and third-party payors at June 30, 2019 is as follows:

Due from clients	44%
Managed Medicaid	13
Medicaid receivable	13
Medicare receivable	3
Other insurance	27
	100%

13. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2019:

Purpose restriction:	
Educational scholarships and program related activities	$187,195
Perpetual in nature:	
Investments to be held in perpetuity, the income from which is restricted to support educational scholarships and program related activities	232,297
	$419,492

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14. Liquidity and Availability

Financial assets available for general expenditure within one year of the statement of financial position date, consist of the following at June 30, 2019:

Financial assets at year end:	
Cash and cash equivalents	$ 6,062,465
Accounts receivable	1,714,057
Other receivables	755,153
Investments	4,076,275
Financial assets available to meet general expenditures within one year	$12,607,950

The Foundation receives contributions restricted by donors, and considers contributions restricted for programs which are ongoing, major and central to its annual operations to be available to meet cash needs for general expenditures.

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Supplementary Information

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

June 30, 2019

ASSETS

	Center	Foundation	Amoskeag	Elimi-nations	Total
Current assets:					
Cash and cash equivalents	$ 5,906,396	$ 29,418	$126,651	$ –	$ 6,062,465
Restricted cash	454,345	–	33,173	–	487,518
Accounts receivable, net	1,714,057	–	–	–	1,714,057
Other accounts receivable	757,632	–	(2,479)	–	755,153
Due from affiliate	210,400	–	–	(210,400)	–
Investments – short-term	250,000	–	–	–	250,000
Prepaid expenses	495,089	–	691	–	495,780
Total current assets	9,787,919	29,418	158,036	(210,400)	9,764,973
Investments – long-term	–	3,826,275	–	–	3,826,275
Assets whose use is limited or restricted	–	419,492	–	–	419,492
Property and equipment, net of accumulated depreciation	14,199,392	–	149,970	–	14,349,362
Total assets	$23,987,311	$4,275,185	$308,006	$(210,400)	$28,360,102

LIABILITIES AND NET ASSETS

	Center	Foundation	Amoskeag	Elimi-nations	Total
Current liabilities:					
Accounts payable	$ 375,033	$ –	$ 2,295	$ –	$ 377,328
Accrued payroll, vacation and other accruals	3,739,644	710	–	–	3,740,354
Deferred revenue	157,461	–	–	–	157,461
Accrual for estimated third-party payor settlements	249,469	–	–	–	249,469
Due to affiliate	–	203,767	6,633	(210,400)	–
Current portion of long-term debt	218,525	–	11,765	–	230,290
Amounts held for patients and other deposits	18,665	–	2,615	–	21,280
Total current liabilities	4,758,797	204,477	23,308	(210,400)	4,776,182
Extended illness leave, long term	460,541	–	–	–	460,541
Post-retirement benefit obligation	68,672	–	–	–	68,672
Long-term debt, less current maturities and unamortized debt issuance costs	7,002,768	–	68,495	–	7,071,263
Total liabilities	12,290,778	204,477	91,803	(210,400)	12,376,658
Net assets:					
Without donor restrictions	11,696,533	3,651,216	216,203	–	15,563,952
With donor restrictions	–	419,492	–	–	419,492
Total net assets	11,696,533	4,070,708	216,203	–	15,983,444
Total liabilities and net assets	$23,987,311	$4,275,185	$308,006	$(210,400)	$28,360,102

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

CONSOLIDATING STATEMENT OF ACTIVITIES
AND CHANGES IN NET ASSETS

Year Ended June 30, 2019

	Center	Foundation		Amoskeag	
	Without Donor Restriction	Without Donor Restriction	With Donor Restriction	Without Donor Restriction	Total
Revenues and other support:					
Program service fees, net	$22,440,002	$ –	$ –	$ –	$22,440,002
Program rental income	131,429	–	–	203,638	335,067
Fees and grants from government agencies	4,644,491	–	–	–	4,644,491
Interest income	105,293	–	–	–	105,293
Other income	6,732,558	–	–	71	6,732,629
Total revenues and other support	34,053,773	–	–	203,709	34,257,482
Operating expenses:					
Program services:					
Children and adolescents	4,885,860	–	–	–	4,885,860
Elderly	256,616	–	–	–	256,616
Emergency services	2,444,022	–	–	–	2,444,022
Vocational services	555,013	–	–	–	555,013
Noneligibles	1,445,620	–	–	–	1,445,620
Multiservice team	7,879,982	–	–	–	7,879,982
ACT team	3,808,348	–	–	–	3,808,348
Crisis unit	5,299,302	–	–	–	5,299,302
Community residences and support living	1,486,944	–	–	–	1,486,944
HUD residences	–	–	–	214,402	214,402
Other	1,908,952	–	–	–	1,908,952
Total program services	29,970,659	–	–	214,402	30,185,061
Support services:					
Management and general	3,368,217	–	–	36,493	3,404,710
Operating property	478,932	–	–	–	478,932
Interest expense	253,414	–	–	3,530	256,944
Total operating expenses	34,071,222	–	–	254,425	34,325,647
Loss from operations	(17,449)	–	–	(50,716)	(68,165)

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

CONSOLIDATING STATEMENT OF ACTIVITIES
AND CHANGES IN NET ASSETS (CONTINUED)

Year Ended June 30, 2019

	Center	Foundation		Amoskeag	
	Without Donor Restriction	Without Donor Restriction	With Donor Restriction	Without Donor Restriction	Total
Loss from operations	$ (17,449)	$ –	$ –	$ (50,716)	$ (68,165)
Nonoperating revenue (expenses):					
Rental income	403,191	–	–	–	403,191
Rental property expense	(367,083)	–	–	–	(367,083)
Contributions	273,353	15,172	6,418	–	294,943
Net investment return	–	207,272	22,404	–	229,676
Dues	–	(4,800)	–	–	(4,800)
Donations to charitable organizations	–	–	(16,500)	–	(16,500)
Miscellaneous expenses	–	(2,949)	–	–	(2,949)
Nonoperating revenue, net	309,461	214,695	12,322	–	536,478
Excess (deficiency) of revenues over expenses	292,012	214,695	12,322	(50,716)	468,313
Net transfer from (to) affiliate	83,907	(83,907)	–	–	–
Reclassification of net assets with donor restrictions	–	(67,481)	67,481	–	–
Increase (decrease) in net assets	375,919	63,307	79,803	(50,716)	468,313
Net assets at beginning of year	11,320,614	3,587,909	339,689	266,919	15,515,131
Net assets at end of year	$11,696,533	$3,651,216	$419,492	$216,203	$15,983,444

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

ANALYSIS OF ACCOUNTS RECEIVABLE

For the Year Ended June 30, 2019

	Accounts Receivable Beginning of Year	Gross Fees	Contractual Allowances and Discounts	Bad Debts and Other Charges	Transfers and Reclassifications*	Cash Receipts**	Accounts Receivable End of Year
Client fees	$ 1,842,016	$ 5,102,915	$ (4,385,089)	$ 2,936	$ 212,429	$ (612,454)	$ 2,162,753
Managed Medicaid	305,365	23,824,152	(9,071,742)	(838,660)	554,172	(14,138,501)	634,786
Medicaid receivable	517,135	5,132,964	(2,414,625)	–	393,911	(2,975,560)	653,825
Medicare receivable	205,506	1,840,818	(662,959)	–	(373,731)	(857,128)	152,506
Other insurance	1,113,804	6,937,913	(2,490,073)	209	(1,036,250)	(3,178,946)	1,346,657
	3,983,826	42,838,762	(19,024,488)	(835,515)	(249,469)	(21,762,589)	4,950,527
Reserve for bad debts and contractuals	(2,697,713)	–	–	(538,757)	–	–	(3,236,470)
Accounts receivable, net	$ 1,286,113	$42,838,762	$(19,024,488)	$(1,374,272)	$ (249,469)	$(21,762,589)	$ 1,714,057

* Transfers and reclassifications do not net to zero due to transfers from accounts receivable to accrual for estimated third-party payor settlements on the accompanying balance sheet.

** Excludes certain Medicaid capitation payments that exceed the standard fee for service reimbursement.

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

ANALYSIS OF BBH REVENUES, RECEIPTS AND RECEIVABLES

For the Year Ended June 30, 2019

	BBH Receivable Beginning of Year	BBH Revenues Per Audited Financial Statements	Receipts for Year	BBH Receivable End of Year
Contract year, June 30, 2019	$162,885	$3,038,801	$(2,949,613)	$252,073

	Amount
Analysis of receipts:	
Date of receipt/deposit:	
July 16, 2018	$ 161,207
July 20, 2018	885
September 12, 2018	251,187
October 30, 2018	278,166
November 1, 2018	224,210
November 29, 2018	251,622
January 24, 2019	1,770
February 8, 2019	516,374
March 4, 2019	5,000
April 8, 2019	502,374
April 19, 2019	139,969
April 22, 2019	112,104
May 28, 2019	1,839
May 30, 2019	251,188
June 26, 2019	251,718
	$2,949,613

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MANCHESTER MENTAL HEALTH FOUNDATION, INC. AND AFFILIATES

STATEMENT OF FUNCTIONAL PUBLIC SUPPORT AND REVENUES

Year Ended June 30, 2019

								Mental Health
	Total Agency	Administration	Total Center Programs	Child and Adolescents	Elderly Services	Emergency Services	Vocational Services	Non-Eligibles
Program service fees:								
Net client fees	$ 371,054	$ –	$ 371,054	$ 57,629	$ (30,131)	$ 74,775	$ 10,467	$ (33,806)
HMO's	1,537,915	–	1,537,915	291,142	26,245	281,882	–	333,349
Blue Cross/Blue Shield	2,111,774	–	2,111,774	303,611	62,836	344,591	–	395,569
Medicaid	16,632,486	–	16,632,486	5,720,539	311,395	488,409	257,662	285,511
Medicare	1,190,836	–	1,190,836	750	194,785	8,238	1	139,715
Other insurance	597,002	–	597,002	94,147	16,599	119,631	6,023	92,977
Other program fees	(1,065)	–	(1,065)	(137)	(1,498)	(3,716)	–	(1,025)
	22,440,002	–	22,440,002	6,467,681	580,231	1,313,810	274,153	1,212,290
Local and county government:								
Division for Children, youth and families	3,540	–	3,540	3,540	–	–	–	–
Federal funding path	40,121	–	40,121	–	–	40,121	–	–
Rental income	335,067	–	335,067	–	–	–	–	–
Interest income	105,293	–	105,293	–	–	–	–	–
BBH:								
Bureau of Behavioral Health	3,038,801	–	3,038,801	2,804	–	440,882	–	–
Other	1,079,642	–	1,079,642	–	–	–	–	–
Other revenues	7,215,016	46,315	7,168,701	2,056,937	69,266	1,100,213	177,174	44,618
	11,817,480	46,315	11,771,165	2,063,281	69,266	1,581,216	177,174	44,618
Total program revenues	$34,257,482	$ 46,315	$34,211,167	$ 8,530,962	$ 649,497	$ 2,895,026	$ 451,327	$ 1,256,908

	Center Multi Service Team	ACT Team	Crisis Unit	Community Residence	Supportive Living	Other Mental Health	Other Non-BBH	Amoskeag
Program service fees:								
Net client fees	$ (119,964)	$ 61,199	$ 245,926	$ 29,012	$ 24,383	$ –	$ 51,564	$ –
HMO's	298,487	18,683	288,120	–	–	–	7	–
Blue Cross/Blue Shield	495,257	56,949	452,948	–	–	–	13	–
Medicaid	5,034,904	2,051,593	1,529,058	478,813	441,634	1,451	31,517	–
Medicare	756,733	86,908	3,703	2	–	–	1	–
Other insurance	103,260	72,975	47,897	–	2,512	–	40,981	–
Other program fees	(982)	(139)	(3,022)	–	(43)	–	9,497	–
	6,567,695	2,348,168	2,564,630	507,827	468,486	1,451	133,580	–
Local and county government:								
Division for Children, youth and families	–	–	–	–	–	–	–	–
Federal funding path	–	–	–	–	–	–	–	–
Rental income	–	–	2,303	–	123,675	–	5,451	203,638
Interest income	–	–	–	–	–	–	105,293	–
BBH:								
Bureau of Behavioral Health	–	1,591,509	940,606	–	–	63,000	–	–
Other	–	–	1,079,642	–	–	–	–	–
Other revenues	1,489,720	–	416,861	39,393	317,525	1,112	1,455,811	71
	1,489,720	1,591,509	2,439,412	39,393	441,200	64,112	1,566,555	203,709
Total program revenues	$ 8,057,415	$ 3,939,677	$ 5,004,042	$ 547,220	$ 909,686	$ 65,563	$ 1,700,135	$ 203,709

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MANCHESTER MENTAL HEALTH FOUNDATION, INC.
AND
THE MENTAL HEALTH CENTER OF GREATER MANCHESTER, INC.

BOARD OF DIRECTORS
2020 - 2021

Kevin Sheppard, Chair, Director, Manchester Public Works
Term 6 yrs. 10/2016-9/2022

Elaine Michaud, Vice Chair, Retired Partner, Devine Millimet
Term 6 months. 5/2021-10/2021

Brent Kiley, Treasurer, Managing Director, Rise Private Wealth Management
Term 6 yrs. 10/2017-9/2023

Lizabeth MacDonald, Secretary, Principal, Weston Elementary School
Term 6 yrs. 4/2016-9/2022

Allen Aldenberg, Captain, Manchester Police Dept.
Term 6 yrs. 1/2019-9/2024

Mark Burns, Senior Sales Executive, Wieczorek Insurance
Term 6 yrs. 10/2019-9/2025

Ronald Caron, Attorney, Devine, Millimet Law Firm
Term 6 yrs. 10/2019-9/2025

Jeff Eisenberg, President, EVR Advertising
Term 6 yrs. 10/2018-9/2024

Desneiges French, Senior Accountant, Wipfli, LLP
Term 6 yrs. 10/2019-9/2025

David Harrington, Director of Human Resources, New England College
Term 6 yrs. 10/2017-9/2023

Philip Hastings, IT Consultant
Term 6 yrs. 10/2015-9/2021

Jaime Hoebeke, Division Head, Manchester Health Dept.
Term 6 yrs. 10/2015-10/2021

Christina Mellor, Interior Designer, Lavallee Brensinger Architects
Term 6 yrs. 10/2015-9/2021

Michael Reed, President, Stebbins Commercial Properties, LLC
Term 6 yrs. 10/2019-9/2025

Deanna Rice, Director of Case Management and Population Health, Catholic Medical Center
Term 6 yrs. 10/2020-9/2026

Ron Schneebaum, MD, Dartmouth Hitchcock
Term 6 yrs. 10/2018-9/2024

Andrew Seward, Chief Information Security Officer, Solution Health System
Term 6 yrs. 10/2016-9/2022

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MANCHESTER MENTAL HEALTH FOUNDATION, INC.
AND
THE MENTAL HEALTH CENTER OF GREATER MANCHESTER, INC.

BOARD OF DIRECTORS
2020 - 2021

Richard Shannon, Deacon, Director of Pastoral Care, Bishop Peterson Residence
Term 6 yrs. 10/2016-9/2022

William Stone, President and CEO, Primary Bank
Term 6 yrs. 5/2020-9/2026

PATRICIA CARTY, MS, CCBT

Executive Vice President/Chief Operating Officer

DESCRIPTION

Works collaboratively with members of Senior Leadership Team and is an active participant in planning and development. Attends meetings with the Board of Directors and contributes to Board effort in governing The Center. Advises the President/CEO of opportunities and trends within the environment that The Center operates, as well as analyzing the strengths and weaknesses of Center programs and personnel. Understands and incorporates The Center's mission, vision and Guiding Values and Principles in all areas of performance. Positively represents The Center y to all constituent groups; including regulatory agencies, media, general public, staff, consumers and families. May be requested to take part in consultations, education activities, speakers bureau, presentations, supervision of employees toward licensure, and will be expected to take part in Quality Improvements activities.

EDUCATION

MS	Springfield College, Manchester Community/Psychology	1994
BA	University of Vermont Psychology	1985

EXPERIENCE

The Mental Health Center of Greater Manchester — Manchester, NH

July 2015 to present	Executive Vice President/Chief Operating Officer
2000 to July 2015	Director of Community Support Services
1996 – 2000	Assistant Director of Community Support Services
1990 – 1996	Assistant Coordinator, Restorative Partial Hospital
1987 – 1990	Counselor, Restorative Partial Hospital
1986 – 1987	Residential Specialist

PROFESSIONAL AFFILIATIONS, MEMBERSHIPS, LICENSES AND CERTIFICATIONS

- Member – Psychopharmacology Research Group, Department of Psychiatry, Dartmouth Medical School – 2003 to present
- 1998 Recipient of the Mental Illness Administrator of the Year Award by the National Alliance for the Mentally Ill
- 1998 American Psychiatric Association Gold Award participant winner accepting on behalf of the entire DBT treatment program
- American Mental Health Counselor's Association (#999020788)
- Certified Cognitive Behavioral Therapist (#12421)
- National Association of Cognitive Behavioral Therapists

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PUBLICATIONS

The Trauma Recovery Group: A Cognitive-Behavioral Program for Post-Traumatic Stress Disorder in Persons with Severe Mental Illness. Community Mental Health Journal, Vol. 43, No. 3, June 2007.

Co-authored Chapter 25 for text entitled Improving Mental Health Care: Commitment to Quality. Edited by Sederer & Dickey, 2001.

Psychometric Evaluation of Trauma and Post-traumatic Stress Disorder Assessment in Persons with Severe Mental Illness. Psychology Assessment. 2001. Vol. 13, No. 1, 110-117.

HIV Risk Factors Among People with Severe Mental Illness in Urban and Rural Areas. Psychiatric Services. April 1999.

Trauma and Post-traumatic Stress Disorder in Severe Mental Illness. Journal of Consulting and Clinical Psychology. 1998. Vol. 49, No. 10, 1338-1340.

Integrating Dialectical Behavior Therapy into a Community Mental Health Program. Psychiatric Services. October 1998. Vol. 49, No. 10, 1338-1340.

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Resume

Richard Cornell MSW, ACSW, LICSW
Vice President of Community Relations
The Mental Health Center of Greater Manchester
401 Cypress Street
Manchester, NH 03103
603-206-8547

WORK EXPERIENCE - *Please note that I have worked for the MHCGM since 1973.*

July 2014 to Present -
Vice President of Community Relations *for the Mental Health Center of Greater Manchester. Responsible for overseeing all Community and Development Projects as well as Community Education & Strategic Resources.*

2000 to July 2014 -
Director of Bedford Counseling Associates. *Responsible for all clinical decisions made by the staff in our Manchester and Derry office settings. Supervised the decisions made by the scheduling department. Monitored the use of funding source monies. Worked with other departments to assure open communication and that client needs were met (member of CST, Management and Marketing Teams). Supervised new staff and students. Maintained a full-time case load. Performed community presentations as needed. Resolved any client conflicts in the delivery of their services.*

1999 to 2000 -
Coordinator of Bedford Counseling Associates. *Full-time therapist. Supervised intake coordination and emergency services related to this program.*

1986 to 1999 -
Child and Adolescent Therapist. *Responsible for community outreach with local schools, hospitals and primary care offices. Performed presentations for local businesses when needed.*

1980 to 1986 -
Child Therapist. *Worked with families and community programs.*

1981 to 1984 -
Volunteer Coordinator & Vocational Development. *Worked with the Director*

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of Community Development to expand a highly successful volunteer program for the center. We also worked to create a supportive employment program (Options) for the center. During this time additionally carried a full clinical caseload.

1978 to 1980 -
Adult Out-Patient Therapist. *Caseload was mixed with Emergency Services and the Adult Out-Patient Department.*

1976 to 1980 - .
Emergency Services Clinician. *Responsible for crisis intervention training. Performed psychiatric assessments. Took on-call duties in office and out in the community. Worked with Emergency Room Departments, Police and many community agencies.*

1973 to 1975 -
Mental Health Worker. *Therapist on the night and evening shifts of the center's in-patient unit.*

EDUCATION

1987-
MSW *with a concentration in youth and group work. Boston University, School of Social Work*
1981 –
***BS** in Human Services, New Hampshire College*

LICENSURE/MEMBERSHIPS

- *LICSW - Licensed Independent Clinical Social Worker, NH # 457*
- *ACSW - Academy of Certified Social Workers since 1990*
- *NASW –National Association Of Social Workers since 1984*

QUALIFICATIONS

- *Demonstration of strong leadership skills*
- *Sound background of clinical practice*
- *History of positive supervisory skills*
- *Lengthy public speaking experience*

(References available upon request)

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PAUL J. MICHAUD
MSB, BS

Seasoned professional with 30 years of financial management, reporting, and leadership experience, inclusive of general ledger oversight & reconciliations, month-end close, payroll, A/P, A/R, budgeting / forecasting, variance analysis, product costing, revenue cycle management, revenue enhancement, treasury / cash-flow forecasting, environmental & operational analysis, staff supervision, H/R, workers comp. and insurance / risk administration, regulatory and statutory reporting, external audits, strategic planning, policy development, grants / funding management, technology implementation, EMR, compliance, and security.

LEADERSIP POSITIONS

Chief Financial Officer	The Mental Health Center Of Greater Manchester (NH)	2011 to present
Controller	Associated Home Care, Inc. Beverly, MA	2009 to 2011
Chief Financial Officer	Seacoast VNA, North Hampton, NH	1998 to 2009
Manager, Public Accounting	Berry, Dunn, McNeil & Parker, CPA	1996 to 1998
Director, Budget & Cost / Controller	BCBS of Maine, So. Portland, ME	1993 to1996

Key Accountabilities: Oversight of all accounting, financial reporting, transaction processing, budgets / forecasts, A/R, A/P, G/L, payroll, I/T, product costing, profitability analysis, and vendor contracting. Regular collaboration with Senior Management Team, Finance Committees, Board of Directors, external auditors, and federal / state regulators. Other responsibilities include: revenue cycle & cash flow management, analysis and resolution of forecast variances, management of billing, A/R and collections, banking, investor, lender relationships, new business development, staff recruitment, supervision, training, benefits / retirement plans administration , cost accounting, operational analyses, systems integration, development and maintenance of accounting and management information systems. Duties also include assessing risk exposure & insurance coverage, M & A evaluations and due diligence, grant applications, and preparation of corporate income tax schedules and support (Forms 990 and 1120)

Significant Accomplishments – Post-Acute Healthcarefacilities:

Key member of EMR implementation team (billing, A/R, Accounting, registration functions)
Financial oversight during period of 100% revenue growth
Financial oversight during period of national Top 500 Agency Status
Financial oversight during period of 300% reduction in Days in A/R
One-year oversight – due diligence process – Merger with $50 million entity

Audit / Consulting Manager

Berry, Dunn, McNeil & Parker, CPA's & Management Consultants 1996 to 1998
Provided consultation and advisory services to hospitals , nursing homes, ALF's, and other healthcare facilities (acute & post-acute) in areas of reimbursement, financial planning and reporting and systems evaluations and integration. Coordinated and supervised audit engagements, regulatory report preparation, feasibility studies, due diligence, financial forecasts and projections, and operational and compliance reviews. Assisted clients with regulatory licensing and certifications.

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Budget Director, Finance Division, Budget & Cost Department
Blue Cross & Blue Shield of Maine So. Portland, ME 1993 through 1996
Directed corporate administrative budgeting and forecasting process for Maine's largest managed care organization. Determined, distributed, analyzed, and forecast annual operating expenses in excess of $70 million. Oversight responsibilities of administrative expense reimbursement for all federal and state contracts. Supervised professional and administrative staff. A/P. Payroll, G/L, financial & budget variance reporting & analysis. Interim appointment as VP of Finance.

Significant Accomplishments:

Reorganized corporate budgeting and costing process, converting to electronic format while enhancing routine communications with department heads and improving variance reporting..
Restructured payroll and A/P functions resulting in operational and economic efficiencies.
Collaborated with senior management in major corporate reorganization to streamline operations and reduce administrative costs. Reduced administrative budget in excess of 25%.
Appointed to corporate job evaluation and compensation committee

Audit Manager, Medicare Fiscal Intermediary
Blue Cross & Blue Shield of Maine So. Portland, ME 1985 through 1993

Oversight responsibilities for Medicare cost report audit and reimbursement functions for hospital complexes, home health care agencies, skilled nursing facilities, and other healthcare providers. Interpreted and applied federal program laws, regulations and cost reporting instructions. Interacted with provider officers and external consultants, CPA's and federal program officials. Staff supervision.

Accomplishments:

Planned, organized and implemented New England Regional Home Health Agency audit department in 1986, inclusive of development of audit programs and policies, fraud and abuse detection programs, staff recruitment and training, and all related administrative and management functions.
Administered annual audit and provider service functions resulting in HCFA recognition of Blue Cross & Blue Shield of Maine as one of the leading and most cost efficient audit intermediaries in the entire country based upon federal performance and quality standards. (1989 through 1995)

Staff Auditor – Public Accounting
Planned and conducted audit examinations and prepared financial statements and tax returns for clients within the retail, financial services, healthcare and manufacturing industries.

Arthur Young & Company, Portland, Maine 1982 through 1983

EDUCATIONAL EXPERIENCE

Husson College, Bangor, Maine
Masters of Science in Business Administration (MSB – Accounting Concentration) 1990
Husson College, Bangor, Maine
Bachelor of Science in Accounting (BSA) 1980

TECHNICAL PROFICIENCIES

Microsoft Office Products – Excel, Word, Powerpoint, database management tools
Various accounting & patient billing programs *(Quantum, myAvatar, QuickBooks, MAS 90, MISYS, HAS, CERNER)*

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William T. Rider

Objective

To provide effective leadership in community mental healthcare

Experience

The Mental Health Center of Greater Manchester
401 Cypress St Manchester, NH 03103 (603) 668-4111

- 3/2015 to Present: President, Chief Executive Officer
- 3/2000 to 3/2015: Executive VP, Chief Operating Officer
- 1/1995 to 2/2000: Director, Community Support Program
- 7/1987 to 12/1994: Assistant Director Community Support Program
- 6/1985 to 6/1987: Clinical Case Manager

Carroll County Mental Health
25 West Main St. Conway NH 03818

- 4/78 to 5/85: Clinical Case Manager

New Hampshire Hospital
24 Clinton St
Concord NH 03301

- 10/76 to 4/78: Mental Health Counselor

Education

2001 to 2002 Franklin Pierce College Concord, NH

- 12 Graduate Credits

1972 to 1976 Canisius College Buffalo, NY

- BA Psychology 1976

Community Activity

Granite Pathways: Vice Chair, Board of Directors

Postpartum Support International-NH, Founders Board

NAMI of NH Member since 1985

- 1992 NAMI Professional of the Year Award

THE MENTAL HEALTH CENTER OF GREATER MANCHESTER, INC.
NAME OF CONTRACT: MENTAL HEALTH SERVICES
BUDGET PERIOD: SFY: 2022 (July 1, 2021 through June 30, 2022)

KEY PERSONNEL

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
WILLIAM RIDER	PRESIDENT / CEO	$173,592	100.00%	$173,592
PATRICIA CARTY	EXECUTIVE VP / COO	$117,307	100.00%	$117,307
PAUL MICHAUD	VP of FINANCE / CFO	$130,745	100.00%	$130,745
RICHARD CORNELL	VP OF COMMUNITY RELATIONS	$109,912	100.00%	$109,912
TOTAL SALARIES		$531,556		$531,556

State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Mental Health Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Seacoast Mental Health Center, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017, (Late Item A), as amended on June 19, 2019, (Item #29), 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, 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, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $5,782,478.

3. Modify Exhibit A, Amendment #1, Scope of Services by replacing in its entirety with Exhibit A Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
5. Add Exhibit K, Amendment #2, DHHS Information Security Requirements, 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

6/11/2021
Date

DocuSigned by:
Katja Fox
ED9D05B04C63442...
Name: Katja Fox
Title: Director

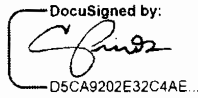
Seacoast Mental Health Center, Inc.

6/11/2021
Date

DocuSigned by:
Jay Couture
A9953D2454F1468...
Name: Jay Couture
Title: President and CEO

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

OFFICE OF THE ATTORNEY GENERAL



6/11/2021

Date

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:

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 shall operate a Community Mental Health Center (CMHC) that provides services intended to promote recovery from mental illness for eligible residents in the State of New Hampshire (individuals) for Region 8. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.

1.4. Prior to termination of this contract the parties will agree on a plan for transition and destruction of confidential data in accordance with Exhibit K.

1.5. The Contractor shall provide individualized, recovery based services and supports in the manner that best allows each individual to stay within their home and community providing current treatment and recovery options that are based on scientific research and evidence based practices (EBP).

1.6. The Contractor acknowledges the requirements of the Community Mental Health Agreement (CMHA) and shall demonstrate progress toward meeting the following terms in the CMHA: 1.) Assertive Community Treatment Teams; 2.) Evidence-Based Supported Employment; and 3.) Transition planning for individuals at New Hampshire Hospital and Glencliff Home and 4.) Supported Housing. Further, the Contractor shall participate in annual Quality Service Reviews (QSR) conducted under the terms of the CMHA.

1.7. The Contractor shall enter into a capitation model of contracting with all NH Managed Care Organizations to support the delivery and coordination of behavioral health services and supports for children, youth, transition-aged youth, young adults, and adults in order to ensure economic sustainability for the Contractor, allow for flexibility in the delivery of care and provide appropriate incentives to improve the quality of care.

1.8. The Contractor shall support the integration of physical and behavioral health as a standard of practice; implementing the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Levels of Collaboration/Integration to the maximum extent feasible.

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1.9. The Contractor shall ensure that clinical standards and operating procedures are consistent with trauma-informed models of care, as defined by SAMHSA. The clinical standards and operating procedures must reflect a focus on wellness, recovery, and resiliency.

1.10. The Contractor shall engage in ongoing implementation, service improvements, and expansion efforts associated with New Hampshire's 10 Year Mental Health Plan.

1.11. For the purposes of this agreement, all references to days shall mean calendar days unless otherwise specified.

1.12. The Contractor shall provide individuals, caregivers and youth the opportunity for feedback and leadership within the agency to help improve services in a person-centered manner when applicable and appropriate.

1.13. The Contractor shall ensure rapid access to services is available to each individual by offering an appointment slot on the same or next calendar day of the initial contact.

2. System of Care for Children's Mental Health

2.1. The Contractor shall collaborate with the Department on the implementation of NH RSA 135-F, System of Care for Children's Mental Health.

2.2. The Contractor shall provide services for children, youth, and young adults with serious emotional disturbance (SED) in a manner that aligns with NH RSA 135-F. The Contractor shall ensure services are:

2.2.1. Family Driven - services and supports are provided in a manner that best meets the needs of the family and the family goals;

2.2.2. Youth Driven - services and supports are provided in a manner that best meets the needs of the child, youth or young adult and that supports their goals;

2.2.3. Community Based - services and supports are provided in a manner that best allow children, youth, and young adults to stay within their home and community; and

2.2.4. Cultural and Linguistic Competent - Services are provided in a manner that honors a child, youth, or young adult and their family-identified culture, beliefs, ethnicity, preferred language, gender and gender identity and sexual orientation.

2.3. The Contractor shall collaborate with the FAST Forward program, ensuring services are available for all children and youth enrolled in the program.

2.4. The Contractor shall make referrals to the FAST Forward program for any child, youth, or young adult that may be eligible.

3. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

3.1. The Contractor shall maintain appropriate levels of certification through a contract with the Judge Baker Center for Children for new and existing staff to ensure access to the evidence-based practice of MATCH-ADTC for children and youth who meet the criteria.

3.2. The Contractor shall ensure new and incoming staff work towards meeting a goal of 70% of their children and youth client's needs with the evidence-based practice of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC).

3.3. The Contractor shall utilize the Judge Baker's Center for Children (JBCC) TRAC system to support each case with MATCH-ADTC as the identified treatment modality.

3.4. The Contractor shall invoice BCBH through green sheets for:

3.4.1. The costs for both the certification of incoming therapists and the recertification of existing clinical staff, not to exceed the budgeted amount.

3.4.2. The full cost of the annual fees paid to the JBCC for the use of their TRAC system to support MATCH-ADTC.

4. System of Care Grant (SoC) Activities with the New Hampshire Department of Education (NH DOE)

4.1. The Contractor shall participate in local comprehensive planning processes with the NH DOE, on topics and tools that include, but are not limited to:

4.1.1. Needs assessment.

4.1.2. Environmental scan.

4.1.3. Gaps analysis.

4.1.4. Financial mapping.

4.1.5. Sustainability planning.

4.1.6. Cultural linguistic competence plan.

4.1.7. Strategic communications plan.

4.1.8. SoC grant project work plan.

4.2. The Contractor shall participate in ongoing development of a Multi-Tiered System of Support for Behavioral Health and Wellness (MTS-B) within participating school districts.

4.3. The Contractor shall utilize evidence based practices (EBPs) that respond to identified needs within the community including, but not limited to:

4.3.1. MATCH-ADTC.

4.3.2. All EBPs chosen for grant project work that support participating school districts' MTS-B.

4.4. The Contractor shall maintain and strengthen collaborative, working relationships with participating school districts within the region which includes, but is not limited to:

4.4.1. Developing and utilizing a facilitated referral process.

4.4.2. Co-hosting joint professional development opportunities.

4.4.3. Identifying and responding to barriers to access for local families and youth.

4.5. The Contractor shall maintain an appropriate full time equivalent (FTE) staff who is a full-time, year-round School and Community Liaison. The Contractor shall:

4.5.1. Ensure the FTE staff is engaging on a consistent basis with each of the participating schools in the region in person or by remote access to support program implementation.

4.5.2. Hire additional staff positions to ensure effective implementation of a System of Care.

4.6. The Contractor shall provide appropriate supervisory, administrative and fiscal support to all project staff dedicated to SoC Grant Activities.

4.7. The Contractor shall designate staff to participate in locally convened District Community Leadership Team (DCLT) and all SoC Grant Activities-focused meetings, as deemed necessary by either NH DOE or the Department.

4.8. The Contractor shall actively participate in the SoC Grant Activities evaluation processes with the NH DOE, including collecting and disseminating qualitative and quantitative data, as requested by the Department.

4.9. The Contractor shall conduct National Outcomes Measures (NOMs) surveys on all applicable tier 3 supports and services to students and their families at the SoC grant project intervals, as determined by the Department.

4.10. The Contractor shall abide by all federal and state compliance measures and ensure SoC grant funds are expended on allowable activities and expenses, including, but not limited to an Marijuana (MJ) Attestation letter.

4.11. The Contractor shall maintain accurate records of all in-kind services from non-federal funds provided in support of SoC Grant Activities, in accordance with NH DOE guidance.

5. Renew Sustainability (Rehabilitation for Empowerment, Education, and Work)

5.1. The Contractor shall provide the Rehabilitation for Empowerment, Education and Work (RENEW) intervention with fidelity to transition-aged youth who qualify for state-supported community mental health services, in accordance with the University of New Hampshire (UNH) -Institute On Disability (IOD) model.

5.2. The Contractor shall obtain support and coaching from the IOD at UNH to improve the competencies of implementation team members and agency coaches.

6. Division for Children, Youth and Families (DCYF)

6.1. The Contractor shall provide mental health consultation to staff at Division for Children, Youth and Families (DCYF) District Offices related to mental health assessments and/or ongoing treatment for children served by DCYF.

6.2. The Contractor shall provide Foster Care Mental Health Assessments for children and youth younger than eighteen (18) years of age who are entering foster care for the first time.

7. Crisis Services

7.1. If the Contractor has, or enters into, an agreement with a hospital to provide crisis services to individuals who are eligible, or presumed eligible in the emergency department, for Medicaid services, the Contractor may bill Medicaid according to fee schedules or MCO contracts for services rendered.

7.2. The Contractor shall document crisis services delivered in the emergency department setting as part of its Phoenix Submissions, in a format, and with content, completeness, and timelines specified by the Department, ensuring documented information includes screenings performed, diagnosis codes, and referrals made.

7.3. The Contractor shall provide documentation of each collaborative relationship with acute care hospitals in its region, at the request of the Department.

7.4. The Contractor shall provide emergency services as defined in NH Administrative Rule He-M 403.06 (a)(6) and NH Administrative Rule He-M 426.09.

7.5. As part of the crisis resolution, the Contractor shall screen each individual for Assertive Community Treatment (ACT). If clinically appropriate, the Contractor shall:

7.5.1. Refer the individual for an expedited ACT assessment and/or intake and treatment upon discharge; or

7.5.2. Inform the appropriate regional CMHC in order to expedite the ACT assessment and/or intake and treatment upon discharge from emergency department or inpatient psychiatric or medical care

setting, if the individual resides in a region other than the region in which the individual is receiving crisis services.

7.6. The Contractor shall not refer an individual for hospitalization at New Hampshire Hospital (NHH) unless the Contractor has determined that NHH is the least restrictive setting in which the individual's immediate psychiatric treatment needs can be met. The Contractor shall:

7.6.1. Make all reasonable efforts to ensure no other clinically appropriate bed is available at any other NH inpatient psychiatric unit, Designated Receiving Facility (DRF), Adult Psychiatric Residential Treatment Program (APRTP), Mobile Crisis apartments, or other step-up/step-down beds prior to referring an individual to NHH.

7.6.2. Work collaboratively with the Department and contracted Managed Care Organizations for the implementation of the Zero Suicide within emergency departments.

7.7. The Contractor shall provide services to individuals experiencing a psychiatric and/or substance use related crisis through a rapid response team that includes, but is not limited to:

7.7.1. One (1) Master's level clinician.

7.7.2. One (1) peer support specialist as defined by HeM 426.13(d)(4).

7.7.2.1. Bachelor's level staff or a Certified Recovery Support Worker (CRSW) may be substituted into the peer role up to 50% of FTE peer allocation.

7.7.3. Access to telehealth, including tele-psychiatry, for additional capacity, as needed.

7.8. The Contractor shall ensure all staff have the necessary qualifications as defined under New Hampshire Administrative Rule He-M 400, Community Mental Health, Parts 403 and 426.

7.9. The Contractor shall develop an implementation and/or transition plan with a timeline for implementation of the new model for Department approval no later than 30 days from the contract effective date. The Contractor shall ensure the implementation and/or transition plan includes, but is not limited to:

7.9.1. The plan to educate current community partners and individuals on the use of the Access Point Number.

7.9.2. Staffing adjustments needed in order to meet the full crisis response scope and titrated up to meet the 24/7 nature of this crisis response.

7.9.3. The plan to meet each performance measure over time.

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7.9.4. How data will be sent to the Access Point if calls are received directly at the center and are addressed by the center during the transition period.

7.10. The Contractor shall work in tandem with the designated vendor providing services through the Rapid Response Access Point contract as approved by the Governor and Executive Council.

7.11. The Contractor shall enter into a Memorandum of Understanding within 30 days of contract effective date with the Rapid Response Access Point, which provides the Regional Response Teams information regarding the nature of the crisis through verbal and/or electronic communication including but not limited to:

7.11.1. The location of the crisis.

7.11.2. The safety plan either developed over the phone or on record from prior contact(s).

7.11.3. Any accommodations needed.

7.11.4. Treatment history of the individual, if known.

7.12. The Contractor shall promote the use of the telephone number for the Rapid Response Access Point as the primary contact for crisis services, which utilizes Global Positioning System (GPS) enabled technology to identify the closest and available Regional Response Team.

7.13. The Contractor shall ensure all rapid response team members participate in a crisis response training, as designated by the Department, which follows the concepts and topics identified in the National Guidelines for Crisis Care Best Practice Toolkit published by the Substance Abuse and Mental health Services Administration (SAMHSA).

7.14. The Contractor shall provide the physical address of the physical location to the Rapid Response Access Point where the rapid response team may provide office-based urgent assessments.

7.15. The Contractor shall ensure a rapid response team is available twenty-four (24) hours per day, seven (7) days a week for deployment within their region and boarder regions, as directed by the Rapid Response Access Point.

7.16. The Contractor shall ensure the rapid response team is trained and available to provide crisis response services to avoid unnecessary hospitalization, incarceration or institutionalization. The Contractor shall ensure services include but are not limited to:

7.16.1. Face-to-face assessments.

7.16.2. Disposition and decision making.

7.16.3. Initial care and safety planning.

7.16.4. Post crisis and stabilization services. .

7.17. The Contractor may utilize presumptive eligibility when responding to individuals who are not connected to a CMHC or who may be considered low utilizers.

7.18. The Contractor shall ensure the rapid response team responds to all dispatches face-to-face in the community within one (1) hour of the request ensuring:

7.18.1. The response team includes a minimum of two (2) individuals for safety purposes, which includes a Master's level staff and a peer and/or BS and/or CRSW if occurring at locations based on individual and family choice that include but are not limited to:

7.18.1.1. In or at the individual's home.

7.18.1.2. In an individual's school setting.

7.18.1.3. Other natural environments of residence includingfoster homes.

7.18.1.4. Community settings.

7.18.1.5. Peer run agencies.

7.18.2. The response team includes a minimum of one (1) Master's level team member if occurring at safe, staffed sites or public service locations which may include, but are not limited to:

7.18.2.1. Schools.

7.18.2.2. Jails.

7.18.2.3. Police departments.

7.18.2.4. Emergency departments.

7.18.3. A no-refusal policy upon triage and all requests for mobile response receive a response and assessment regardless of the individual's disposition, which may include current substance use.

7.18.4. Documented clinical rationale with administrative support when a mobile intervention is not provided.

7.18.5. Coordination with law enforcement personnel, if required, when responding to individuals in a mental health crisis presenting a safety concern or when active rescue is required. The Contractor shall:

7.18.5.1. Work in partnership with the Rapid Response Access Point and Department to establish protocols to ensure a bi-directional partnership with law enforcement.

7.18.6. A face-to-face lethality assessment as needed that includes, but is not limited to:

7.18.6.1. Obtaining a client's mental health history including, but not limited to:

7.18.6.1.1. Psychiatric, including recent inpatient hospitalizations and current treatment providers.

7.18.6.1.2. Substance misuse.

7.18.6.1.3. Social, familial and legal factors.

7.18.6.2. Understanding the client's presenting symptoms and onset of crisis.

7.18.6.3. Obtaining medication list, adherence to prescribed medications and brief medical history.

7.18.6.4. Conducting a mental status exam.

7.18.7. Developing a mutually agreed upon individualized safety plan and care disposition and decision making, with the client, which may include, but is not limited to:

7.18.7.1. Staying in place with:

7.18.7.1.1. Stabilization services;

7.18.7.1.2. A safety plan; and

7.18.7.1.3. Outpatient providers.

7.18.7.2. Stepping up to crisis stabilization services or apartments.

7.18.7.3. Admission to peer respite.

7.18.7.4. Voluntary hospitalization.

7.18.7.5. Initiation of Involuntary Emergency Admission (IEA).

7.18.7.6. Medical hospitalization.

7.19. The Contractor shall provide Crisis Stabilization Services, which are services and supports that are provided until the crisis episode subsides. The Contractor shall ensure:

7.19.1. Crisis Stabilization Services are delivered by the rapid response team for individuals who are in active treatment prior to the crisis in order to assist with stabilizing the individual and family as rapidly as possible.

7.19.2. Are provided in the individual and family home, as desired by the individual.

7.19.3. Stabilization services are implemented using methods that include, but are not limited to:

7.19.3.1. Involving peer support specialist(s) and/or Bachelor level crisis staff by providing follow up contact within forty-eight (48) hours post-crisis for all face-to-face interventions, which may include, but are not limited to:

7.19.3.1.1. Promoting recovery.

7.19.3.1.2. Building upon life, social and other skills.

7.19.3.1.3. Offering support.

7.19.3.1.4. Facilitating referrals.

7.19.3.2. Providing warm hand offs for post-crisis support services, including connecting back to existing treatment providers and/or providing a referral for additional peer support specialist contacts.

7.19.3.3. Providing crisis stabilization services with a Master's level clinician through short-term, trauma informed approaches, which may include, but are not limited to:

7.19.3.3.1. Cognitive Behavior Therapy (CBT).

7.19.3.3.2. Dialectical Behavior Therapy (DBT).

7.19.3.3.3. Solution-focused therapy.

7.19.3.3.4. Developing concrete discharge plans.

7.19.3.3.5. Providing substance use disorder assessment and counseling techniques for dually diagnosed individuals.

7.19.4. Crisis stabilization in a Residential Treatment facility for children and youth are provided by a Department certified and approved Residential Treatment Provider.

7.20. The Contractor may provide Sub-Acute Care services for up to 30 days to individuals who are not connected to any treatment provider prior to contact with the regional rapid response team or Regional Response Access Point in order assist individuals with bridging the gap between the crisis event and ongoing treatment services. The Contractor shall:

7.20.1. Ensure sub-acute care services are provided by the CMHC region in which the individual is expected to receive long-term treatment.

7.20.2. Work with the Rapid Response Access Point to conduct educational and outreach activities within the local community and to institutional stakeholders in order to promote appropriate referrals to, and the utilization of, rapid response team resources.

7.20.3. Work with the Rapid Response Access Point to ensure the community is aware of, and is able to, access rapid response mobile crisis

services and supports through the outreach and educational plan of the Rapid Response Access Point outreach and educational plan, which includes but is not limited to:

7.20.3.1. A website that prominently features the Rapid Response Access Point phone number and links with information about Rapid Response and connectivity to the Rapid Response Access Point.

7.20.3.2. All newly printed appointment cards that include the Rapid Response Access point crisis telephone number as a prominent feature.

7.20.3.3. Direct communications with partners to the Rapid Response Access Point for crisis services and deployment.

7.20.4. Work with the Rapid Response Access Point to change existing patterns of hospital emergency departments (ED) for crisis response in the region and collaborate by:

7.20.4.1. Meeting regularly with local police and first responders to discuss interface, procedures, and collaborations to understand challenges and improve outcomes for individuals in the community;

7.20.4.2. Educating partners, clients and families on all diversionary services available, by encouraging early intervention;

7.20.4.3. Maintaining and developing relationships with local hospitals and work together to promote the use of the Rapid Response Access Point number and rapid response services, in order to reduce ED use;

7.20.4.4. Coordinating with homeless outreach services; and

7.20.4.5. Conducting outreach to at-risk seniors programming.

7.21. The Contractor shall ensure that within ninety (90) days of the contract effective date:

7.21.1. Connection with the Rapid Response Access Point and the identified GPS system that enables transmission of information needed to:

7.21.1.1. Determine availability of the Regional Rapid Response Teams;

7.21.1.2. Facilitate response of dispatched teams; and

7.21.1.3. Resolve the crisis intervention.

7.21.2. Connection to the designated resource tracking system.

7.21.3. A bi-directional referral system is in place with electronic scheduling to support information sharing that facilitates closed loop referrals and transmission of clinical triage summaries, safety plans and shared care plans with community providers.

7.22. The Contractor shall submit reports relative to the rapid response services provided in this agreement. The Contractor shall:

7.22.1. Document all contacts in the medical record for both State eligible and non-eligible individuals who receive regional rapid response team services.

7.22.2. Provide monthly reports by the fifteenth (15th) day of each month, on a template provided by the Department which includes, but is not limited to:

7.22.2.1. Number of unique individuals who received services.

7.22.2.2. Date and time of mobile arrival.

7.22.3. Submit information through the Department's Phoenix System beginning no later than six (6) months from the contract effective date, unless otherwise instructed on a temporary basis by the Department:

7.22.3.1. Diversions from hospitalizations;

7.22.3.2. Diversions from Emergency Rooms;

7.22.3.3. Services provided;

7.22.3.4. Location where services were provided;

7.22.3.5. Length of time service or services provided;

7.22.3.6. Whether law enforcement was involved for safety reasons;

7.22.3.7. Whether law enforcement was involved for other reasons;

7.22.3.8. Identification of follow up with the individual by a member of the Contractor's regional rapid response team within 48 hours post face-to-face intervention;

7.22.3.9. Indication that referral for ongoing mental health services following the immediate crisis was provided; and

7.22.3.10. Outcome of service provided, which may include but is not limited to:

7.22.3.10.1. Remained in home.

7.22.3.10.2. Hospitalization.

7.22.3.10.3. Crisis stabilization services.

7.22.3.10.4. Crisis apartment.

7.22.3.10.5. Emergency department.

7.23. The Contractor's performance will be monitored by ensuring Contractor performance by ensuring seventy (70%) of clients receive a post-crisis follow up from a member of the Contractor's regional rapid response team within forty-eight (48) hours of a face-to- face intervention, as identified through Phoenix encounter data.

8. Adult Assertive Community Treatment (ACT) Teams

8.1. The Contractor shall maintain Adult ACT Teams that meet the SAMHSA Model and are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00 A.M.. The Contractor shall ensure:

8.1.1. Adult ACT Teams deliver comprehensive, individualized, and flexible services, supports, targeted case management, treatment, and rehabilitation in a timely manner as needed, onsite in the individuals' homes and in other natural environments and community settings, or alternatively, via telephone where appropriate to meet the needs of the individual.

8.1.2. Each Adult ACT Team is composed of seven (7) to ten (10) dedicated professionals who make-up a multi-disciplinary team including, a psychiatrist, a nurse, a Masters-level clinician, or functional equivalent therapist, functional support worker and a full time equivalent (FTE) certified peer specialist.

8.1.3. Each Adult ACT Team includes an individual trained to provide substance abuse support services including competency in providing co-occurring groups and individual sessions, and supported employment.

8.1.4. Caseloads for Adult ACT Teams serve no more than twelve (12) individuals per Adult ACT Team member, excluding the psychiatrist who serves more than seventy (70) people served per 0.5 FTE psychiatrist, unless otherwise approved by the Department.

8.2. The Contractor shall ensure ACT staff, with the exception of psychiatrist and nurse, receive:

8.2.1. A minimum of 15 hours in basic ACT training within one (1) year of hire date that is consistent with the ACT EBP SAMHSA toolkit approved by BMHS.

8.2.2. A minimum of 4 hours of advanced ACT training of co-occurring disorders within fifteen (15) months of hire date that is consistent with the ACT EBP SAMSHA toolkit and Integrated Dual Disorder Model approved by BMHS.

8.3. The Contractor shall ensure Adult ACT Teams do not have waitlists for screening purposes and/or admission to the ACT Team. The Contractor shall ensure:

8.3.1. Individuals do not wait longer than 30 days for either assessment or placement.

8.3.2. Work with the Department at identifying solutions and appropriate levels of care for any individual waiting for Adult ACT Team services for more than 30 days in order to meet the demand for services and implement the solutions within forty-five (45) days.

8.3.3. Individuals receiving services from Adult ACT Team members, if psychiatrically hospitalized, are offered a same day or next day appointment with any Adult ACT Team member upon date of discharge.

8.4. The Contractor shall report its level of compliance with the above listed requirements on a monthly basis at the staff level in the format, and with content, completeness, and timeliness as specified by the Department as part of the Phoenix submissions, which are due no later than the 15th of the month. The Department may waive this provision in whole or in part in lieu of an alternative reporting protocol, being provided under an agreement with DHHS contracted Medicaid Managed Care Organizations. The Contractor shall:

8.4.1. Ensure services provided by the Adult ACT Team are identified in the Phoenix submissions as part of the ACT cost center.

8.4.2. Screen for ACTper Administrative Rule He-M 426.08, Psychotherapeutic Services.

8.4.3. Report all ACT screenings with the outcome of the screening to indicate whether the individual is appropriate for ACT, as part of the Phoenix submissions, or in the format, content, completeness, and timelines as specified by the Department.

8.4.4. Make a referral for an ACT assessment within (7) days of:

8.4.4.1. A screening outcome that an individual may be appropriate to receive ACT services.

8.4.4.2. An individual being referred for an ACT assessment.

8.4.5. Report the outcome of ACT assessments to the Department as part of the Phoenix submissions, in the format, content, completeness, and timelines as specified by the Department.

8.4.6. Ensure, fall individuals assessed as appropriate for ACT services are admitted to the ACT team caseload and begin receiving ACT services within seven (7) days, with the exception of individuals

who decline such services, or are not available to receive such services for reasons that may include, but are not limited to:

8.4.6.1. Extended hospitalization or incarceration.

8.4.6.2. Relocation of individuals out of the Contractor's designated community mental health region.

8.4.7. Ensure, in the event that admitting the individual to the ACT Team caseload causes the ACT Team to exceed the caseload size limitations specified above, consultation with the Department to seek approval:

8.4.7.1. To exceed caseload size requirements, or

8.4.7.2. To provide alternative services to the individual until the individual can be admitted to the ACT caseload.

9. Evidence-Based Supported Employment (EBSE)

9.1. The Contractor shall gather employment status for all adults with Severe Mental Illness(SMI)/Severe Persistent Mental Illness (SPMI) at intake and every quarter thereafter.

9.2. The Contractor shall report the employment status for all adults with SMI/SMPI to the Department in the format, content, completeness, and timelines specified by the Department.

9.3. The Contractor shall provide a referral for all individuals who express an interest in receiving Evidence-Based Supported Employment (EBSE) services to the Supported Employment team within seven (7) days.

9.4. The Contractor shall deemed the individual as waiting for SE services if the SE team cannot accommodate enrollment of SE services at which the individual will be added to the waitlist, which is reported to the Department, as specified by the Department.

9.5. The Contractor shall provide EBSE to eligible individuals in accordance with the SAMHSA and/or Dartmouth model.

9.6. The Contractor shall ensure EBSE services include, but are not limited to:

9.6.1. Job development.

9.6.2. Work incentive counseling.

9.6.3. Rapid job search.

9.6.4. Follow along supports for employed individuals.

9.6.5. Engagement with mental health treatment teams and local NH Vocational Rehabilitation services.

9.7. The Contractor shall ensure EBSE services do not have waitlists, ensuring individuals do not wait longer than 30 days for EBSE services. If waitlists are identified, the Contractor shall:

9.7.1. Work with the Department to identify solutions to meet the demand for services; and

9.7.2. Implement such solutions within 45 days.

9.8. The Contractor shall maintain the penetration rate of individuals receiving EBSE at a minimum of 18.6 percent (18.6%) as per the CMHA agreement.

9.9. The Contractor shall ensure SE staff receive:

9.9.1. A minimum of 15 hours in basic training within one year of hire date as approved by the IPS Employment Center and approved by BMHS.

9.9.2. A minimum of 7 hours of advanced SE Job Development Training within 15 months of hire as approved by the IPS-SE Employment Center and BMHS.

10. Work Incentives Counselor Capacity Building

10.1. The Contractor shall employ a minimum of one FTE equivalent Work Incentive Counselor located onsite at the CMHC for a minimum of one (1) state fiscal year.

10.2. The Contractor shall ensure services provided by the Work Incentive Counselor include, but are not limited to:

10.2.1. Connecting individuals and applying for Vocational Rehabilitation services, ensuring a smooth referral transition.

10.2.2. Engaging individuals in supported employment (SE) and/or increased employment by providing work incentives counseling and planning.

10.2.3. Providing accurate and timely work incentives counseling for beneficiaries with mental illness who are pursuing SE and self-sufficiency.

10.3. The Contractor shall develop a comprehensive plans for individuals that include visualization of the impact of two or three different levels of income on existing benefits and what specific work incentive options individuals might use to:

10.3.1. Increase financial independence;

10.3.2. Accept pay raises; or

10.3.3. Increase earned income.

10.4. The Contractor shall develop comprehensive documentation of all individual existing disability benefits programs including, but not limited to:

10.4.1. SSA disability programs;

10.4.2. SSI income programs;

10.4.3. Medicaid;

10.4.4. Medicare;

10.4.5. Housing Programs; and

10.4.6. Food stamps and food subsidy programs.

10.5. The Contractor shall collect data to develop quarterly reports in a format requested by the Department, on employment outcomes and work incentives counseling benefits that includes but is not limited to:

10.5.1. The number of benefits orientation presentations provided to individuals.

10.5.2. The number of individuals referred to Vocational Rehabilitation who receive mental health services.

10.5.3. The number of individuals who engage in SE services.

10.5.3.1. Percentage of individuals seeking part-time employment.

10.5.3.2. Percentage of individuals seeking full-time employment.

10.5.3.3. The number of individuals who increase employment hours to part-time and full-time.

10.6. The Contractor shall ensure the Work Incentive Counselor staff are certified to provide Work Incentives Planning and Assistance (WIPA) through the no-cost training program offered by Virginia Commonwealth University.

10.7. The Contractor shall collaborate with the Vocational Rehabilitation providers to develop the Partnership Plus Model to identify how Social Security funding will be obtained to support the Work Incentives Counselor position after Vocational Rehabilitation funding ceases.

10.8. The Department will monitor Contractor performance by reviewing data to determine outcomes that include:

10.8.1. An increased engagement of individuals in supported employment based on the SE penetration rate.

10.8.2. An increase in Individual Placement in both part-time and full-time employment and;

10.8.3. Improved fidelity outcomes specifically targeting:

10.8.3.1. Work Incentives Planning.

10.8.3.2. Collaboration between Employment Specialists & Vocational Rehab.

11. Coordination of Care from Residential or Psychiatric Treatment Facilities

11.1. The Contractor shall designate a member of its staff to serve as the primary liaison to New Hampshire Hospital (NHH) who works with the applicable NHH staff, payer(s), guardian(s), other community service providers, and the applicable individual, to assist with coordinating the seamless transition of care for individuals transitioning from NHH to community based services or transitioning to NHH from the community.

11.2. The Contractor shall not close the case of any individual who is admitted to NHH. Notwithstanding, the Contractor shall be deemed to be in compliance with all Administrative He-M 408, Clinical Records rules regarding documentation if it is noted in the record that the individual is an inpatient at NHH or another treatment facility. All documentation requirements as per He-M 408 will be required to resume upon re-engagement of services following the individual's discharge from inpatient care.

11.3. The Contractor shall participate in transitional and discharge planning within 24 hours of admission to an inpatient facility.

11.4. The Contractor shall work with the Department, payers and guardians (if applicable) to review cases of individuals that NHH, Transitional Housing, or alternative treatment facility or the Contractor, have indicated will have difficulty returning to the community to identify barriers to discharge, and to develop an appropriate plan to transition into the community.

11.5. The Contractor shall make a face-to-face appointment available to an individual leaving NHH, Transitional Housing or alternative residential setting who desires to reside in the region served by the Contractor within seven (7) calendar days of receipt of notification of the individual's discharge, or within seven (7) calendar days of the individual's discharge, whichever is later.

11.6. The Contractor shall ensure individuals who are discharged and are new to a CMHC have an intake appointment within seven (7) calendar days. If the individual declines to accept the appointment, declines services, or requests an appointment to be scheduled beyond the seven (7) calendar days, the Contractor may accommodate the individual's request provided the accommodation is clinically appropriate, and does not violate the terms of a conditional discharge. The Contractor's Adult ACT Team must see individuals who are on the ACT caseload and transitioning from NHH into the community within 24 hours of NHH discharge.

11.7. The Contractor shall make all reasonable efforts to ensure that no appropriate bed is available at any other inpatient psychiatric unit, Designated Receiving

Facility (DRF) per NH RSA 135-C and NH Administrative Rule He-M 405, Designation of Receiving Facilities, Mobile Crisis Apartment, Peer Support Recovery Center, or Adult Psychiatric Residential Treatment Program (APRTP) prior to referring an individual to NHH.

11.8. The Contractor shall collaborate with NHH and Transitional Housing Services (THS) to develop and execute conditional discharges from NHH to THS in order to ensure that individuals receive treatment in the least restrictive environment. The Department will review the requirements of NH Administrative Rule He-M 609 to ensure obligations under this section allow CMHC delegation to the THS vendors for clients who reside there.

11.9. The Contractor shall have all necessary staff members available to receive, evaluate, and treat individuals discharged from NHH seven (7) days per week, consistent with the provisions in NH Administrative Rule He-M 403 and NH Administrative Rule He-M 426.

11.10. For individuals at NHH who formerly resided in the Contractor's designated community mental health region prior to NHH admission, who have been identified for transition planning to the Glencliff Home, the Contractor shall, at the request of the individual or guardian, or of NHH or Glencliff Home staff, participate in transition planning to determine if the individual can be supported in the Contractor's region with community based services and supports instead of transitioning to the Glencliff Home. In the event the individual would require supports from multiple funding sources or the Department's systems of care, the Contractor shall collaborate with additional Department staff at NHH's request, to address any barriers to discharge the individual to the community.

12. COORDINATED CARE AND INTEGRATED TREATMENT

12.1. Primary Care

12.1.1. The Contractor shall request written consent from each individual to allow the designated primary care provider to release information for the purpose of coordinating care regarding mental health services or substance misuse services or both.

12.1.2. The Contractor shall support each individual with linking to an available primary care provider, if the individual does not have an identified primary care provider, to:

12.1.2.1. Monitor health;

12.1.2.2. Provide medical treatment as necessary; and

12.1.2.3. Engage in preventive health screenings.

12.1.3. The Contractor shall consult with each primary care provider at least annually, or as necessary, to integrate care between mental and physical health for each individual, which may include the exchange

of pertinent information including, but not limited to medication changes or changes in the individual's medical condition.

12.1.4. The Contractor shall document on the release of information form the reason(s) written consent to release information was refused in the event an individual refuses to provide consent to release information.

12.2. Substance Misuse Treatment, Care and/or Referral

12.2.1. The Contractor shall provide services and meet requirements to address substance misuse and to support recovery intervention implementation, which include, but are not limited to:

12.2.1.1. Screening no less than 95% of eligible individuals for substance misuse at the time of intake, and annually thereafter.

12.2.1.2. Conducting a full assessment for substance misuse disorder and associated impairments for each individual that screens positive for substance use.

12.2.1.3. Developing an individualized service plan for each eligible individual based on information from substance misuse screening.

12.2.2. The Contractor shall utilize the SAMSHA evidence-based models for Co-Occurring Disorders Treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model.

12.2.3. The Contractor shall make all appropriate referrals if the individual requires additional substance use disorder care utilizing the current New Hampshire system of care, and ensuring linkage to and coordination with resources.

12.3. Area Agencies

12.3.1. The Contractor shall collaborate with the Area Agency that serves the region to address processes that include:

12.3.1.1. Enrolling individuals for services who are dually eligible for both organizations.

12.3.1.2. Ensuring transition-aged clients are screened for the presence of mental health and developmental supports and refer, link and support transition plans for youth leaving children's services into adult services identified during screening.

12.3.1.3. Following the "Protocol for Extended Department Stays for Individuals served by Area Agency" issued December 1, 2017 by the State of New Hampshire Department of Health and Humans Services, as implemented by the regional Area Agency.

12.3.1.4. Facilitating collaborative discharge planning meetings to assess individuals who are leaving NHH to re-engage them with both the CMHC and Area Agency representatives.

12.3.1.5. Ensuring annual training is designed and completed for intake, eligibility, and case management for dually diagnosed individuals and that attendee's include intake clinicians, case-managers, service coordinators and other frontline staff identified by both CMHC's and Area Agencies. The Contractor shall ensure the training utilizes the Diagnostic Manual for Intellectual Disability 2 that is specific to intellectual disabilities, in conjunction with the DSM V.

12.3.1.6. Planning for each person who receives dual case management by outlining the responsibilities of each organization and expectations for collaboration between the organizations.

12.3.1.7. Participating in shared service annual treatment meetings to assess quality and progress towards treatment goals as well as monitoring continued need for dual services when waivers are required for services between agencies.

12.4. Peer Supports

12.4.1. The Contractor shall promote recovery principles and integrate peer support services through the agency, which includes, but is not limited to:

12.4.1.1. Employing peers as integrated members of the CMHC treatment team(s) with the ability to deliver conventional interventions that include case management or psychotherapy, and interventions uniquely suited to the peer role that includes intentional peer support.

12.4.1.2. Supporting peer specialists to promote hope and resilience, facilitate the development and use of recovery-based goals and care plans, encourage treatment engagement and facilitate connections with natural supports.

12.4.1.3. Establishing working relationships with the local Peer Support Agencies, including any Peer Respite, step-up/step-down, and Clubhouse Centers and promote the availability of these services.

12.5. Transition of Care with MCOs

12.5.1. The Contractor shall ensure ongoing coordination occurs with the MCO Care Managers to support care coordination among and between services providers.

13. Supported Housing

13.1. The Contractor shall stand up a minimum of six (6) new supported housing beds including, but not limited to, transitional or community residential beds by December 31, 2021. The Contractor shall:

13.1.1. Submit a plan for expanding supported housing in the region including a budget to the Department for approval by August 15, 2021, that includes but is not limited to:

13.1.1.1. Type of supported housing beds.

13.1.1.2. Staffing plan.

13.1.1.3. Anticipated location.

13.1.1.4. Implementation timeline.

13.1.2. Provide reporting in the format and frequency requested by the Department that includes, but is not limited to:

13.1.2.1. Number of referrals received.

13.1.2.2. Number of individuals admitted.

13.1.2.3. Number of people transitioned into other local community residential settings.

14. CANS/ANSA or Other Approved Assessment

14.1. The Contractor shall ensure all clinicians providing community mental health services to individuals eligible for services in accordance with NH Administrative Rule He-M 426, are certified in the use of:

14.1.1. The New Hampshire version of the Child and Adolescent Needs and Strengths Assessment (CANS) if serving the child and youth population; and

14.1.2. The New Hampshire version of the Adult Needs and Strengths Assessment (ANSA), or other approved evidence based tool, if serving the adult population.

14.2. The Contractor shall ensure clinicians are maintain certification by through successful completion of a test provided by the Praed Foundation, annually.

14.3. The Contractor shall ensure ratings generated by the New Hampshire version of the CANS or ANSA assessment are:

14.3.1. Utilized to develop an individualized, person-centered treatment plan.

14.3.2. Utilized to document and review progress toward goals and objectives and to assess continued need for community mental health services.

14.3.3. Submitted to the database managed for the Department that allows client-level, regional, and statewide outcome reporting by the 15th of every month, in CANS/ANSA format.

14.3.4. Employed to assist in determining eligibility for State Psychiatric Rehabilitation services.

14.4. The Contractor shall complete documentation of re-assessments using the New Hampshire version of the CANS or ANSA 2.0 in accordance with NH Administrative Rule He-M 401.04-09 for eligibility determination and in accordance with NH Administrative Rule He-M 401.12-13 for periodic Individual Service Plan (ISP) reviews.

14.5. The Contractor may use an alternate evidence based, assessment tool that meets all ANSA 2.0 domains, subject to written Department approval. There is no alternate assessment tool allowed for the use of CANS. If an alternative tool is approved, monthly reporting of data generated by the Contractor must be in ANSA 2.0 format, to enable client-level, regional and statewide reporting.

14.6. The Contractor shall consult with the Medicaid Managed Care Organizations (MCO) to develop and implement a process that meets the MCOs' need to measure program effectiveness.

14.7. The Contractor shall correct all errors or complete all system corrections to ensure data is submitted in its entirety and completeness no later than six (6) months from contract effective date. Failure to complete all correction may result in withholding of funds until all corrections are completed.

15. Pre-Admission Screening and Resident Review

15.1. The Contractor shall assist the Department with Pre-Admission Screening and Resident Review (PASRR) to meet the requirements of the PASRR provisions of the Omnibus Budget Reconciliation Act of 1987.

15.2. Upon request by the Department, the Contractor shall:

15.2.1. Provide the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident; and

15.2.2. Conduct evaluations and examinations needed to provide the data to determine if an individual being screened or reviewed:

15.2.2.1. Requires nursing facility care; and

15.2.2.2. Has active treatment needs.

16. Application for Other Services

16.1. The Contractor shall assist eligible individuals in accordance with NH Administrative Rule He-M 401, with completing applications for all sources of financial, medical, and housing assistance, according to their respective rules, requirements and filing deadlines. The Contract shall assist with applications that may include, but are not limited to:

16.1.1. Medicaid.

16.1.2. Medicare.

16.1.3. Social Security Disability Income.

16.1.4. Veterans Benefits.

16.1.5. Public Housing.

16.1.6. Section 8 Subsidies.

17. Community Mental Health Program (CMHP) Status

17.1. The Contractor shall meet the approval requirements of NH Administrative Rule He-M 403 as a governmental or non-governmental non-profit agency, or the contract requirement of NH RSA 135-C:3 as an individual, partnership, association, public or private, for profit or nonprofit, agency or corporation to provide services in the state mental health services system.

17.2. The Contractor shall provide all applicable documentation, policies and procedures, and shall participate in an onsite compliance review, as requested by the Department, to determine compliance with NH Administrative Rule He-M 403 and NH RSA 135-C:3. Compliance reviews will be at times to be determined by the Department, and will occur no less than once every five (5) years.

18. Quality Improvement

18.1. The Contractor shall perform, or cooperate with the performance of, quality improvement and/or utilization review activities, as are determined to be necessary and appropriate by the Department within timeframes reasonably specified by the Department.

18.2. The Contractor shall cooperate with the Department-conducted individual satisfaction survey. The Contractor shall:

18.2.1. Furnish information necessary, within HIPAA regulations, to complete the survey.

18.2.2. Furnish complete and current contact information so that individuals may be contacted to participate in the survey.

18.2.3. Support the efforts of the Department to conduct the survey.

18.2.4. Encourage all individuals sampled to participate.

18.2.5. Display posters and other materials provided by the Department to explain the survey and otherwise support attempts by the Department to increase participation in the survey.

18.3. The Contractor shall demonstrate efforts to incorporate findings from their individual survey results into their Quality Improvement Plan goals.

18.4. The Contractor shall engage and comply with all aspects of fidelity reviews based on a model approved by the Department and on a schedule approved by the Department.

19. Maintenance of Fiscal Integrity

19.1. The Contractor shall submit to the Department the Balance Sheet, Profit and Loss Statement, and Cash Flow Statement for the Contractor and all related parties that are under the Parent Corporation of the mental health provider organization each month.

19.2. The Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. These statements shall be individualized by providers, as well as a consolidated (combined) statement that includes all subsidiary organizations.

19.3. Statements shall be submitted within thirty (30) calendar days after each month end, and shall include, but are not limited to:

19.3.1. Days of Cash on Hand:

19.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

19.3.1.2. Formula: Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

19.3.1.3. Performance Standard: The Contractor shall have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed.

19.3.2. Current Ratio:

19.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

19.3.2.2. Formula: Total current assets divided by total current liabilities.

19.3.2.3. Performance Standard: The Contractor shall maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

19.3.3. Debt Service Coverage Ratio:

19.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

19.3.3.2. Definition: The ratio of Net Income to the year to date debt service.

19.3.3.3. Formula: Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.

19.3.3.4. Source of Data: The Contractor's Monthly Financial Statements identifying current portion of long-term debt payments (principal and interest).

19.3.3.5. Performance Standard: The Contractor shall maintain a minimum standard of 1.2:1 with no variance allowed.

19.3.4. Net Assets to Total Assets:

19.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

19.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

19.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

19.3.4.4. Source of Data: The Contractor's Monthly Financial Statements.

19.3.4.5. Performance Standard: The Contractor shall maintain a minimum ratio of .30:1, with a 20% variance allowed.

19.4. In the event that the Contractor does not meet either:

19.4.1. The standard regarding Days of Cash on Hand and the standard regarding Current Ratio for two (2) consecutive months; or

19.4.2. Three (3) or more of any of the Maintenance of Fiscal Integrity standards for three (3) consecutive months:

19.4.2.1. The Department may require that the Contractor meet with Department staff to explain the reasons that the Contractor has not met the standards.

19.4.2.2. The Department may require the Contractor to submit a comprehensive corrective action plan within thirty (30) calendar days of notification and plan shall be updated at least every thirty (30) calendar days until compliance is achieved.

19.4.2.3. The Department may request additional information to assure continued access to services.

19.4.2.4. The Contractor shall provide requested information in a timeframe agreed upon by both parties.

19.5. The Contractor shall inform the Director of the Bureau of Mental Health Services (BMHS) by phone and by email within twenty-four (24) hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement

19.6. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement. These reports are due within thirty (30) calendar days after the end of each month.

19.7. The Contractor shall provide its Revenue and Expense Budget within twenty (20) calendar days of the contract effective date.

19.8. The Contractor shall complete the Fiscal Year Revenue and Expense Budget on a form supplied by the Department, which shall include but not be limited to, all the Contractor's cost centers. If the Contractor's cost centers are a combination of several local cost centers, the Contractor shall display them separately as long as the cost center code is unchanged.

19.9. The Contractor shall provide quarterly Revenue and Expense Reports (Budget Form A), within thirty (30) calendar days after the end of each fiscal quarter, defined as July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

20. Reduction or Suspension of Funding

20.1. In the event that the State funds designated as the Price Limitation in Form P-37, General Provisions, Block 1.8. of the General Provisions are materially reduced or suspended, the Department shall provide prompt written notification to the Contractor of such material reduction or suspension.

20.2. In the event that the reduction or suspension in federal or state funding shall prevent the Contractor from providing necessary services to individuals, the Contractor shall develop a service reduction plan, detailing which necessary services will no longer be available.

20.3. Any service reduction plan is subject to approval from the Department, and shall include, at a minimum, provisions that are acceptable to the Department, with services that include, but are not limited to:

20.3.1. Evaluation of and, if eligible, an individual service plan for all new applicants for services.

20.3.2. Emergency services for all individuals.

20.3.3. Services for individuals who meet the criteria for involuntary admission to a designated receiving facility.

20.3.4. Services to individuals who are on a conditional discharge pursuant to RSA 135-C:50 and NH Administrative Rule He-M 609.

21. Elimination of Programs and Services by Contractor

21.1. The Contractor shall provide a minimum thirty (30) calendar days written notice prior to any reductions in delivery of services, or notice as soon as possible if the Contactor is faced with a more sudden need to reduce delivery of services.

21.2. The Contractor shall consult and collaborate with the Department prior to elimination or reduction of services in order to reach a mutually agreeable solution as to the most effective way to provide necessary services.

21.3. The Department reserves the right to require the Contractor to participate in a mediation process with the Commissioner of the Department of Health and Human Services, and to invoke an additional thirty (30) calendar day extension in the event of a proposal to reduce or eliminate any contracted services.

21.4. If the parties are still unable to come to a mutual agreement within the thirty (30) calendar day extension, the Contractor may proceed with its proposed program change(s) so long as proper notification to eligible individuals is provided.

21.5. The Contractor shall not redirect funds allocated in the budget for the program or service that has been eliminated or substantially reduced to another program or service without the mutual agreement of both parties.

21.6. In the event that an agreement cannot be reached, the Department shall control the expenditure of the unspent funds.

22. Data Reporting

22.1. The Contractor shall submit any data needed to comply with federal or other reporting requirements to the Department or contractor designated by the Department.

22.2. The Contractor shall submit all required data elements via the Phoenix system except for the CANS/ANSA and Projects for Assistance in Transition from Homelessness program (PATH) data, as specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

22.3. The Contractor shall submit individual demographic and encounter data, including data on non-billable individual-specific services and rendering staff providers on all encounters, to the Department's Phoenix system, or its successors, in the format, content, completeness, frequency, method and timeliness as specified by the Department. Individual data must include a Medicaid ID number for individuals who are enrolled in Medicaid.

22.4. The Contractor shall include client eligibility with all Phoenix services in alignment with current reporting specifications. For an individual's services to be considered BMHS eligible, SPMI, SMI, Low Utilizer (LU), SED, and Severe Emotional Disturbance Interagency (SEDIA) are acceptable.

22.5. The Contractor shall meet the general requirements for the Phoenix system which include, but are not limited to:

22.5.1. Agreeing that all data collected in the Phoenix system, which is Confidential Data as defined by Exhibit K, is the property of the Department to use as it deems necessary.

22.5.2. Ensuring data files and records are consistent with file specification and specification of the format and content requirements of those files.

22.5.3. Ensuring that errors in data returned to the Contractor are corrected and resubmitted to the Department within ten (10) business days.

22.5.4. Ensuring data is current and updated in the Contractor's systems as required for federal reporting and other reporting requirements and as specified by the Department.

22.5.5. Implementing review procedures to validate data submitted to the Department to confirm:

22.5.5.1. All data is formatted in accordance with the file specifications;

22.5.5.2. No records will reject due to illegal characters or invalid formatting; and

22.5.5.3. The Department's tabular summaries of data submitted by the Contractor match the data in the Contractor's system.

22.6. The Contractor shall meet the following standards:

22.6.1. Timeliness: monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data unless otherwise approved by the Department, and the Contractor shall review the Department's tabular summaries within five (5) business days.

22.6.2. Completeness: submitted data must represent at least ninety-eight percent (98%) of billable services provided, and ninety-eight percent (98%) individuals served by the Contractor.

22.6.3. Accuracy: submitted service and member data shall conform to submission requirements for at least ninety-eight percent (98%) of the records, and one-hundred percent One–hundred percent (100%) of unique member identifiers shall be accurate and valid.

22.7. The Department may waive requirements for fields in Phoenix on a case by case basis through a written waiver communication that specifies the items being waived. In all circumstances:

22.7.1. The waiver length shall not exceed 180 days.

22.7.2. Where the Contractor fails to meet standards, the Contractor shall submit a corrective action plan within thirty (30) calendar days of being notified of an issue.

22.7.3. After approval of the corrective action plan, the Contractor shall implement the plan.

22.7.4. Failure of the Contractor to implement the plan may require:

22.7.4.1. Another plan; or

22.7.4.2. Other remedies, as specified by the Department.

23. Behavioral Health Services Information System (BHSIS)

23.1. The Contractor may receive funding for data infrastructure projects or activities, depending upon the receipt of federal funds and the criteria for use of those funds, as specified by the federal government. The Contractor shall ensure funding-specific activities include:

23.2. Identification of costs associated with client-level Phoenix and CANS/ANSA databases including, but not limited to:

23.2.1. Rewrites to database and/or submittal routines.

23.2.2. Information Technology (IT) staff time used for re-writing, testing or validating data.

23.2.3. Software and/or training purchased to improve data collection.

23.2.4. Staff training for collecting new data elements.

23.2.5. Development of any other BMHS-requested data reporting system.

23.3. Progress Reports from the Contractor that:

23.3.1. Outline activities related to Phoenix database;

23.3.2. Include any costs for software, scheduled staff trainings; and

23.3.3. Include progress to meet anticipated deadlines as specified.

24. PATH Services

24.1. The Contractor shall provide services through the PATH program in compliance with the Federal Public Health Services Act, Section 522(b)(10), Part C to individuals who are homeless or at imminent risk of being homeless and who are believed to have Severe Mental Illness (SMI), or SMI and a co-occurring substance use disorder.

24.2. The Contractor shall ensure PATH services include, but are not limited to:

24.2.1. Outreach.

24.2.2. Screening and diagnostic treatment.

24.2.3. Staff training.

24.2.4. Case management.

24.3. The Contractor shall ensure PATH case management services include, but are not limited to:

24.3.1. Assisting eligible homeless individuals with obtaining and coordinating services, including referrals for primary health care.

24.3.2. Assisting eligible individuals with obtaining income support services, including, but not limited to:

24.3.2.1. Housing assistance.

24.3.2.2. Food stamps.

24.3.2.3. Supplementary security income benefits.

24.4. The Contractor shall acknowledge that provision of PATH outreach services may require a lengthy engagement process and that eligible individuals may be difficult to engage, and may or may not have been officially diagnosed with a mental illness at the time of outreach activities.

24.5. The Contractor shall identify a PATH worker to:

24.5.1. Conduct outreach, early intervention, case management, housing and other services to PATH eligible clients.

24.5.2. Participate in periodic Outreach Worker Training programs scheduled by the Bureau of Homeless and Housing Services; and

24.5.3. Provide housing supports, as identified by the Department.

24.6. The Contractor shall comply with all reporting requirements under the PATH Grant.

24.7. The Contractor shall be licensed to provide client level data into the New Hampshire Homeless Management Information System (NH HMIS).

24.8. The Contractor shall be familiar with and follow NH-HMIS policy, including specific information that is required for data entry, accuracy of data entered, and time required for data entry.

24.9. Failure to submit reports or enter data into HMIS in a timely manner could result in delay or withholding of reimbursements until such reports are received or data entries are confirmed by the Department.

24.10. The Contractor shall ensure that each PATH worker provides outreach through ongoing engagement with individuals who:

24.10.1. Are potentially PATH eligible; and

24.10.2. May be referred to PATH services by street outreach workers, shelter staff, police and other concerned individuals.

24.11. The Contractor shall ensure that each PATH worker is available to team up with other outreach workers, police or other professionals in active outreach efforts to engage difficult to engage or hard to serve individuals.

24.12. The Contractor shall conduct PATH outreach is conducted wherever PATH eligible clients may be found.

24.13. The Contractor shall ensure the designated PATH worker assesses each individual for immediacy of needs, and continues to work with each individual to enhance treatment and/or housing readiness.

24.14. The Contractor shall ensure the PATH worker's continued efforts enhance individual safety and treatment while assisting the individual with locating emergency and/or permanent housing and mental health treatment.

24.15. The Department reserves the option to observe PATH performance, activities and documents through this agreement ensuring observations do not unreasonably interfere with Contractor performance.

24.16. The Contractor shall inform BHHS of any staffing changes relative to PATH services.

24.17. The Contractor shall retain all records related to PATH services the latter of either:

24.17.1. A period of five (5) years following the contract completion date and receipt of final payment by the Contractor; or

24.17.2. Until an audit is completed and all questions are resolved.

24.18. The Department reserves the right to make changes to the contract service that do not affect its scope, duration, or financial limitations upon agreement between the Contractor and the Department.

25. Deaf Services

25.1. The Contractor shall work with the Deaf Services Team, employed by Region 6, for all individuals seeking services who would benefit from receiving treatment in American Sign Language (ASL) or from staff who are specially trained to work with the deaf and hard of hearing population.

25.2. The Contractor shall work with the Deaf Services Team for consultation for disposition and treatment planning, as appropriate.

25.3. The Contractor shall ensure treatment plans take the importance of access to culturally and linguistically appropriate services on treatment outcomes into consideration.

25.4. The Contractor shall ensure services are client-directed, which may result in:

25.4.1. Clients being seen only by the Deaf Services Team through CMHC Region 6;

25.4.2. Care being shared across the regions; or

25.4.3. The individual's local CMHC providing care after consultation with the Deaf Services Team.

26. Early Serious Mental Illness/First Episode Psychosis – Coordinated Specialty Care (ESMI/FEP – CSC) Services

26.1. The Contractor shall provide a Coordinated Specialty Care (CSC) model for the treatment of Early Serious Mental Illness (ESMI) and First Episode Psychosis (FEP) (EMSI/FEP – CSC).

26.2. The Contractor shall identify staff to participate in intensive evidence-based ESMI/FEP - CSC training and consultation, as designated by the Department.

26.3. The Contractor shall ensure ESMI/FEP-CSC treatment services are available and provided to youth and adults between sixteen (16) and thirty-five (35) years of age who are experiencing early symptoms of mental illness.

26.4. The Contractor shall ensure the ESMI/ FEP - CSC treatment program involves a team structure that is based on:

26.4.1. Principles of shared decision-making;

26.4.2. A strengths and resiliency focus;

26.4.3. Recognition of the need for motivational enhancement;

26.4.4. A psychoeducational approach;

26.4.5. Cognitive behavioral therapy methods;

26.4.6. Development of coping skills; and

26.4.7. Integration of natural and peer supports.

26.5. The Contractor shall provide ESMI/FEP – CSC treatment services utilizing a discrete team approach ensuring team member provide ESMI/FEP-specific services and other services identified on individual treatment plans. The Contractor shall ensure services include, but are not limited to:

26.5.1. A specialized ESMI/FEP intake prior to entry to the program.

26.5.2. Specialized psychiatric support that includes, but is not limited to:

26.5.2.1. Providing education on the importance of:

26.5.2.2. Managing symptoms with medications;

26.5.2.3. Providing assistance with securing the best, lowest dosage medications.

26.5.2.4. Ensuring referrals to specialized psychiatric services to an agency prepared to provide telehealth psychiatric services, through a subcontract payment modality, in instances that an individual is as needed external psychiatric support.

26.5.3. Providing medication management services as clinically indicated.

26.5.4. Providing specialized youth and adult Peer supports and services.

26.5.5. Facilitating weekly individual and family psychotherapy that is informative and provides skills to families to support the individual's treatment and recovery.

26.5.6. Providing family psychoeducation.

26.5.7. Providing access to telemedicine options for services that cannot be provided by the Contractor, but are available through a regional CMHC that is able to provide services through a telemedicine model.

26.5.8. Providing supported education and/or supported employment services.

26.6. The Contractor shall participate in quarterly meetings with the Department to report on program implementation, enrollment, and updates and ensure ongoing the EMSI/FEP-CSC model is reflected in treatment.

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26.7. The Contractor shall provide community outreach to ensure knowledge of the program is widespread and available to those in need. The Contractor shall ensure:

26.7.1. Outreach efforts include local community hospitals, housing programs, and schools; and

26.7.2. Outreach contacts are reported on a quarterly basis.

26.8. The Contractor shall utilize the CANS/ANSA, or other Department-approved evidence based tool, to measure strengths and needs of the individual at program entry and to track the recovery process thereafter.

26.9. The Contractor may be reimbursed for costs associated with standing up ESMI/FEP-CSC treatment program services, which may include, but are not limited to:

26.9.1. Activities conducted specifically for development and implementation of ESMI/FEP-CSC.

26.9.2. ESMI/FEP-CSC services provided that are not covered by public or private insurance.

26.9.3. Other client services defined as services that remove or reduce barriers for the client to access the ESMI/FEP services.

26.9.4. Program-building efforts.

26.9.5. Other activities, as approved by the Department.

26.10. The Contractor shall submit monthly and quarterly reports to the Department in a Department-approved format and frequency, which include but are not limited to:

26.10.1. Monthly enrollment, service utilization, and outcomes reports, which are due on the 15th of the month following the month in which services were provided.

26.10.2. Quarterly Team Leader Reports that are due on the 15th of the month following the close of each quarter, which include but are not limited to:

26.10.2.1. Quarterly staffing summary.

26.10.2.2. Quarterly meeting summary.

26.10.2.3. Referral and enrollment efforts.

26.10.2.4. Community outreach efforts inclusive of outreach descriptions, occurrences, and agencies contacted.

26.11. The Contractor shall submit a ESMI/FEP – CSC treatment program Sustainability Plan no later than June 30, 2022 following full implementation of services for Department review and approval.

26.12. The Contractor shall submit invoices for services in a format provided by the BMHS Financial Management Unit, which are processed for payment upon verification of timely reporting.

27. Referral, Educations, Assessment, Prevention (REAP) and Enhanced REAP

27.1. The Contractor shall provide a statewide community-based education and brief intervention-counseling program in accordance with protocols and policies approved by the Department, that are specifically designed for:

27.2. Individuals who are sixty (60) years of age and older;

27.3. Families of individuals who are sixty (60) years of age and older:

27.4. Other informal caregivers of individuals who are sixty (60) years of age and older.

27.5. The Contractor shall ensure priority of the program is the prevention or alleviation of substance misuse, including but not limited to:

- 27.5.1. Alcohol.
- 27.5.2. Medications.
- 27.5.3. Other drugs.

27.6. The Contractor shall provide services to address factors that may include but are not limited to:

- 27.6.1. Depression or emotional stress.
- 27.6.2. Isolation.
- 27.6.3. Interpersonal relationships.
- 27.6.4. Grief and loss.
- 27.6.5. Other life changes and issues that can affect an individual's ability to live independently, including home safety and injury prevention.

27.7. The Contractor shall ensure REAP services include:

- 27.7.1. Counseling sessions to older adults over sixty (60) years of age, and their caregivers. The Contractor shall ensure:
  - 27.7.1.1. Sessions are conducted in clients' homes or community settings.
  - 27.7.1.2. Screenings and brief interventions are completed by using evidence-based instruments.
  - 27.7.1.3. Sessions are at no cost to the client.
  - 27.7.1.4. Three (3) to five (5) sessions are provided per client.

27.7.2. Technical Assistance to area professionals, which includes senior housing managers and service coordinators, for assistance and guidance in dealing elderly-specific issues.

27.7.3. Community Intervention and/or Mediation provided when conflict arises at local elder housing complexes, to:

27.7.3.1. De-escalate situations.

27.7.3.2. Find the sources of the problems.

27.7.3.3. Facilitate resolutions.

27.7.4. An annual meeting with all REAP counselors and housing specialists to provide training on:

27.7.4.1. Evidenced based practices;

27.7.4.2. Tools; and

27.7.4.3. Approaches.

27.8. The Contractor shall ensure the enhanced REAP program is comprised of the existing REAP substance misuse services, above, and:

27.8.1. Additional depression treatment services via the Evidenced Based Practice (EBP) Behavioral Activation (BA); and

27.8.2. Increased symptom monitoring.

27.9. The Contractor shall screen eligible program participants for depressive symptoms and substance misuse, including medication misuse to determine if participants will be offered REAP services or Enhanced REAP services. The Contractor shall:

27.9.1. Utilize the Patient Health Questionnaire-9 (PHQ-9) to screen individuals for depression symptoms.

27.9.2. Offer REAP services to participants who screen below the clinical threshold for depression.

27.9.3. Offer Enhanced REAP to participants who screen above the clinical threshold for depression.

27.9.4. Provide Motivational Interviewing (MI) and BA to participants who screen positive for substance misuse.

27.9.5. Ensure Enhanced REAP , BA and MI treatments are integrated in in services provided to participants who screen positive for depression or co-occurring substance misuse and depression.

27.10. The Contractor shall ensure administrative oversight for all REAP services and technical assistance is provided by Certified Prevention Specialists in accordance with the State of NH Prevention Certification Board and the International Certification and Reciprocity Consortium.

27.11. The Contractor shall conduct evaluations of REAP services and provide evaluation results to the Department, which include:

27.11.1. Short Term Outcomes: Increase social connections; Increase activity to maintain health, independence, and mental health; Reduction of harm in mixing medications with other substances;

27.11.2. Intermediate Outcomes: Increase perception of harm and awareness; and

27.11.3. Long-term Outcomes: Reduce thirty (30) day use of alcohol, binge or heavy drinking, and related consequences of substance use (e.g. alcohol use and prescribed medications). Elderly and families/caretakers are informed of the dangers of substance misuses and opportunities for healthy lifestyles that are possible through REAP.

27.12. The Contractor shall provide quarterly reports relative to meeting the Block Grant National Outcomes Data.

27.13. The Contractor shall notify the Department when the Contractor is not in compliance with grant and will provide a corrective action plan to ensure full compliance with grant requirements.

27.14. The Contractor shall collaborate with the Regional Public Health Networks to:

27.14.1. Provide education regarding substance misuse among older adults and the related dangers;

27.14.2. Share data across disciplines; and

27.14.3. Provide outreach of services.

27.15. The Contractor shall submit a Quarterly Program Service Report no later than the fifteenth (15th) of the month following the State Fiscal Year quarter reported, as instructed by the Department.

27.16. The Contractor shall obtain client feedback relative to the quality of services provided and report the outcome to the Department in the Quarterly Program Service Report that is due for the second (2nd) quarter.

Method and Conditions Precedent to Payment

1. This Agreement is funded by:
   1.1. 2.86% Title IIID: Preventative Health Money from the Administration for Community Living, as awarded on 2/11/2021, by the U.S. Department of Health and Human Services, CFDA# 93.043, FAIN# 2101NHOAPH-01.
   1.2. 5.72% Substance Abuse Prevention and Treatment (SAPT) Block Grant, as awarded on 10/1/2020, by the U.S. Department of Health and Human Services, CFDA# 93.959, FAIN# TI083464.
   1.3. 2.85% Projects for Assistance in Transition from Homelessness (PATH) as awarded on 9/17/2020, by the U.S. Department of Health and Human Services, CFDA# 93.150, FAIN X06SM083717-01.
   1.4. 2.27% Mental Health Block Grant, as awarded on 2/3/2021 and 3/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA# 93.958, FAIN B09SM083816 and FAIN B09SM083987
   1.5. 85.79% General funds.
   1.6. 0.51% Other funds; Behavioral Health Services Information System (BHSIS). U.S. Department of Health and Human Services.
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The State shall pay the Contractor an amount not to exceed the Price Limitation, specified in Form P-37, General Provisions, Block 1.8 for the services provided by the Contractor pursuant to Exhibit A, Amendment #2 Scope of Services.
4. The Contractor agrees to provide the services in Exhibit A, Amendment #2 Scope of Services in compliance with funding requirements.
5. The Contractor shall provide a Revenue and Expense Budget on a Department-provided template, within twenty (20) business days from the contract effective date, for Department approval.
6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:
   7.1. For Medicaid enrolled individuals:
      7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
      7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.

7.2. For individuals with other insurance or payors:

7.2.1. The Contractor shall directly bill the other insurance or payors.

8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the below table define how many units to report or bill.

Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit
23-37 minutes	2 units
38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:

9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program to be Funded	SFY2019 Amount	SFY2019 Amount	SFY2020 Amount	SFY2021 Amount	SFY2022 Amount
Div. for Children Youth and Families (DCYF) Consultation	$ 1,770	$ 1,770	$ 1,770	$ 1,770	$ 1,770
Emergency Services (effective SFY 22)	$ 377,820	$ 377,820	$ 377,820	$ 377,820	$ 377,820
Crisis Service Transformation Including Mobile Crisis (effective SFY 22)		-	-	-	$ 615,368
Assertive Community Treatment Team (ACT) - Adults	$ 225,000	$ 225,000	$ 225,000	$ 225,000	$ 225,000
ACT Enhancement Payments		$ 25,000	-	-	$ 12,500
Behavioral Health Services Information System (BHSIS)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 10,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)	$ 4,000	-	$ 5,000	$ 5,000	$ 5,000
Rehabilitation for Empowerment, Education and Work (RENEW)	$ 3,945	$ 3,945	$ 6,000	$ 6,000	$ 6,000
PATH Provider (BHS Funding)	$ 25,000	$ 25,000	$ 38,234	$ 38,234	$ 38,234
Housing Bridge Start Up Funding		$ 25,000	-	-	-
General Training Funding		$ 10,000	-	-	$ 5,000
System Upgrade Funding		$ 30,000	-	-	$ 15,000
REAP Funding	$ 245,000	$ 245,000	$ 245,000	$ 245,000	$ 245,000
VR Work Incentives		-	-	-	$ 80,000
System of Care 2.0		-	-	-	$ 263,028

First Episode Psychosis Training & Services	-	-	-	$ 111,000
Total	**$ 887,535**	**$ 973,535**	**$ 903,824**	**$ 903,824**	**$ 2,010,720**

9.2. Payment for each contracted service in the above table shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the Department approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of the Department, result in financial penalties not greater than the amount of the directed expenditure.

9.4. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each Department-approved invoice for Contractor services provided pursuant to this Agreement.

9.6. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of ***$73.75*** per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Amendment #2 Scope of Services, Division for Children, Youth, and Families (DCYF).

9.7. Emergency Services: DHHS shall reimburse the Contractor only for those Emergency Services provided to clients defined in Exhibit A, Amendment #2 Scope of Services, Provision of Crisis Services. Effective July 1, 2021, the Contractor shall bill and seek reimbursement for mobile crisis services provided to individuals pursuant to this Agreement as follows:

9.7.1. For Medicaid enrolled individuals through the Department Medicaid Fee for Service program in accordance with the current, publically posted Fee for Service (FFS) schedule located at NHMMIS.NH.gov.

9.7.2. For Managed Care Organization enrolled individuals the Contractor shall be reimbursed pursuant to the Contractor's agreement with the applicable Managed Care Organization for such services.

9.7.3. For individuals with other health insurance or other coverage for the services they receive, the Contractor will directly bill the other insurance or payors.

9.7.4. For individuals without health insurance or other coverage for the services received, and for operational costs contained in Exhibit B, Amendment #2 Method and

Conditions Precedent to Payment or which the Contractor cannot otherwise seek reimbursement from an insurance or third-party payer, the Contractor will directly bill the Department to access contract funds provided through this Agreement.

9.7.4.1. Invoices of this nature shall include general ledger detail indicating the Department is only being invoiced for net expenses, shall only be reimbursed up to the current Medicaid rate for the services provided and contain the following items for each client and line item of service:

9.7.4.1.1. First and last name of client.

9.7.4.1.2. Date of birth.

9.7.4.1.3. Medicaid ID Number.

9.7.4.1.4. Date of Service identifying date, units, and any possible third party reimbursement received.

9.7.5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in the Department-approved budget.

9.7.5.1. The Contractor shall provide a Mobile Crisis Budget within twenty (20) business days from the contract effective date on a Department-provided template for Department approval.

9.7.5.2. Law enforcement is not an authorized expense.

9.8. Crisis Services Transformation Including Mobile Crisis: Funding is subject to the transformation of crisis services by achieving milestones identified in the transition plan in Exhibit A, Amendment #2 Scope of Services, and subject to the terms as outlined above.

9.9. Crisis Transformation Startup Funds: Payment for start-up period expenses incurred by the Contractor shall be made by the Department based on the start-up amount of ***$103,040***; the total of all such payments shall not exceed the specified start-up amount total and shall not exceed the total expenses actually incurred by the Contractor for the start-up period. All Department payments to the Contractor for the start-up period shall be made on a cost reimbursement basis.

STARTUP COSTS	TOTAL COST
Recruitment Startup	$50,000
IT Equipment, Supplies & Development	$42,000
Indirect Cost Limit of 12%	$11,040

9.10. Assertive Community Treatment Team (ACT) Adults): The Contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A, Amendment #2 Scope of Services, Adult Assertive Community Treatment (ACT) Teams.

ACT Costs	INVOICE TYPE	TOTAL COST
Invoice based payments on invoice	Programmatic costs as outlined on invoice by month	$225,000

ACT Enhancements	Agencies may choose one of the following for a total of 5 (five) one time payments of $5000.00. Each item may only be reported on one time for payment. 1. Agency employs a minimum of .5 Psychiatrists on Team based on SFY 19 or 20 Fidelity Review. 2. Agency receives a 4 or higher score on their SFY 19 or 20 Fidelity Review for Consumer on Team, Nurse on Team, SAS on Team, SE on Team, or Responsibility for crisis services. ACT Incentives can be drawn down upon completion of the CMHC FY22 Fidelity Review. $6,250 can be drawn down for each incentive to include; intensity and frequency of individualized client care to total $12,500. Intensity of services must be measured between 50-84 minutes of services per client per week on average. Frequency of service for an individual must be between 2-3 times per client per week.	$25,000 in SFY 2019, $12,500 per SFY for 2022

9.11. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A, Amendment #2 Scope of Services.

9.12. MATCH: Funds to be used to support services and trainings outlined in Exhibit A, Amendment #2 Scope of Services. The breakdown of this funding per SFY effective SFY 2020 is outlined below.

TRAC COSTS	CERTIFICATION OR RECERTIFICATION	TOTAL COST
$2,500	$250/Person X 10 People = $2,500	$5,000

9.13. RENEW Sustainability Continuation: The Department shall reimburse the Contractor for RENEW Activities Outlines in Exhibit A, RENEW Sustainability. Renew costs will be billed on green sheets and will have detailed information regarding the expense associated with each of the following items, not to exceed 6,000.00 annually. Funding can be used for training of new Facilitators; training for an Internal Coach; coaching IOD for Facilitators, Coach, and Implementation Teams; and Travel costs.

9.14. PATH Funding: Subject to change based on performance standards, HMIS compliance, SAMHSA requirements, and PATH grant requirements as outlined in Exhibit A, Amendment #2 Scope of Services, PATH Services.

9.15. Housing Support Services including Bridge: The contractor shall be paid based on an activity and general payment as outlined below. Funds to be used for the provision of services as outlined in Exhibit A, Amendment #2 Scope of Services, in SFY 2019.

Housing Services Costs	INVOICE TYPE	TOTAL COST
Hire of a designated housing support staff	One time payment	$15,000
Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A	One time payment	$10,000

9.16. First Episode Psychosis Training and Services: The contractor shall be paid based on an activity and general payment as outlined below. Funds support training, programming and staffing defined in Exhibit A, Amendment #2 Scope of Services, Early Serious Mental Illness/First Episode Psychosis Coordinated Specialty Care. Invoices will only be processed upon receipt of outlined data reports and invoice shall reference contract budget line items. All trainings must receive advanced approval in writing by the Department.

FEP/ESMI Services Costs	TOTAL COST
Staff Training on EBP FEP/ESMI Coordinated Specialty Care	$51,000
Invoiced based payments for unbillable services delivered by the FEP/ESMI team	$60,000

9.17. General Training Funding: Funds are available in SFY 2019 and SFY 2022 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.18. System Upgrade Funding: One time funds available in SFY 2019 and SFY 2022 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Amendment #2 Scope of Services, Data Reporting. Funds may also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B, Method and Conditions Precedent to Payment, Section 9. Invoice for funds should outline activity it has supported.

9.19. REAP Funding: Funding to support services, training, and support as outlined in Exhibit A, Amendment #2 Scope of Services.

9.20. System of Care 2.0: Funds are available in SFY 2022 to support a School Liaison position and associated program expenses as outlined in the below budget table.

School Liaison and Supervisory Positions & Benefits	130,000.00
Program Staff Travel	12,075.00
Program Office Supplies, Copying and Postage	8,700.00

Implementation Science and MATCH-ADTC Training for CMHC staff	7,500.00
Professional development for CMHC staff in support of grant goals and deliverables	30,000.00
Expenses incurred in the delivery of services not supported by Medicaid, private insurance, or other source	60,000.00
Indirect Costs (not to exceed 6%)	14,753.00
Total	**263,028.00**

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

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A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all non-public information owned, managed, created, received for or on behalf of, the Department that is protected by information security, privacy or confidentiality rules, Agreement and state and federal laws or policy. This information may include but is not limited to, derivative data, Protected Health Information (PHI), Personally Identifiable Information (PII), Substance Use Disorder Information (SUD), Federal Tax Information, Social Security Administration, and CJIS (Criminal Justice Information Services) data, including the copy of information submitted known as the Phoenix Data. Confidential Information or Confidential Data shall not include medical records produced and maintained by the contractor in the course of their practice or information owned by the patient/client. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the contractor."End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives Confidential Data in accordance with the terms of this Contract.

4. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

5. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

6. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or Confidential Data.

7. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

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

9. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. Omitted.
4. The Contractor agrees that Confidential Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees Confidential Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the Confidential Data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure, secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting Confidential Data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If

End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).

11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the Confidential Data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the Confidential Data, unless, otherwise required by law or permitted under this Contract. If it is infeasible to return or destroy the Confidential Data, protections pursuant to this Information Security Requirements Exhibit survive this contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process Confidential Data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact Confidential Data State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Confidential Data
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location.
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.
6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such Confidential Data upon request or contract termination; and will obtain written certification for any Confidential Data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing Confidential Data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the Confidential Data destruction, and will provide written certification to DHHS upon request. The written certification will include all details necessary to demonstrate Confidential Data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the Confidential Data received under this Contract, as follows:

1. The Contractor will maintain proper security controls to protect Confidential Data collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Confidential Data throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the Confidential Data (i.e., tape, disk, paper, etc.).
3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Confidential Data where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact Confidential Data, State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Confidential Data.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with DHHS to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any DHHS system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If DHHS determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with DHHS and is responsible for maintaining compliance with the agreement.

9. Omitted.

10. The Contractor will not store, knowingly or unknowingly, any Confidential Data or State of New Hampshire data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within DHHS.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent

unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any Confidential Data or State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such Confidential Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

    e. limit disclosure of the Confidential Information to the extent permitted by law.

    f. Confidential Information received under this Contract and individually identifiable Confidential Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

    g. only authorized End Users may transmit the Confidential Data, and in all cases, such Confidential Data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

    h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

    i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure.

This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

A. The Contractor must notify NH DHHS Information Security via the email address provided in this Exhibit, of any known or suspected Incidents or Breaches immediately after the Contractor has determined that the aforementioned has occurred and that Confidential Data may have been exposed or compromised.

1. Parties acknowledge and agree that unless notice to the contrary is provided by DHHS in its sole discretion to Contractor, this Section V.A.1 constitutes notice by Contractor to DHHS of the ongoing existence and occurrence or attempts of Unsuccessful Security Incidents for which no additional notice to DHHS shall be required. "Unsuccessful Security Incidents" means, without limitation, pings and other broadcast attacks on Contractor's firewalls, port scans, unsuccessful log-on attempts, denial of service attacks, and any combination of the above, so long as no such incident results in unauthorized access, use or disclosure of Confidential Data.

B. Per the terms of this Exhibit the Contractor's and End User's security incident and breach response procedures must address how the Contractor will:

1. Identify incidents;
2. Determine if Confidential Data is involved in incidents;
3. Report suspected or confirmed incidents to DHHS as required in this Exhibit. DHHS will provide the Contractor with a NH DHHS Business Associate Incident Risk Assessment Report for completion.
4. Within 24 hours of initial notification to DHHS, email a completed NH DHHS Business Associate Incident Risk Assessment Preliminary Report to the DHHS' Information Security Office at the email address provided herein;
5. Identify and convene a core response group to determine the risk level of incidents and determine risk-based responses to incidents and mitigation measures, prepare to include DHHS in the incident response calls throughout the incident response investigation;

6. Identify incident/breach notification method and timing;

7. Within one business week of the conclusion of the Incident/Breach response investigation a final written Incident Response Report and Mitigation Plan is submitted to DHHS Information Security Office at the email address provided herein;

8. Address and report incidents and/or Breaches that implicate personal information (PI) to DHHS in accordance with NH RSA 359-C:20 and this Agreement;

9. Address and report incidents and/or Breaches per the HIPAA Breach Notification Rule, and the Federal Trade Commission's Health Breach Notification Rule 16 CFR Part 318 and this Agreement.

10. Comply with all applicable state and federal suspected or known Confidential Data loss obligations and procedures.

C. All legal notifications required as a result of a breach of Confidential Data, or potential breach, collected pursuant to this Contract shall be coordinated with the State if caused by the Contractor. The Contractor shall ensure that any subcontractors used by the Contractor shall similarly notify the State of a Breach, or potential Breach immediately upon discovery, shall make a full disclosure, including providing the State with all available information, and shall cooperate fully with the State, as defined above.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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State of New Hampshire

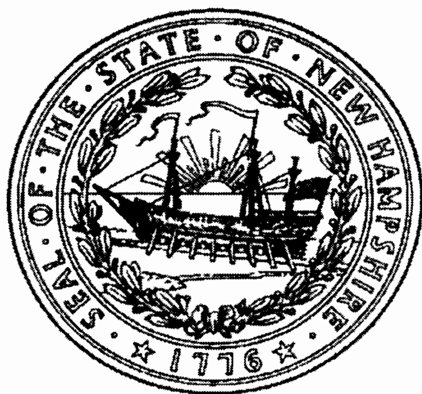
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SEACOAST MENTAL HEALTH CENTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 21, 1963. 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: **65254**

Certificate Number: **0005348514**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 14th day of April A.D. 2021.

William M. Gardner
Secretary of State

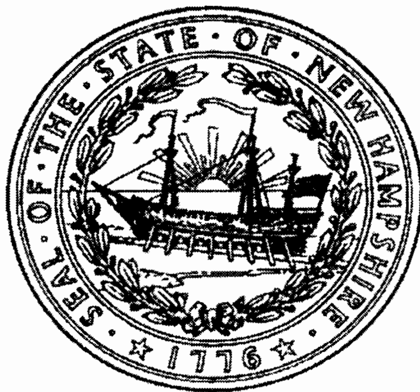
DocuSign Envelope ID: 24801ED8-EAA5-4272-991B-05707C03DD6B

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 SEACOAST MENTAL HEALTH CENTER RESOURCE GROUP, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 25, 1985. 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: **66834**
Certificate Number: **0005348525**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 14th day of April A.D. 2021.

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, ***Monica Kieser***, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of **Seacoast Mental Health Center, Inc.**

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on **March 16, 2021,** at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Geraldine (Jay) Couture, President and CEO is duly authorized on behalf of **Seacoast Mental Health Center, Inc.** to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: **June 11, 2021**

Signature of Elected Officer
Name: **Monica Kieser**
Title: **President**

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/26/2021

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).

PRODUCER
Fred C. Church Insurance
41 Wellman Street
Lowell MA 01851

CONTACT NAME:
PHONE (A/C, No, Ext): 978-458-1865 FAX (A/C, No): 978-454-1865
E-MAIL ADDRESS: jnorton@fredcchurch.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Company	18058
INSURER B : Granite State HC & HS Trust	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED SEACMEN-01
Seacoast Mental Health Center, Inc.
1145 Sagamore Avenue
Portsmouth NH 03801

COVERAGES **CERTIFICATE NUMBER:** 1058019565 **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	X COMMERCIAL GENERAL LIABILITY			PHPK2242528	3/1/2021	3/1/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			PHPK2242530	3/1/2021	3/1/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	X Comp $1,000 / X Coll $1,000							$
A	X UMBRELLA LIAB X OCCUR			PHUB757923	3/1/2021	3/1/2022	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			HCHS20200000262	2/1/2021	2/1/2022	X PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) Y/N: N	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability			PHPK2242528	3/1/2021	3/1/2022	$1,000,000 $3,000,000	Per Occurrence Annual Aggregate

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

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Granite State Healthcare
and Human Service Trust

PO Box 4197
Concord, NH 03302-4197

Issue Date: Jan 11, 2021

This certificate is issued as a matter of information only and confers no rights upon the certificate holder.

This certificate does not amend, extend or alter the coverage afforded by the policies below.

Certificate of Insurance

Certificate Holder

Diana Fogarty
Seacoast Mental Health Center, Inc.
1145 Sagamore Avenue
Portsmouth, NH 03801

Companies Affording Coverage

Company Letter A	Granite State HC&HS Trust
Company Letter B	Midwest Employers Casualty Corp.

This policy is effective at 12:00 am on 02/01/2021, and will expire at 12:01 am on 02/01/2022.

This policy will automatically be renewed unless notified by either party by October 1st of any fund year.

Coverages

This is to certify that the Workers' Compensation and Employer's Liability Insurance has been issued to the insured named above for the policy period indicated, not withstanding 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.

Type of Insurance/Carrier	Policy Number	Effective Date	Expiration Date	LIMITS	
A: Workers' Compensation & Employer's Liability				E.L. Each Accident	$1,000,000
Granite State HC&HS Trust	HCHS20210000376	02/01/2021	02/01/2022	E.L. Disease-Pol Limit	$1,000,000
				E.L. Disease-Each Emp	$1,000,000
B: Excess Insurance				Workers' Compensation	Statutory
Midwest Employers Casualty Corp.	EWC009477	02/01/2021	02/01/2022	Employer's Liability	$1,000,000

Description of Operations

☑ Officers Excluded

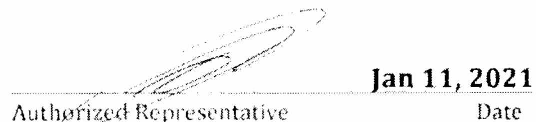
Hyer, Kimberly
Keiser, Monica
Sorli, Paul

Member

Dianna Fogarty
Seacoast Mental Health Center, Inc.
1145 Sagamore Avenue
Portsmouth, NH 03801

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.



Authorized Representative

Jan 11, 2021
Date

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SEACOAST MENTAL HEALTH CENTER, INC.

MISSION STATEMENT

The mission of Seacoast Mental Health Center is to provide a broad, comprehensive array of high quality, effective and accessible services to residents of the eastern half of Rockingham County.

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Seacoast Mental Health Center, Inc.

FINANCIAL STATEMENTS

June 30, 2020

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Seacoast Mental Health Center, Inc.
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Kittell Branagan & Sargent
Certified Public Accountants
Vermont License #167

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Seacoast Mental Health Center, Inc.
Portsmouth, New Hampshire

We have audited the accompanying financial statements of Seacoast Mental Health Center, Inc. (a nonprofit organization) which comprise the statement of financial position as of June 30, 2020, and the related statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

154 North Main Street, St. Albans, Vermont 05478 | P 802.524.9531 | 800.499.9531 | F 802.524.9533
www.kbscpa.com

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Seacoast Mental Health Center, Inc. as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on Pages 13 through 16 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kittell, Branagan + Sargent

St. Albans, Vermont
September 24, 2020

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Seacoast Mental Health Center, Inc.
STATEMENT OF FINANCIAL POSITION
June 30, 2020

ASSETS

CURRENT ASSETS	
Cash and Cash Equivalents	$ 3,822,859
Accounts receivable (net of $350,000 allowance)	1,249,335
Investments	3,787,744
Prepaid expenses	125,732
TOTAL CURRENT ASSETS	8,985,670
PROPERTY AND EQUIPMENT - NET	193,209
TOTAL ASSETS	$ 9,178,879

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	
Accounts payable	$ 65,771
Deferred income	16,624
Accrued vacation	204,645
Accrued expenses	857,612
Current portion of long-term debt	833,472
TOTAL CURRENT LIABILITIES	1,978,124
LONG-TERM LIABILITIES	
Long-term debt, less current portion	1,319,601
NET ASSETS	
Net assets without donor restriction	5,881,154
TOTAL LIABILITIES AND NET ASSETS	$ 9,178,879

See Notes to Financial Statements

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Seacoast Mental Health Center, Inc.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the Year Ended June 30, 2020

PUBLIC SUPPORT AND REVENUES	
Public support -	
Federal	$ 278,056
State of New Hampshire - BMHS	1,038,270
Other public support	827,388
Total Public Support	2,143,714
Revenues -	
Program service fees	14,542,954
Rental income	79,728
Other revenue	850,818
Total Revenues	15,473,500
TOTAL PUBLIC SUPPORT AND REVENUES	17,617,214
OPERATING EXPENSES	
BBH funded program services -	
Children services	4,765,513
Emergency services	1,540,142
Adult services	7,143,157
Act Team	1,547,381
Substance Use Disorder	527,705
Fairweather Lodge	829,510
REAP	345,023
Non-DMH funded program services	456
TOTAL EXPENSES	16,698,887
EXCESS OF PUBLIC SUPPORT AND REVENUE OVER EXPENSES FROM OPERATIONS	918,327
OTHER INCOME	
Investment Income	121,335
TOTAL INCREASE IN NET ASSETS	1,039,662
NET ASSETS WITHOUT DONOR RESTRICTION, beginning	4,841,492
NET ASSETS WITHOUT DONOR RESTRICTION, ending	$ 5,881,154

See Notes to Financial Statements

Seacoast Mental Health Center, Inc.
STATEMENT OF CASH FLOWS
For the Year Ended June 30, 2020

CASH FLOWS FROM OPERATING ACTIVITIES	
Increase in net assets	$ 1,039,662
Adjustments to reconcile to net cash provided by operations:	
Depreciation	63,865
(Increase) decrease in:	
Accounts receivable - trade	(455,184)
Prepaid expenses	95,420
Restricted cash	134,866
Increase (decrease) in:	
Accounts payable & accrued liabilities	523,219
Deferred income	(22,137)
NET CASH PROVIDED BY OPERATING ACTIVITIES	1,379,711
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchases of property and equipment	(176,620)
Investment activity, net	(3,787,744)
NET CASH (USED) BY FINANCING ACTIVITIES	(3,964,364)
CASH FLOWS FROM FINANCING ACTIVITIES	
Proceeds from issuance of long-term debt	2,153,073
NET DECREASE IN CASH	(431,580)
CASH AT BEGINNING OF YEAR	4,254,439
CASH AT END OF YEAR	$ 3,822,859

See Notes to Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization
Seacoast Mental Health Center, Inc. (the Center) is a not-for-profit corporation, organized under New Hampshire law to provide services in the areas of mental health, and related non-mental health programs; it is exempt from income taxes under Section 501 (c)(3) of the Internal Revenue Code. In addition, the organization qualifies for the charitable contribution deduction under Section 170 (b)(1)(a) and has been classified as an organization that is not a private foundation under Section 509(a)(2).

Basis of Presentation
The financial statements of the Center have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) "Audit and Accounting Guide for Not-for-Profit Organizations" (the "Guide"). (ASC) 958-205 was effective July 1, 2018.

Under the provisions of the Guide, net assets and revenues and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Center and changes therein are classified as follows:

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 Center. The Center's board may designate assets without restrictions for specific operational purposes from time to time.

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 Non-Profit Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Basis of Accounting
Income and expenses are reported on the accrual basis, which means that income is recognized as it is earned and expenses are recognized as they are incurred whether or not cash is received or paid out at that time.

Revenue Recognition
Amounts received from grants and contracts received for specific purposes are generally recognized as income to the extent that related expenses are incurred. Contributions of cash and other assets are reported as restricted if they are received with donor stipulations that limit the use of the donated assets. Contributions can be without donor restriction or with donor restriction.

Income Taxes
Consideration has been given to uncertain tax positions. The federal income tax returns for the years ended after June 30, 2017, remain open for potential examination by major tax jurisdictions, generally for three years after they were filed.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles require management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Related Organizations

The Center leases property and equipment from Seacoast Mental Health Center Resource Group, Inc. - a related non-profit corporation formed in 1985 for the benefit of Seacoast Mental Health Center, Inc. Seacoast Mental Health Center Resource Group was formed to support the operations of Seacoast Mental Health Center, Inc. by managing and renting property and raising other funds on its behalf.

Depreciation

The cost of property, equipment and leasehold improvements is depreciated over the estimated useful life of the assets using the straight line method. Assets deemed to have a useful life greater than three years are deemed capital in nature. Estimated useful lives range from 3 to 30 years.

State Grants

The Center receives a number of grants from and has entered into various contracts with the State of New Hampshire related to the delivery of mental health services.

Vacation Pay and Fringe Benefits

Vacation pay is accrued and charged to the programs when earned by the employee. Fringe benefits are allocated to the appropriate program expense based on the percentage of actual time spent on the programs.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Center considers all short-term debt securities purchased with a maturity of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable are recorded based on the amount billed for services provided, net of respective allowances.

Policy for Evaluating Collectability of Accounts Receivable

In evaluating the collectability of accounts receivable, the Center analyzes past results and identifies trends for each major payor source of revenue for the purpose of estimating the appropriate amounts of the allowance for doubtful accounts. Data in each major payor source is regularly reviewed to evaluate the adequacy of the allowance for doubtful accounts. Specifically, for receivables relating to services provided to clients having third-party coverage, an allowance for doubtful accounts and a corresponding provision for bad debts are established for amounts outstanding for an extended period of time and for third-party payors experiencing financial difficulties; for receivables relating to self-pay clients, a provision for bad debts is made in the period services are rendered based on experience indicating the inability or unwillingness of clients to pay amounts for which they are financially responsible.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Based on management's assessment, the Center provides for estimated uncollectible amounts through a charge to earnings and a credit to a valuation allowance. Balances that remain outstanding after the Center has used reasonable collection efforts are written off through a change to the valuation allowance and a credit to accounts receivable.

The Center decreased its estimate in the allowance for doubtful accounts to $350,000 as of June 30, 2020 from $450,000 as of June 30, 2019. This was a result of Medicaid patient accounts receivable decreasing to $353,359 as of June 30, 2020 from $409,844 as of June 30, 2019 and client balances decreasing to $154,423 as of June 30, 2020 from $245,118 as of June 30, 2019.

Client Service Revenue

The Center recognizes client service revenue relating to services rendered to clients that have third-party payor coverage and are self-pay. The Center receives reimbursement from Medicare, Medicaid and Insurance Companies at defined rates for services to clients covered by such third-party payor programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as allowances when received. For services rendered to uninsured clients (i.e., self-pay clients), revenue is recognized on the basis of standard or negotiated discounted rates. At the time services are rendered to self-pay clients, a provision for bad debts is recorded based on experience and the effects of newly identified circumstances and trends in pay rates. Client service revenue (net of contractual allowances and discounts but before taking account of the provision for bad debts) recognized during the year ended June 30, 2020 totaled $14,542,954, of which $14,055,402 was revenue from third-party payors and $487,552 was revenue from self-pay clients.

NOTE 2 CLIENT SERVICE REVENUES FROM THIRD PARTY PAYORS

The Center has agreements with third-party payors that provide payments to the Center at established rates. These payments include:

New Hampshire and Managed Medicaid

The Center is reimbursed for services from the State of New Hampshire and Managed Care Organizations for services rendered to Medicaid clients on the basis of fixed Fee for Service and Case Rates.

Approximately 82% of net client service revenue is from participation in the state and managed care organization sponsored Medicaid programs for the year ended June 30, 2020. Laws and regulations governing the programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates could change materially in the near term.

As part of the contractual arrangement with the MCOs, the Center is required to provide a specific amount of services under an arrangement referred to as a Maintenance of Effort (MOE). Under the MOE, if levels of service are not met the Center may be subject to repayment of a portion of the revenue received. The MOE calculation is subject to interpretation and a source of continued debate and negotiations with MCOs. This MOE calculation may result in a liability that would require a payback to the MCOs. Additionally, please refer to Note 15 regarding the MOE being waived for the year ended June 30, 2020.

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NOTE 3 ACCOUNTS RECEIVABLE

ACCOUNTS RECEIVABLE - TRADE	
Due from clients	$ 154,423
Insurance companies	325,424
Medicaid receivable	353,359
Medicare receivable	132,132
	965,338
Allowance for doubtful accounts	(350,000)
	615,338
ACCOUNTS RECEIVABLE - OTHER	
BMHS	129,887
NHHF Quality Bonus Incentive	102,649
Exeter Hospital	60,212
IDN	14,345
MCO Directed Payments	252,654
State of NH - LTCSP	74,250
	633,997
TOTAL ACCOUNTS RECEIVABLE	$ 1,249,335

NOTE 4 INVESTMENTS

The Center has invested funds in various pooled funds with R.M. Davis Wealth Management. The approximate breakdown of these investments are as follows:

	Cost	Unrealized Gain (Loss)	Market Value
Cash & Money Market	$ 624,731	$ -	$ 624,731
Fixed Income	1,712,097	30,706	1,742,803
Equities	1,172,876	58,168	1,231,044
Mutual Funds	70,000	5,009	75,009
Exchange Traded Funds	81,445	6,858	88,303
Other Assets	23,520	2,334	25,854
	$ 3,684,669	$ 103,075	$ 3,787,744

NOTE 4 INVESTMENTS (continued)

Investment income consisted of the following:

	2020
Interest and dividends	$ 28,580
Unrealized gains	103,075
Fee expenses	(10,320)
TOTAL	$ 121,335

NOTE 5 FAIR VALUE MEASUREMENTS

Professional accounting standards established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1- Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2- Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3- Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

All investments are categorized as Level 1 and recorded at fair value, as of June 30, 2020. As required by professional accounting standards, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

NOTE 6 PROPERTY AND EQUIPMENT

Property and equipment, at cost, consists of the following:

Computer equipment	$ 338,694
Furniture, fixtures and equipment	716,285
	1,054,979
Accumulated Depreciation	(861,770)
Net Book Value	$ 193,209

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NOTE 7 LONG-TERM DEBT

Long-term debt consisted of the following:

	2020
Note payable, Cambridge Trust Company dated May 2020. PPP loan with the ability to be forgiven in FY 21. Interest at 1%, monthly principal and interest payments of $120,564 beginning December 2020 due May 2022.	$ 2,153,073
Less: Current Portion	(833,472)
	$ 1,319,601

The aggregate principal payments of the long-term debt for the next two years and thereafter are as follows:

Year Ending June 30,	Amount
2021	$ 833,472
2022	1,319,601
	$ 2,153,073

NOTE 8 LINE OF CREDIT

As of June 30, 2020, the Center had available a line of credit from a bank with an upper limit of $500,000. At that date, $-0- had been borrowed against the line of credit. These funds are available with an interest rate of The Wall Street Journal Prime Rate, floating. This line of credit expires on February 12, 2022.

NOTE 9 DEFERRED INCOME

NNE PTN	$ 858
Endowment for Health	1,385
Womens Fund of NH	1,991
Transportation Grant	12,390
TOTAL	$ 16,624

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NOTE 10 RELATED PARTY TRANSACTIONS

During the year ended June 30, 2020, the Center collected $84,000 from Seacoast Mental Health Center Resource Group, Inc. (Resource Group) in management fees for administrative services.

A line of credit is available to the Center from Resource Group with a limit of $500,000. Interest is charged at prime plus 1%. As of June 30, 2020 $-0- had been borrowed against the line of credit and the interest rate was 6.5%. During the year ended June 30, 2020 $-0- was paid to the Resource Group in interest related to this line of credit.

Operating Leases

During the year ended June 30, 2020, the Center rented properties and equipment from the Resource Group. Total rent paid for the year for property and equipment was $657,312 and $101,412, respectively. The Center is obligated to the Resource Group under cancelable leases to continue to rent these facilities and equipment at an annual rate of approximately $758,724. The annual rates of rents are revisited on an annual basis.

NOTE 11 EMPLOYEE BENEFIT PLAN

The Center has the option to make contributions to a tax-sheltered annuity on behalf of its employees. This program covers substantially all full-time employees. During the year ended June 30, 2020, contributions of $221,880 were made by the Center to the plan.

NOTE 12 COMMITMENTS AND CONTINGENCIES

The Center has entered into a subscription agreement with a software vendor and is obligated to pay $7,050 per month through December 31, 2020 in exchange for software subscription services.

NOTE 13 CONCENTRATIONS OF CREDIT RISK

Cash deposits in the Center's accounts at June 30, 2020 consist of the following:

	Book Balance	Bank Balance
Insured by FDIC*	$ 3,822,859	$ 3,848,391

The differences between book and bank balances are reconciling items such as deposits in transit and outstanding checks.

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NOTE 13 CONCENTRATIONS OF CREDIT RISK (continued)

* The Center has entered into an Insurance Cash Sweep Deposit Placement Agreement which places funds into deposit accounts at receiving depository institutions from the Center's transaction account with Destination Institutions. Each Destination Institution is insured by the Federal Deposit Insurance Corporation (FDIC) up to the current maximum deposit insurance amount of $250,000. Included in cash insured by FDIC as of June 30, 2020 is $3,723,391 deposited at Destination Institutions through the Insured Cash Sweep service.

The Center grants credit without collateral to its clients, most of who are area residents and are insured under third-party payor agreements. The mix of receivables due from clients and third-party payors at June 30, 2020 is as follows:

Due from clients	16	%
Insurance companies	34	
Medicaid	36	
Medicare	14	
	100	%

NOTE 14 LIQUIDITY

The following reflects the Center's financial assets available within one year for general expenditures as of June 30, 2020:

Cash and Cash Equivalents	$ 3,822,859
Accounts Receivable	1,249,335
Investments	3,787,744
Financial assets available within one year for general expenditures	$ 8,859,938

As part of the Center's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

NOTE 15 RISKS & UNCERTAINTIES

As a result of the spread of the COVID-19 Coronavirus, economic uncertainties have arisen which are likely to negatively impact net income. Other financial impact could occur though such potential impact and the duration cannot be reasonably estimated at this time. Possible effects may include, but are not limited to, disruption to the Center's customers and revenue, absenteeism in the Center's labor workforce, unavailability of products and supplies used in operations, and decline in value of assets held by the Center, including receivables and property and equipment.

NOTE 15 RISKS & UNCERTAINTIES (continued)

Due to these economic uncertainties the Center applied for and received Federal support and aid funding through the Paycheck Protection Program (aka PPP) and the Provider Relief Fund, which was implemented as part of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). These proceeds were used to cover payroll costs, certain interest payments, rent, and utility costs. These funds were one-off unanticipated payments and any future relief is uncertain.

On April 1, 2020, the Center successfully petitioned all three managed care organizations to waive the Maintenance of Effort (MOE) provisions in each of the respective provider service agreements. The waiver period is effective only for the period of July 1, 2019 through June 30, 2020, and is thereafter reinstated. An extension to waive the MOE requirements beyond this effective period is also uncertain at this time.

NOTE 16 SUBSEQUENT EVENTS

In accordance with professional accounting standards, the Center has evaluated subsequent events through September 24, 2020, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of June 30, 2020, have been incorporated into the basic financial statements herein.

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SUPPLEMENTARY INFORMATION

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Seacoast Mental Health Center, Inc.
ANALYSIS OF ACCOUNTS RECEIVABLE
For the Year Ended June 30, 2020

	Accounts Receivable Beginning of Year	Gross Fees	Contractual Allowances and Other Discounts Given	Cash Receipts	Accounts Receivable End of Year
CLIENT FEES	$ 245,118	$ 1,377,986	$ (890,434)	$ (578,247)	$ 154,423
BLUE CROSS / BLUE SHIELD	42,401	510,331	(200,146)	(291,178)	61,408
MEDICAID	409,844	13,620,765	(1,656,236)	(12,021,014)	353,359
MEDICARE	144,157	1,403,165	(710,086)	(705,104)	132,132
OTHER INSURANCE	289,043	1,833,366	(745,757)	(1,112,636)	264,016
ALLOWANCE FOR UNCOLLECTIBLES	(450,000)	-	100,000	-	(350,000)
TOTAL	$ 680,563	$ 18,745,613	$ (4,102,659)	$ (14,708,179)	$ 615,338

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Seacoast Mental Health Center, Inc.
ANALYSIS OF BMHS REVENUES, RECEIPTS AND RECEIVABLES
For the Year Ended June 30, 2020

	Receivable From BMHS Beginning of Year	BMHS Revenues Per Audited Financial Statements	Receipts for Year	Receivable From BMHS End of Year
CONTRACT YEAR, June 30, 2020	$ 15,450	$ 1,038,270	$ (934,849)	$ 118,871

Analysis of Receipts:

Date of Receipt	Amount
09/24/19	$ 64,559
10/01/19	20,702
10/16/19	87,496
10/12/19	33,122
11/07/19	109,086
12/10/19	17,105
12/20/19	108,090
01/14/20	78,943
02/04/20	81,236
03/05/20	80,700
04/14/20	66,385
04/28/20	18,872
05/07/20	109,613
05/13/20	18,402
06/16/20	17,883
06/16/20	18,402
06/16/20	34,866
06/17/20	149,201
Less: Federal Monies	(179,814)
	$ 934,849

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Seacoast Mental Health Center, Inc.
STATEMENT OF FUNCTIONAL PUBLIC SUPPORT AND REVENUES
For the Year Ended June 30, 2020

	Total Agency	Admin.	Total Programs	Children	Emergency Services	Adult Services	Act Team	Substance Use Disorder	Fairweather Lodges	REAP	Other Non/BBH
Program Service Fees:											
Net Client Fee	$ 487,552	$ -	$ 487,552	$ 176,642	$ 6,273	$ 232,888	$ 40,701	$ 29,763	$ 1,285	$ -	$ -
Blue Cross/Blue Shield	310,185	-	310,185	115,159	17,723	161,568	3,004	12,731	-	-	-
Medicaid	11,964,529	-	11,964,529	5,196,370	78,545	5,740,330	558,355	250,124	140,805	-	-
Medicare	693,079	-	693,079	362	267	597,077	47,724	47,649	-	-	-
Other Insurance	1,087,609	-	1,087,609	409,383	49,415	570,926	12,492	45,393	-	-	-
Public Support - Other:											
United Way	5,000	-	5,000	2,000	-	3,000	-	-	-	-	-
Local/County Government	51,794	-	51,794	-	-	-	-	51,794	-	-	-
Donations/Contributions	106,987	83,402	23,585	1,925	-	885	200	-	-	-	20,575
Other Public Support	663,364	3,746	659,618	58,102	187,341	321,591	3,746	9,537	2,341	76,960	-
DPHS (DADAPR)	70,000	-	70,000	-	-	-	-	-	-	70,000	-
DCYF	243	-	243	243	-	-	-	-	-	-	-
Federal Funding:											
Other Federal Grants	169,822	-	169,822	5,000	-	129,822	-	-	-	35,000	-
PATH	38,234	-	38,234	-	-	-	38,234	-	-	-	-
BMHS											
Community Mental Health	1,038,270	-	1,038,270	15,236	381,789	259,174	241,702	-	369	140,000	-
Rental Income	79,728	17,712	62,016	-	-	-	-	-	62,016	-	-
Other Revenues	850,818	118,779	732,039	139,769	23,255	418,055	124,260	3,000	23,700	-	-
	17,617,214	223,639	17,393,575	6,120,191	744,608	8,435,316	1,070,418	449,991	230,516	321,960	20,575
Administration	-	(223,639)	223,639	80,271	9,766	110,636	14,039	5,902	3,025	-	-
TOTAL PUBLIC SUPPORT AND REVENUES	$ 17,617,214	$ -	$ 17,617,214	$ 6,200,462	$ 754,374	$ 8,545,952	$ 1,084,457	$ 455,893	$ 233,541	$ 321,960	$ 20,575

Seacoast Mental Health Center, Inc.
STATEMENT OF PROGRAM SERVICE EXPENSES
For the Year Ended June 30, 2020

	Total Agency	Admin.	Total Programs	Children	Emergency Services	Adult Services	Act Team	Substance Use Disorder	Fairweather Lodges	REAP	Other Non/BBH
Personnel Costs:											
Salary and wages	$ 11,485,451	$ 2,293,075	$ 9,192,376	$ 2,628,976	$ 994,867	$ 3,915,919	$ 895,633	$ 281,265	$ 421,121	$ 54,595	$ -
Employee benefits	1,545,952	170,224	1,375,728	406,345	83,538	627,910	129,502	59,346	61,572	7,515	-
Payroll Taxes	724,022	153,871	570,151	158,264	66,883	240,197	56,052	16,453	28,272	4,030	-
Professional Fees:											
Accounting/audit fees	35,530	27,291	8,239	2,866	448	3,492	716	269	448	-	-
Legal fees	28,187	20,902	7,285	-	-	-	7,285	-	-	-	-
Other professional fees	367,743	116,389	251,354	19,597	2,565	21,434	4,104	5,739	2,565	195,350	-
Staff Devel. & Training:											
Journals & publications	2,382	631	1,751	725	247	645	67	25	42	-	-
Conferences & conventions	10,676	7,639	3,037	1,961	34	775	54	179	34	-	-
Other Staff Development	45,111	4,112	40,999	4,540	411	34,279	857	366	221	325	-
Occupancy costs:											
Rent	844,688	64,613	780,075	205,368	24,662	447,307	30,829	18,497	46,906	6,506	-
Other Utilities	94,103	8,125	85,978	25,256	3,267	36,590	4,101	2,443	13,516	805	-
Maintenance & repairs	170,099	15,423	154,676	48,607	6,382	69,734	8,154	4,693	15,652	1,454	-
Consumable Supplies:											
Office	15,625	1,054	14,571	5,640	697	5,957	1,114	418	745	-	-
Building/household	47,493	2,808	44,685	12,886	1,713	15,344	2,721	1,286	9,367	1,218	150
Food	40,327	333	39,994	4,740	1,015	5,788	833	312	26,413	587	306
Medical	6,845	438	6,407	2,216	414	2,290	488	673	326	-	-
Other	352,009	27,816	324,193	111,777	17,448	135,807	27,816	10,431	17,385	3,529	-
Depreciation	63,865	4,926	58,939	22,009	3,077	24,009	4,922	1,847	3,075	-	-
Equipment rental	69,725	5,635	64,090	22,267	3,454	27,356	5,484	2,090	3,409	30	-
Equipment maintenance	1,459	72	1,387	537	43	590	83	26	107	1	-
Advertising	9,101	2,515	6,586	2,319	330	2,881	528	198	330	-	-
Printing	14,039	1,070	12,969	4,190	1,088	4,944	850	319	531	1,047	-
Telephone/communications	192,882	12,958	179,924	61,569	25,378	67,631	15,689	5,490	1,498	2,669	-
Postage/shipping	16,697	1,334	15,363	5,335	834	6,502	1,341	500	834	17	-
Transportation:											
Staff	226,730	5,213	221,517	73,941	9,071	75,932	50,040	5,044	5,142	2,347	-
Clients	22,483	-	22,483	2,881	-	1,441	1,547	8,132	8,482	-	-
Assist to Individuals:											
Client services	9,148	-	9,148	3,663	-	3,254	1,438	693	100	-	-
Insurance:											
Malpractice/bonding	44,745	3,580	41,165	14,319	2,237	17,450	3,580	1,342	2,237	-	-
Vehicles	3,361	-	3,361	527	-	810	324	-	1,700	-	-
Comp. Property/liability	107,166	8,573	98,593	34,294	5,358	41,795	8,573	3,215	5,358	-	-
Membership Dues	71,373	57,713	13,660	7,948	3,555	1,156	194	84	698	25	-
Other Expenditures	29,870	29,404	466	166	25	195	40	15	25	-	-
	16,698,887	3,047,737	13,651,150	3,895,729	1,259,041	5,839,414	1,264,959	431,390	678,111	282,050	456
Admin. Allocation	-	(3,047,737)	3,047,737	869,784	281,101	1,303,743	282,422	96,315	151,399	62,973	-
TOTAL PROGRAM EXPENSES	$ 16,698,887	$ -	$ 16,698,887	$ 4,765,513	$ 1,540,142	$ 7,143,157	$ 1,547,381	$ 527,705	$ 829,510	$ 345,023	$ 456

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Seacoast Mental Health Center, Inc.

Board of Directors Listing

First	*Last*	*Employer/Affiliation*	*Term Begin*	*Term End*	*Officer*	*Committees*
Monica	Kieser	Attorney	Jan-12	Jan-24	President	Audit/Finance Board Governance/Nomination Facilities
Kimberly	Hyer	Pediatrician, Hampton Pediatric Associates	Apr-97	Jun-23	Vice President	Audit/Finance Chair - Board Governance/Nomination Facilities
Mark	Cochran	Regional Sales Director B2W Software	Nov-17	Nov-23	Secretary	Development IT
Brian	Carolan	Principal & Chief Investment Officer	Mar-18	Mar-24	Treasurer	Finance
Martha	Byam	Clinical Associate Professor	Oct-20	Oct-23	N/A	Nominating
Jason	Coleman, SMSgt NHANG	Financial Systems Analyst, United States Air Force	Feb-03	Feb-24	N/A	Facilities IT
Kathleen	Dwyer	Assistant City Attorney City of Portsmouth	Aug-13	Aug-22	N/A	Development
Sandi	Hennequin	Vice President, U.S. Public Affairs, Emera Energy	May-17	May-23	N/A	Development
Dave	Keaveny	Portsmouth Police Department	Feb-20	Feb-23	N/A	
Erin	Lawson	Principal	Jan-16	Jan-22	N/A	Development
Andy	Mamczak	Owner AMM Consulting, LLC	May-19	May-22	N/A	IT
John	Pendleton	Judge - NH Court System	Feb-06	Feb-24	N/A	Nominating
Ned	Raynolds	Employee/Owner - Commercial Solar Consultant	May-14	May-23	N/A	Facilities
Eric	Spear	Owner IT Company Precision Campus	Mar-19	Mar-22	N/A	IT
Peter	Taylor	Attorney	Jan-19	Jan-22	N/A	Development
Mary	Toumpas	Independent Compliance Consultant	Jan-19	Jan-22	N/A	Development Finance

Revised May 24, 2021
Term Renewal: Brian Carolan.

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First	***Last***	***Employer/Affiliation***
John	Pendleton	Attorney, Dwyer, Donovan & Pendleton, P.A.
Carole	Bunting	Retired
Jason	Coleman	Financial Systems Analyst, United States Air Force
Paul	Sorli	Proprietor, Portsmouth Gas Light Company
Anthony	Andronaco	Senior Vice President, CFO & Account Executive - Data Risk LLC
Timothy	Black	Police Officer/Attorney
Susan	Craig	Ph.D. - Consultant/Author
Kathleen	Dwyer	Assistant City Attorney City of Portsmouth
Timothy	Graff	Operations Officer, United States Air Force
Kimberly	Hyer	Pediatrician, Hampton Pediatric Associates
Lindsay	Josephs	Retired
Monica	Kieser	Attorney
Ed	Miller	Financial Advisor
Nike	Speltz	Retired
Robert	Stomierosky	Consultant

Kimberly	Hyer	Pediatrician, Hampton Pediatric Associates	Apr-97	Jun-14	N/A	Facilities
Marjorie	Iafolla	Retired	Aug-94	Aug-08		
Lindsay	Josephs	Treasurer - Seacoast Consumer Alliance Peer Support Center	Jan-13	Jan-16	N/A	None
Theodore	Keith		1992	1995		
Monica	Kieser	Attorney	Jan-12	Jan-15	N/A	Audit/Finance
First	***Last***	***Employer/Affiliation***	***Term Begin***	***Term End***		
Gary	Marmontello	Apogent Technologies	Feb-00	Sep-02		
John	McPhee	Reverend	1976	1977		
Ed	Miller	Financial Advisor	Apr-12	Apr-15	N/A	Audit/Finance
Edward	O'Connell		1973	1977		
Deirdre	O'Leary	Artist	1994	Oct-95		
John	Pendleton	Attorney, Dwyer, Donovan & Pendleton, P.A.	Feb-06	Feb-15	President	Audit/Finance Board Governance/Nomination Development Facilities
Jodi	Philpott-Jones		1994	Oct-96		
Scott	Pope	Pope Housing	Feb-00	Nov-05		
Rona	Purdy	Retired	Sep-01	Aug-07		
Dana	Quinn	New England Signal Systems	1983	1983?		
Doris	Regan		1973	1974		
Diane	Schaefer	UNH	Nov-05	Mar-10	New Heights Advisory Board Vice Chair (Exofficio)	
Patty	Schwartz	Retired	Feb-97	Jun-12		
William	Scott	Attorney, Boynton, Waldron, Doleac and Scott, P.A.	Jun-89	Feb-13	N/A	Evaluation Nomination
Jean	Seavey		1973	1974		
C. G.	Shaffer	Educational Program Planning	Aug-10	Jan-13	Secretary	None
Joseph	Shanley	Reak Estate Broker	Oct-98	2001		
Gerald	Shattuck	Pediatrician	1973	1983?		
Robert	Simpson		1973	1978		
Paul	Sorli	Proprietor, Portsmouth Gas Light Company	Feb-00	Feb-15	Secretary	Audit/Finance Chair - Facilities
Nike	Speltz	Retired	Apr-04	Apr-16		Audit/Finance Development
Robert	Stomierosky	Consultant	Aug-94	Aug-16	N/A	Facilities
John	Tillinghast		1994?	Nov-05		
Arthur	Tufts		1973	1978		
William	Wagner	Janitorial Service	1973	1983?		
Stephen	Witt	Granite Bank	Feb-00	Apr-03		

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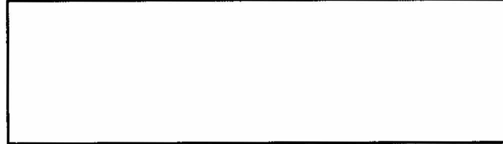

Experience

Medical Director
Responsible for insuring the delivery of quality psychiatric care
Seacoast Mental Health Center
Portsmouth, New Hampshire
1975-Present

Medical Director
Responsible for insuring delivery of psychiatric care to children, adolescents, and their families
Portsmouth Pavilion Adolescent Unit
Portsmouth, New Hampshire
1988-Present

Private Practice
Psychiatric treatment of adults and of children and their families
1968-Present

Chief of Psychiatry
Insure quality of psychiatric care delivered at Portsmouth Pavilion
Portsmouth Hospital
1987-1993

Director of Training
Responsible for training of Harvard Fellows in Child Psychiatry
Gaebler Training Program in Child Psychiatry
Gaebler Children's Center
Waltham, Massachusetts
1975-1985

Staff Psychiatrist
Gaebler Children's Center
Waltham, Massachusetts
1968-1975

Staff Psychiatrist
Metropolitan Hospital
Waltham, Massachusetts
1963-1965

Teaching Appointments

Assistant Clinical Professor of Psychiatry
Responsible for the education of third year Tufts University Medical Students during their rotation in Child Psychiatry and for Tufts University residents in Adult Psychiatry during their rotation in Child Psychiatry
Tufts University Medical School
Boston, Massachusetts
1979-1985

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Clinical Instructor in Psychiatry
Responsible for training of Harvard Fellows in Child Psychiatry
Harvard Medical School
Cambridge, Massachusetts
1968-1985

Appointments

Examiner
Child Psychiatry
American Board of Psychiatry and Neurology
1986-Present

Trustee
Portsmouth Regional Hospital and Pavilion
Portsmouth, New Hampshire
1992-Present

Education

Graduated Cairo University Medical School
Cairo, Egypt
January, 1957

Rotating Internship
Cairo University Hospital
Cairo, Egypt
1957-1958

Residency in Neurology
Cairo University Hospital
Cairo, Egypt
1958-1960

Residency in Adult Psychiatry
Metropolitan Hospital
Waltham, Massachusetts
1961-1963

Fellowship in Child Psychiatry
Harvard Medical School
Gaebler Children's Center
Waltham, Massachusetts
1965-1967

Board Certifications

Board Certified in Neurology
Cairo University
Cairo, Egypt
1960

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Board Certified in Adult Psychiatry
American Board of Psychiatry and Neurology
1971

Board Certified in Child Psychiatry
American Board of Psychiatry and Neurology
1984

Licensure

Licensed to practice medicine in New Hampshire

Licensed to practice medicine in Massachusetts

Hospital Affiliations

Portsmouth Regional Hospital and Pavilion
Portsmouth, New Hampshire

Exeter Hospital
Exeter, New Hampshire

Saint Elizabeth Hospital (past affiliation)
Brighton, Massachusetts

Gaebler Children's Center (past affiliation)
Waltham, Massachusetts

Professional Memberships

American Psychiatric Association

New England Council of Child Psychiatry

New Hampshire Medical Society

New Hampshire Psychiatric Society

Publications

"Attention Deficit Disorder", 1978
American Psychiatric Association Continuous Medical Education Course, Child Psychiatry for the General Psychiatrist
Presented at the Annual Meeting of the American Psychiatric Association, 1979-1983

"Elective Mutism", 1978
American Psychiatric Association Continuous Medical Education Course, Child Psychiatry for the General Psychiatrist
Presented at the Annual Meeting of the American Psychiatric Association, 1979-1983

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"Enuresis", 1978
American Psychiatric Association Continuous Medical Education Course, Child Psychiatry for the General Psychiatrist
Presented at the Annual Meeting of the American Psychiatric Association, 1979-1983

"The Importance of Follow-up in Latency" (Gair and Hanna), 1971
Presented at the Ortho-Psychiatry Annual Meeting, 1971

"Imaginary Companion and Superego Development" (Gair and Hanna), 1968
Presented at the Annual Meeting of the American Academy of Child Psychiatry, 1968

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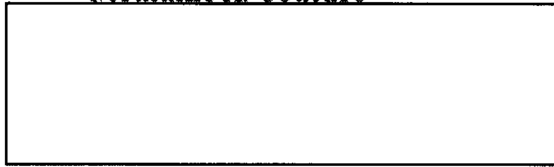
Geraldine A. Couture



Professional Experience

Seacoast Mental Health Center, Inc., Portsmouth, NH
Executive Director, April 2002

Seacoast Mental Health Center, Inc., Portsmouth, NH
Associate Director, March 1993 – April 2002
Interim Director of Child Adolescent and Family Services, November 2000 –
Compliance Officer
Oversee fiscal and administrative functions of large community mental health center.
Coordinate development and monitoring of annual budget and state contract.
Facilitate ongoing development of team model Child, Adolescent and Family Services Department including direct supervision of management staff, regional planning and inter-agency collaboration.
Chair: Compliance Committee.
Member: Personnel, Staff Growth and Development and Quality Improvement Committees

Strafford Guidance Center, Inc., Dover, NH
Business Manager, December 1991 - March 1993
Assistant Business Manager, January 1991 - December 1991
Accounts Receivable Manager, August 1987 - January 1991
Actively oversee daily operations of Accounts Receivable Department in a community mental health center.
Participate in development and monitoring of annual budget and contract with the New Hampshire Division of Mental Health.

Rochester Site Office Manger, December 1986 - August 1987
Responsible for all daily operations of satellite office.

Administrative Assistant, June 1986 - December 1986
Provided administrative support services to the Director of the Community Support Program.

Fradco Holdings, Inc., Greensburg, PA
President, June 1984 - April 1986
Administered all functions of company dealing in coal, timber and natural gas holdings.

Educational Experience

University of New Hampshire, Durham, NH
Master of Health Administration, May 2001.

University of New Hampshire, Durham, NH
Bachelor of Science, College of Life Sciences and Agriculture, Family and Consumer Studies, May 1984

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Honors and Awards

Federal Traineeship in Health Management and Policy, Academic Year 2000-2001

Membership

National Association of Reimbursement Officers, Past President

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Geraldine Couture	President/CEO	187,103	0%	
Wassfy Hanna	Medical Director	123,609	0%	
	Effective Date 01/01/2021			

State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Mental Health Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Behavioral Health & Development Services of Strafford County, Inc. d/b/a Community Partners of Strafford County ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Late Item A), as amended on June 19, 2019, (Item #29), 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, 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, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $3,682,987.

3. Modify Exhibit A, Amendment #1, Scope of Services by replacing in its entirety with Exhibit A Amendment #2, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #1, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
5. Add Exhibit K, Amendment #2, DHHS Information Security Requirements, 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

6/14/2021
Date

DocuSigned by:
Katja Fox
ED9D05B04C63442...
Name: Katja Fox
Title: Director

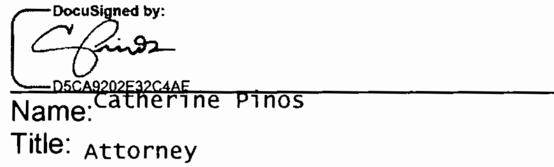
Behavioral Health & Development Services
of Strafford County, Inc. d/b/a Community Partners
of Strafford County

6/11/2021
Date

DocuSigned by:
Kathleen Boisclair
1F158FDF0A8245F...
Name: Kathleen Boisclair
Title: Board President

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

OFFICE OF THE ATTORNEY GENERAL



6/14/2021

Date

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:

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 shall operate a Community Mental Health Center (CMHC) that provides services intended to promote recovery from mental illness for eligible residents in the State of New Hampshire (individuals) for Region 9. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.

1.4. Prior to termination of this contract the parties will agree on a plan for transition and destruction of confidential data in accordance with Exhibit K.

1.5. The Contractor shall provide community based services and supports in the manner that best allows each individual to stay within their home and community, are recovery based, and are designed to best meet the needs of each individual, which includes but is not limited to providing current treatment and recovery options that are based on scientific research and evidence based practices (EBP).

1.6. The Contractor acknowledges the requirements of the Community Mental Health Agreement (CMHA) and shall demonstrate progress toward meeting the following terms in the CMHA: 1.) Assertive Community Treatment Teams; 2.) Evidence-Based Supported Employment; and 3.) Transition planning for individuals at New Hampshire Hospital and Glencliff Home and 4.) Supported Housing. Further, the Contractor shall participate in annual Quality Service Reviews (QSR) conducted under the terms of the CMHA.

1.7. The Contractor shall enter into a capitation model of contracting with all NH Managed Care Organizations to support the delivery and coordination of behavioral health services and supports for children, youth, transition-aged youth, young adults, and adults in order to ensure economic sustainability for the Contractor, allow for flexibility in the delivery of care and provide appropriate incentives to improve the quality of care.

1.8. The Contractor shall support the integration of physical and behavioral health as a standard of practice; implementing the Substance Abuse and Mental

Health Services Administration's (SAMHSA) Six Levels of Collaboration/Integration to the maximum extent feasible.

1.9. The Contractor shall ensure that clinical standards and operating procedures are consistent with trauma-informed models of care, as defined by SAMHSA. The clinical standards and operating procedures must reflect a focus on wellness, recovery, and resiliency.

1.10. The Contractor shall engage in ongoing implementation, service improvements, and expansion efforts associated with New Hampshire's 10 Year Mental Health Plan.

1.11. For the purposes of this agreement, all references to days shall mean calendar days unless otherwise specified.

1.12. The Contractor shall provide individuals, caregivers and youth the opportunity for feedback and leadership within the agency to help improve services in a person-centered manner when applicable and appropriate.

1.13. The Contractor shall ensure rapid access to services is available to each individual by offering an appointment slot on the same or next calendar day of the initial contact.

2. System of Care for Children's Mental Health

2.1. The Contractor shall collaborate with the Department on the implementation of NH RSA 135-F, System of Care for Children's Mental Health.

2.2. The Contractor shall provide services for children, youth, and young adults with serious emotional disturbance (SED) in a manner that aligns with NH RSA 135-F. The Contractor shall ensure services are:

2.2.1. Family Driven - services and supports are provided in a manner that best meets the needs of the family and the family goals;

2.2.2. Youth Driven - services and supports are provided in a manner that best meets the needs of the child, youth or young adult and that supports their goals;

2.2.3. Community Based - services and supports are provided in a manner that best allow children, youth, and young adults to stay within their home and community; and

2.2.4. Cultural and Linguistic Competent - Services are provided in a manner that honors a child, youth, or young adult and their family-identified culture, beliefs, ethnicity, preferred language, gender and gender identity and sexual orientation.

2.3. The Contractor shall collaborate with the FAST Forward program, ensuring services are available for all children and youth enrolled in the program.

2.4. The Contractor shall make referrals to the FAST Forward program for any child, youth, or young adult that may be eligible.

3. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

3.1. The Contractor shall maintain appropriate levels of certification through a contract with the Judge Baker Center for Children for new and existing staff to ensure access to the evidence-based practice of MATCH-ADTC for children and youth who meet the criteria.

3.2. The Contractor shall ensure new and incoming staff work towards meeting a goal of 70% of their children and youth client's needs with the evidence-based practice of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC).

3.3. The Contractor shall utilize the Judge Baker's Center for Children (JBCC) TRAC system to support each case with MATCH-ADTC as the identified treatment modality.

3.4. The Contractor shall invoice BCBH through green sheets for:

3.4.1. The costs for both the certification of incoming therapists and the recertification of existing clinical staff, not to exceed the budgeted amount.

3.4.2. The full cost of the annual fees paid to the JBCC for the use of their TRAC system to support MATCH-ADTC.

4. Renew Sustainability (Rehabilitation for Empowerment, Education, and Work)

4.1. The Contractor shall provide the Rehabilitation for Empowerment, Education and Work (RENEW) intervention with fidelity to transition-aged youth who qualify for state-supported community mental health services, in accordance with the University of New Hampshire (UNH) -Institute On Disability (IOD) model.

4.2. The Contractor shall obtain support and coaching from the IOD at UNH to improve the competencies of implementation team members and agency coaches.

5. Division for Children, Youth and Families (DCYF)

5.1. The Contractor shall provide mental health consultation to staff at Division for Children, Youth and Families (DCYF) District Offices related to mental health assessments and/or ongoing treatment for children served by DCYF.

5.2. The Contractor shall provide Foster Care Mental Health Assessments for children and youth younger than eighteen (18) years of age who are entering foster care for the first time.

6. Crisis Services

6.1. If the Contractor has, or enters into, an agreement with a hospital to provide crisis services to individuals who are eligible, or presumed eligible in the emergency department, for Medicaid services, the Contractor may bill Medicaid according to fee schedules or MCO contracts for services rendered.

6.2. The Contractor shall document crisis services delivered in the emergency department setting as part of its Phoenix Submissions, in a format, and with content, completeness, and timelines specified by the Department, ensuring documented information includes screenings performed, diagnosis codes, and referrals made.

6.3. The Contractor shall provide documentation of each collaborative relationship with acute care hospitals in its region, at the request of the Department.

6.4. The Contractor shall provide emergency services as defined in NH Administrative Rule He-M 403.06 (a)(6) and NH Administrative Rule He-M 426.09.

6.5. As part of the crisis resolution, the Contractor shall screen each individual for Assertive Community Treatment (ACT). If clinically appropriate, the Contractor shall:

6.5.1. Refer the individual for an expedited ACT assessment and/or intake and treatment upon discharge; or

6.5.2. Inform the appropriate regional CMHC in order to expedite the ACT assessment and/or intake and treatment upon discharge from emergency department or inpatient psychiatric or medical care setting, if the individual resides in a region other than the region in which the individual is receiving crisis services.

6.6. The Contractor shall not refer an individual for hospitalization at New Hampshire Hospital (NHH) unless the Contractor has determined that NHH is the least restrictive setting in which the individual's immediate psychiatric treatment needs can be met. The Contractor shall:

6.6.1. Make all reasonable efforts to ensure no other clinically appropriate bed is available at any other NH inpatient psychiatric unit, Designated Receiving Facility (DRF), Adult Psychiatric Residential Treatment Program (APRTP), Mobile Crisis apartments, or other step-up/step-down beds prior to referring an individual to NHH,

6.6.2. Work collaboratively with the Department and contracted Managed Care Organizations for the implementation of the Zero Suicide within emergency departments.

6.7. The Contractor shall provide services to individuals experiencing a psychiatric and/or substance use related crisis through a rapid response team that includes, but is not limited to:

6.7.1. One (1) Master's level clinician.

6.7.2. One (1) peer support specialist as defined by HeM 426.13(d)(4).

6.7.2.1. Bachelor's level staff, or Certified Recovery Support Worker (CRSW) may be substituted into the peer role up to 50% of FTE peer allocation.

6.7.3. Access to telehealth, including tele-psychiatry, for additional capacity, as needed.

6.8. The Contractor shall ensure all staff have the necessary qualifications as defined under New Hampshire Administrative Rule He-M 400, Community Mental Health, Parts 403 and 426.

6.9. The Contractor shall develop an implementation and/or transition plan with a timeline for implementation of the new model for Department approval no later than 30 days from the contract effective date. The Contractor shall ensure the implementation and/or transition plan includes, but is not limited to:

6.9.1. The plan to educate current community partners and individuals on the use of the Access Point Number.

6.9.2. Staffing adjustments needed in order to meet the full crisis response scope and titrated up to meet the 24/7 nature of this crisis response.

6.9.3. The plan to meet each performance measure over time.

6.9.4. How data will be sent to the Access Point if calls are received directly at the center and are addressed by the center during the transition period.

6.10. The Contractor shall work in tandem with the designated vendor providing services through the Rapid Response Access Point contract as approved by the Governor and Executive Council.

6.11. The Contractor shall enter into a Memorandum of Understanding within 30 days of contract effective date with the Rapid Response Access Point, which provides the Regional Response Teams information regarding the nature of the crisis through verbal and/or electronic communication including but not limited to:

6.11.1. The location of the crisis.

6.11.2. The safety plan either developed over the phone or on record from prior contact(s).

6.11.3. Any accommodations needed.

6.11.4. Treatment history of the individual, if known.

6.12. The Contractor shall promote the use of the telephone number for the Rapid Response Access Point as the primary contact for crisis services, which utilizes Global Positioning System (GPS) enabled technology to identify the closest and available Regional Response Team.

6.13. The Contractor shall ensure all rapid response team members participate in a 40-hour crisis response training, as designated by the Department, which follows the concepts and topics identified in the National Guidelines for Crisis Care Best Practice Toolkit published by the Substance Abuse and Mental health Services Administration (SAMHSA).

6.14. The Contractor shall provide the physical address of the physical location to the Rapid Response Access Point where the rapid response team may provide office-based urgent assessments.

6.15. The Contractor shall ensure a rapid response team is available twenty-four (24) hours per day, seven (7) days a week for deployment within their region and boarder regions, as directed by the Rapid Response Access Point.

6.16. The Contractor shall ensure the rapid response team is trained and available to provide crisis response services to avoid unnecessary hospitalization, incarceration or institutionalization. The Contractor shall ensure services include but are not limited to:

6.16.1. Face-to-face assessments.

6.16.2. Disposition and decision making.

6.16.3. Initial care and safety planning.

6.16.4. Post crisis and stabilization services.

6.17. The Contractor may utilize presumptive eligibility when responding to individuals who are not connected to a CMHC or who may be considered low utilizers.

6.18. The Contractor shall ensure the rapid response team responds to all dispatches face-to-face in the community within one (1) hour of the request ensuring:

6.18.1. The response team includes a minimum of two (2) individuals for safety purposes, which includes a Master's level staff and a peer and/or BS and/or CRSW if occurring at locations based on individual and family choice that include but are not limited to:

6.18.1.1. In or at the individual's home.

6.18.1.2. In an individual's school setting.

6.18.1.3. Other natural environments of residence includingfoster homes.

6.18.1.4. Community settings.

6.18.1.5. Peer run agencies.

6.18.2. The response team includes a minimum of one (1) Master's level team member if occurring at safe, staffed sites or public service locations which may include, but are not limited to:

6.18.2.1. Schools.

6.18.2.2. Jails.

6.18.2.3. Police departments.

6.18.2.4. Emergency departments.

6.18.3. A no-refusal policy upon triage and all requests for mobile response receive a response and assessment regardless of the individual's disposition, which may include current substance use.

6.18.4. Documented clinical rationale with administrative support when a mobile intervention is not provided.

6.18.5. Coordination with law enforcement personnel, if required, when responding to individuals in a mental health crisis presenting a safety concern or when active rescue is required. The Contractor shall:

6.18.5.1. Work in partnership with the Rapid Response Access Point and Department to establish protocols to ensure a bi-directional partnership with law enforcement.

6.18.6. A face-to-face lethality assessment as needed that includes, but is not limited to:

6.18.6.1. Obtaining a client's mental health history including, but not limited to:

6.18.6.1.1. Psychiatric, including recent inpatient hospitalizations and current treatment providers.

6.18.6.1.2. Substance misuse.

6.18.6.1.3. Social, familial and legal factors.

6.18.6.2. Understanding the client's presenting symptoms and onset of crisis.

6.18.6.3. Obtaining medication list, adherence to prescribed medications and brief medical history.

6.18.6.4. Conducting a mental status exam.

6.18.7. Developing a mutually agreed upon individualized safety plan and care disposition and decision making, with the client, which may include, but is not limited to:

6.18.7.1. Staying in place with:

6.18.7.1.1. Stabilization services;

6.18.7.1.2. A safety plan; and

6.18.7.1.3. Outpatient providers.

6.18.7.2. Stepping up to crisis stabilization services or apartments.

6.18.7.3. Admission to peer respite.

6.18.7.4. Voluntary hospitalization.

6.18.7.5. Initiation of Involuntary Emergency Admission (IEA).

6.18.7.6. Medical hospitalization.

6.19. The Contractor shall provide Crisis Stabilization Services, which are services and supports that are provided until the crisis episode subsides. The Contractor shall ensure:

6.19.1. Crisis Stabilization Services are delivered by the rapid response team for individuals who are in active treatment prior to the crisis in order to assist with stabilizing the individual and family as rapidly as possible.

6.19.2. Are provided in the individual and family home, as desired by the individual.

6.19.3. Stabilization services are implemented using methods that include, but are not limited to:

6.19.3.1. Involving peer support specialist(s) and/or Bachelor level crisis staff by providing follow up contact within forty-eight (48) hours post-crisis for all face-to-face interventions, which may include, but are not limited to:

6.19.3.1.1. Promoting recovery.

6.19.3.1.2. Building upon life, social and other skills.

6.19.3.1.3. Offering support.

6.19.3.1.4. Facilitating referrals.

6.19.3.2. Providing warm hand offs for post-crisis support services, including connecting back to existing treatment providers

and/or providing a referral for additional peer support specialist contacts.

6.19.3.3. Providing crisis stabilization services with a Master's level clinician through short-term, trauma informed approaches, which may include, but are not limited to:

6.19.3.3.1. Cognitive Behavior Therapy (CBT).

6.19.3.3.2. Dialectical Behavior Therapy (DBT).

6.19.3.3.3. Solution-focused therapy.

6.19.3.3.4. Developing concrete discharge plans.

6.19.3.3.5. Providing substance use disorder assessment and counseling techniques for dually diagnosed individuals.

6.19.4. Crisis stabilization in a Residential Treatment facility for children and youth are provided by a Department certified and approved Residential Treatment Provider.

6.20. The Contractor may provide Sub-Acute Care services for up to 30 days to individuals who are not connected to any treatment provider prior to contact with the regional rapid response team or Regional Response Access Point in order assist individuals with bridging the gap between the crisis event and ongoing treatment services. The Contractor shall:

6.20.1. Ensure sub-acute care services are provided by the CMHC region in which the individual is expected to receive long-term treatment.

6.20.2. Work with the Rapid Response Access Point to conduct educational and outreach activities within the local community and to institutional stakeholders in order to promote appropriate referrals to, and the utilization of, rapid response team resources.

6.20.3. Work with the Rapid Response Access Point to ensure the community is aware of, and is able to, access rapid response mobile crisis services and supports through the outreach and educational plan of the Rapid Response Access Point outreach and educational plan, which includes but is not limited to:

6.20.3.1. A website that prominently features the Rapid Response Access Point phone number and links with information about Rapid Response and connectivity to the Rapid Response Access Point.

6.20.3.2. All newly printed appointment cards that include the Rapid Response Access point crisis telephone number as a prominent feature.

6.20.3.3. Direct communications with partners to the Rapid Response Access Point for crisis services and deployment.

6.20.4. Work with the Rapid Response Access Point to change existing patterns of hospital emergency departments (ED) for crisis response in the region and collaborate by:

6.20.4.1. Meeting regularly with local police and first responders to discuss interface, procedures, and collaborations to understand challenges and improve outcomes for individuals in the community;

6.20.4.2. Educating partners, clients and families on all diversionary services available, by encouraging early intervention;

6.20.4.3. Maintaining and developing relationships with local hospitals and work together to promote the use of the Rapid Response Access Point number and rapid response services, in order to reduce ED use;

6.20.4.4. Coordinating with homeless outreach services; and

6.20.4.5. Conducting outreach to at-risk seniors programming.

6.21. The Contractor shall ensure that within ninety (90) days of the contract effective date:

6.21.1. Connection with the Rapid Response Access Point and the identified GPS system that enables transmission of information needed to:

6.21.1.1. Determine availability of the Regional Rapid Response Teams;

6.21.1.2. Facilitate response of dispatched teams; and

6.21.1.3. Resolve the crisis intervention.

6.21.2. Connection to the designated resource tracking system.

6.21.3. A bi-directional referral system is in place with electronic scheduling to support information sharing that facilitates closed loop referrals and transmission of clinical triage summaries, safety plans and shared care plans with community providers.

6.22. The Contractor shall submit reports relative to the rapid response services provided in this agreement. The Contractor shall:

6.22.1. Document all contacts in the medical record for both State eligible and non-eligible individuals who receive regional rapid response team services.

6.22.2. Provide monthly reports by the fifteenth (15th) day of each month, on a template provided by the Department which includes, but is not limited to:

6.22.2.1. Number of unique individuals who received services.

6.22.2.2. Date and time of mobile arrival.

6.22.3. Submit information through the Department's Phoenix System beginning no later than six (6) months from the contract effective date, unless otherwise instructed on a temporary basis by the Department:

6.22.3.1. Diversions from hospitalizations;

6.22.3.2. Diversions from Emergency Rooms;

6.22.3.3. Services provided;

6.22.3.4. Location where services were provided;

6.22.3.5. Length of time service or services provided;

6.22.3.6. Whether law enforcement was involved for safety reasons;

6.22.3.7. Whether law enforcement was involved for other reasons;

6.22.3.8. Identification of follow up with the individual by a member of the Contractor's regional rapid response team within 48 hours post face-to-face intervention;

6.22.3.9. Indication that referral for ongoing mental health services following the immediate crisis was provided; and

6.22.3.10. Outcome of service provided, which may include but is not limited to:

6.22.3.10.1. Remained in home.

6.22.3.10.2. Hospitalization.

6.22.3.10.3. Crisis stabilization services.

6.22.3.10.4. Crisis apartment.

6.22.3.10.5. Emergency department.

6.23. The Contractor's performance will be monitored by ensuring seventy (70%) of clients receive a post-crisis follow up from a member of the Contractor's regional rapid response team within forty-eight (48) hours of a face-to- face intervention, as identified through Phoenix encounter data.

7. Adult Assertive Community Treatment (ACT) Teams

7.1. The Contractor shall maintain Adult ACT Teams that meet the SAMHSA Model and are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00 A.M. The Contractor shall ensure:

7.1.1. Adult ACT Teams deliver comprehensive, individualized, and flexible services, supports, targeted case management, treatment, and rehabilitation in a timely manner as needed, onsite in the individuals' homes and in other natural environments and community settings, or alternatively, via telephone where appropriate to meet the needs of the individual.

7.1.2. Each Adult ACT Team is composed of seven (7) to ten (10) dedicated professionals who make-up a multi-disciplinary team including, a psychiatrist, a nurse, a Masters-level clinician, or functional equivalent therapist, functional support worker and a full time equivalent (FTE) certified peer specialist.

7.1.3. Each Adult ACT Team includes an individual trained to provide substance abuse support services including competency in providing co-occurring groups and individual sessions, and supported employment.

7.1.4. Caseloads for Adult ACT Teams serve no more than twelve (12) individuals per Adult ACT Team member, excluding the psychiatrist who serves more than seventy (70) people served per 0.5 FTE psychiatrist, unless otherwise approved by the Department.

7.2. The Contractor shall ensure ACT staff, with the exception of psychiatrist and nurse, receive:

7.2.1. A minimum of 15 hours in basic ACT training within one (1) year of hire date that is consistent with the ACT EBP SAMHSA toolkit approved by BMHS.

7.2.2. A minimum of 4 hours of advanced ACT training of co-occurring disorders within fifteen (15) months of hire date that is consistent with the ACT EBP SAMSHA toolkit and Integrated Dual Disorder Model approved by BMHS.

7.3. The Contractor shall ensure Adult ACT Teams do not have waitlists for screening purposes and/or admission to the ACT Team. The Contractor shall ensure:

7.3.1. Individuals do not wait longer than 30 days for either assessment or placement.

7.3.2. Work with the Department at identifying solutions and appropriate levels of care for any individual waiting for Adult ACT Team services for more than 30 days in order to meet the demand for services and implement the solutions within 45 days.

7.3.3. Individuals receiving services from Adult ACT Team members, if psychiatrically hospitalized, are offered a same day or next day appointment with any Adult ACT Team member upon date of discharge.

7.4. The Contractor shall report its level of compliance with the above listed requirements on a monthly basis at the staff level in the format, and with content, completeness, and timeliness as specified by the Department as part of the Phoenix submissions, which are due no later than the 15th of the month. The Department may waive this provision in whole or in part in lieu of an alternative reporting protocol, being provided under an agreement with DHHS contracted Medicaid Managed Care Organizations. The Contractor shall:

7.4.1. Ensure services provided by the Adult ACT Team are identified in the Phoenix submissions as part of the ACT cost center.

7.4.2. Screen for ACT per Administrative Rule He-M 426.08, Psychotherapeutic Services.

7.4.3. Report all ACT screenings with the outcome of the screening to indicate whether the individual is appropriate for ACT, as part of the Phoenix submissions, or in the format, content, completeness, and timelines as specified by the Department.

7.4.4. Make a referral for an ACT assessment within (7) days of:

7.4.4.1. A screening outcome that an individual may be appropriate to receive ACT services.

7.4.4.2. An individual being referred for an ACT assessment.

7.4.5. Report the outcome of ACT assessments to the Department as part of the Phoenix submissions, in the format, content, completeness, and timelines as specified by the Department.

7.4.6. Ensure, fall individuals assessed as appropriate for ACT services are admitted to the ACT team caseload and begin receiving ACT services within seven (7) days, with the exception of individuals

who decline such services, or are not available to receive such services for reasons that may include, but are not limited to:

7.4.6.1. Extended hospitalization or incarceration.

7.4.6.2. Relocation of individuals out of the Contractor's designated community mental health region.

7.4.7. Ensure, in the event that admitting the individual to the ACT Team caseload causes the ACT Team to exceed the caseload size limitations specified above, consultation with the Department to seek approval:

7.4.7.1. To exceed caseload size requirements, or

7.4.7.2. To provide alternative services to the individual until the individual can be admitted to the ACT caseload.

8. Evidence-Based Supported Employment (EBSE)

8.1. The Contractor shall gather employment status for all adults with Severe Mental Illness(SMI)/Severe Persistent Mental Illness (SPMI) at intake and every quarter thereafter.

8.2. The Contractor shall report the employment status for all adults with SMI/SMPI to the Department in the format, content, completeness, and timelines specified by the Department for individuals indicating a need for EBSE.

8.3. The Contractor shall provide a referral for all individuals who express an interest in receiving Evidence-Based Supported Employment (EBSE) services to the Supported Employment (SE) team within seven (7) days.

8.4. The Contractor shall deemed the individual as waiting for SE services if the SE team cannot accommodate enrollment of SE services at which the individual will be added to the waitlist, which is reported to the Department, as specified by the Department.

8.5. The Contractor shall provide EBSE to eligible individuals in accordance with the SAMHSA and/or Dartmouth model.

8.6. The Contractor shall ensure EBSE services include, but are not limited to:

8.6.1. Job development.

8.6.2. Work incentive counseling.

8.6.3. Rapid job search.

8.6.4. Follow along supports for employed individuals.

8.6.5. Engagement with mental health treatment teams and local NH Vocational Rehabilitation services.

8.7. The Contractor shall ensure EBSE services do not have waitlists, ensuring individuals do not wait longer than 30 days for EBSE services. If waitlists are identified, Contractor shall:

8.7.1. Work with the Department to identify solutions to meet the demand for services; and

8.7.2. Implement such solutions within 45 days.

8.8. The Contractor shall maintain the penetration rate of individuals receiving EBSE at a minimum of 18.6 percent (18.6%) as per the CMHA agreement.

8.9. The Contractor shall ensure SE staff receive:

8.9.1. A minimum of 15 hours in basic training within one year of hire date as approved by the IPS Employment Center and approved by BMHS.

8.9.2. A minimum of 7 hours of advanced SE Job Development Training within 15 months of hire as approved by the IPS-SE Employment Center and BMHS.

9. Work Incentives Counselor Capacity Building

9.1. The Contractor shall employ a minimum of one FTE equivalent Work Incentive Counselor located onsite at the CMHC for a minimum of one (1) state fiscal year.

9.2. The Contractor shall ensure services provided by the Work Incentive Counselor include, but are not limited to:

9.2.1. Connecting individuals to and assisting individuals with applying for Vocational Rehabilitation services, ensuring a smooth referral transition.

9.2.2. Engaging individuals in supported employment (SE) and/or increased employment by providing work incentives counseling and planning.

9.2.3. Providing accurate and timely work incentives counseling for beneficiaries with mental illness who are pursuing SE and self-sufficiency.

9.3. The Contractor shall develop a comprehensive plans for individuals that include visualization of the impact of two or three different levels of income on existing benefits and what specific work incentive options individuals might use to:

9.3.1. Increase financial independence;

9.3.2. Accept pay raises; or

9.3.3. Increase earned income.

9.4. The Contractor shall develop comprehensive documentation of all individual existing disability benefits programs including, but not limited to:

9.4.1. SSA disability programs;

9.4.2. SSI income programs;

9.4.3. Medicaid;

9.4.4. Medicare;

9.4.5. Housing Programs; and

9.4.6. Food stamps and food subsidy programs.

9.5. The Contractor shall collect data to develop quarterly reports in a format requested by the Department, on employment outcomes and work incentives counseling benefits that includes but is not limited to:

9.5.1. The number of benefits orientation presentations provided to individuals.

9.5.2. The number of individuals referred to Vocational Rehabilitation who receive mental health services.

9.5.3. The number of individuals who engage in SE services.

9.5.3.1. Percentage of individuals seeking part-time employment.

9.5.3.2. Percentage of individuals seeking full-time employment.

9.5.3.3. Number of individuals who increase employment hours to part-time and full-time.

9.6. The Contractor shall ensure the Work Incentive Counselor staff are certified to provide Work Incentives Planning and Assistance (WIPA) through the no-cost training program offered by Virginia Commonwealth University.

9.7. The Contractor shall collaborate with the Vocational Rehabilitation providers to develop the Partnership Plus Model to identify how Social Security funding will be obtained to support the Work Incentives Counselor position after Vocational Rehabilitation funding ceases.

9.8. The Department will monitor Contractor performance by reviewing data to determine outcomes that include:

9.8.1. An increased engagement of individuals in supported employment based on the SE penetration rate.

9.8.2. An increase in Individual Placement in both part-time and full-time employment and;

9.8.3. Improved fidelity outcomes specifically targeting:

9.8.3.1. Work Incentives Planning; and

9.8.3.2. Collaboration between Employment Specialists & Vocational Rehabilitation providers.

10. Coordination of Care from Residential or Psychiatric Treatment Facilities

10.1. The Contractor shall designate a member of its staff to serve as the primary liaison to New Hampshire Hospital (NHH) who works with the applicable NHH staff, payer(s), guardian(s), other community service providers, and the applicable individual, to assist with coordinating the seamless transition of care for individuals transitioning from NHH to community based services or transitioning to NHH from the community.

10.2. The Contractor shall not close the case of any individual who is admitted to NHH. Notwithstanding, the Contractor shall be deemed to be in compliance with all Administrative He-M 408, Clinical Records rules regarding documentation if it is noted in the record that the individual is an inpatient at NHH or another treatment facility. All documentation requirements as per He-M 408 will be required to resume upon re-engagement of services following the individual's discharge from inpatient care.

10.3. The Contractor shall participate in transitional and discharge planning within 24 hours of admission to an inpatient facility.

10.4. The Contractor shall work with the Department, payers and guardians (if applicable) to review cases of individuals that NHH, Transitional Housing, or alternative treatment facility or the Contractor, have indicated will have difficulty returning to the community to identify barriers to discharge, and to develop an appropriate plan to transition into the community.

10.5. The Contractor shall make a face-to-face appointment available to an individual leaving NHH, Transitional Housing or alternative residential setting who desires to reside in the region served by the Contractor within seven (7) calendar days of receipt of notification of the individual's discharge, or within seven (7) calendar days of the individual's discharge, whichever is later.

10.6. The Contractor shall ensure individuals who are discharged and are new to a CMHC have an intake appointment within seven (7) calendar days. If the individual declines to accept the appointment, declines services, or requests an appointment to be scheduled beyond the seven (7) calendar days, the Contractor may accommodate the individual's request provided the accommodation is clinically appropriate, and does not violate the terms of a conditional discharge. The Contractor's Adult ACT Team must see individuals

who are on the ACT caseload and transitioning from NHH into the community within 24 hours of NHH discharge.

10.7. The Contractor shall make all reasonable efforts to ensure that no appropriate bed is available at any other inpatient psychiatric unit, Designated Receiving Facility (DRF) per NH RSA 135-C and NH Administrative Rule He-M 405, Designation of Receiving Facilities, Mobile Crisis Apartment, Peer Support Recovery Center, or Adult Psychiatric Residential Treatment Program (APRTP) prior to referring an individual to NHH.

10.8. The Contractor shall collaborate with NHH and Transitional Housing Services (THS) to develop and execute conditional discharges from NHH to THS in order to ensure that individuals receive treatment in the least restrictive environment. The Department will review the requirements of NH Administrative Rule He-M 609 to ensure obligations under this section allow CMHC delegation to the THS vendors for clients who reside there.

10.9. The Contractor shall have all necessary staff members available to receive, evaluate, and treat individuals discharged from NHH seven (7) days per week, consistent with the provisions in NH Administrative Rule He-M 403 and NH Administrative Rule He-M 426.

10.10. For individuals at NHH who formerly resided in the Contractor's designated community mental health region prior to NHH admission, who have been identified for transition planning to the Glencliff Home, the Contractor shall, at the request of the individual or guardian, or of NHH or Glencliff Home staff, participate in transition planning to determine if the individual can be supported in the Contractor's region with community based services and supports instead of transitioning to the Glencliff Home. In the event the individual would require supports from multiple funding sources or the Department's systems of care, the Contractor shall collaborate with additional Department staff at NHH's request, to address any barriers to discharge the individual to the community.

11. COORDINATED CARE AND INTEGRATED TREATMENT

11.1. Primary Care

11.1.1. The Contractor shall request written consent from each individual to allow the designated primary care provider to release information for the purpose of coordinating care regarding mental health services or substance misuse services or both.

11.1.2. The Contractor shall support each individual with linking to an available primary care provider, if the individual does not have an identified primary care provider, to:

11.1.2.1. Monitor health;

11.1.2.2. Provide medical treatment as necessary; and

11.1.2.3. Engage in preventive health screenings.

11.1.3. The Contractor shall consult with each primary care provider at least annually, or as necessary, to integrate care between mental and physical health for each individual, which may include the exchange of pertinent information including, but not limited to medication changes or changes in the individual's medical condition.

11.1.4. The Contractor shall document on the release of information form the reason(s) written consent to release information was refused in the event an individual refuses to provide consent to release information.

11.2. Substance Misuse Treatment, Care and/or Referral

11.2.1. The Contractor shall provide services and meet requirements to address substance misuse and to support recovery intervention implementation, which include, but are not limited to:

11.2.1.1. Screening no less than 95% of eligible individuals for substance misuse at the time of intake, and annually thereafter.

11.2.1.2. Conducting a full assessment for substance misuse disorder and associated impairments for each individual that screens positive for substance use.

11.2.1.3. Developing an individualized service plan for each eligible individual based on information from substance misuse screening.

11.2.2. The Contractor shall utilize the SAMSHA evidence-based models for Co-Occurring Disorders Treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model.

11.2.3. The Contractor shall make all appropriate referrals if the individual requires additional substance use disorder care utilizing the current New Hampshire system of care, and ensuring linkage to and coordination with resources.

11.3. Peer Supports

11.3.1. The Contractor shall promote recovery principles and integrate peer support services through the agency, which includes, but is not limited to:

11.3.1.1. Employing peers as integrated members of the CMHC treatment team(s) with the ability to deliver conventional interventions that include case management or psychotherapy, and interventions uniquely suited to the peer role that includes intentional peer support.

11.3.1.2. Supporting peer specialists to promote hope and resilience, facilitate the development and use of recovery-based goals and care plans, encourage treatment engagement and facilitate connections with natural supports.

11.3.1.3. Establishing working relationships with the local Peer Support Agencies, including any Peer Respite, step-up/step-down, and Clubhouse Centers and promote the availability of these services.

11.4. Transition of Care with MCOs

11.4.1. The Contractor shall ensure ongoing coordination occurs with the MCO Care Managers to support care coordination among and between services providers.

12. Prohealth Coordinated and Collaborative Care Program

12.1. The Contractor shall develop and provide population-level health, prevention, outreach, education, health and mental health screening, motivational enhancement, and referral to treatment for individuals including but not limited to youth and cultural and/or linguistic and sexual and/or gender minorities.

12.2. The Contractor shall incorporate person-centered health and mental health screenings with each individual's goals into to the intake, quarterly reassessments, treatment plans, shared plan of care, team meetings, and communications within the CMHC and Federally Qualified Health Center (FQHC).

12.3. The Contractor shall develop and implement population health initiatives for individuals with more complex needs to achieve target behavioral and physical outcomes. The Contractor shall:

12.3.1. Utilize routine registries of individuals' behavioral and physical health indicators, referrals, and outcomes within seventy-five (75) days of the contract effective date.

12.3.2. Follow-up with individuals to provide motivational enhancement and referrals for case management, integrated services, and evidence-based practice (EBP) integrated treatment as described in this

agreement, as needed when the individual's behavioral and physical health target outcomes are not met.

12.4. The Contractor shall re-engage individuals who begin to dis-engage from care, in order to prevent premature discharge, and assist with coordination tracking, follow-up, and integration of physical and behavioral health care for individuals with more complex needs.

12.5. The Contractor shall maintain staff or subcontractors with experience, credentials, and roles as described by the Department that include, but are not limited to:

12.5.1. Care coordinator(s).

12.5.2. Community health worker(s) and peer expert(s).

12.5.3. Information technology support.

12.6. The Contractor shall reports and documentation to the Department that include, but are not limited to:

12.6.1. Real-time and quarterly reports of de-identified and aggregate data that document outcomes of and demonstrate value in services provided as identified in this agreement, which is collected in collaboration with and submitted to the Department or a contracted designee of the Department, and the SAMHSA through secure portals.

12.6.2. Written documentation of self-assessment that demonstrates that the partnership is pursuing the requirements of the Interoperability and Portability Ace Stage 2 of meaningful use within six (6) months of the contract effective date.

12.6.3. Written documentation of self-assessment that reflects plans to mirror certification or national accreditation standards in the delivery of coordinated, collaborative, and integrated care.

13. PROHEALTH INTEGRATED HEALTH HOME

13.1. The Contractor shall provide a person-centered Integrated Health Home aligned with a health integration model described by SAMHSA and Health Resources & Services Administration (HRSA) to ensure integrated delivery of services to individuals with SMI, SPMI, and/or SED by a multidisciplinary team of health and mental health professionals that include, but are not limited to:

13.1.1. Primary care service providers.

13.1.2. Community behavioral health care service providers.

13.1.3. Wellness service providers.

13.2. The Contractor shall enter into an agreement with an FQHC, approved by the HRSA, Medicare, Medicaid, and, as appropriate, Clinical Laboratory Improvement Amendment (CLIA) to deliver primary care and laboratory collection, as necessary and allowed onsite at the Contractor's location, in addition to other services in this agreement.

13.3. The Contractor shall provide co-located FQHC-delivered integrated primary care screenings, detection, treatment planning, and treatment of physical health conditions.

13.4. The Contractor shall deliver well-child and well-adult screenings, physical exams, immunizations and primary care treatment of physical illnesses and promote recommendations identified by:

13.4.1. Bright Futures of the American Academy of Pediatrics.

13.4.2. The United States Preventative Services Task Force.

13.4.3. FQHCs, including recommendations relative to early screening of cardiovascular disease.

13.5. The Contractor shall deliver, or refer individuals to, evidence-based practice (EBP) treatment services and integrated treatment, as needed, based on the outcomes of the physical health and wellness screenings and assessments.

13.6. The Contractor shall deliver integrated evidence-based screenings, treatment planning and treatment to individuals with behavioral health conditions with SMI, SPMI, and/or SED at evidence-based intervals.

13.7. The Contractor shall screen individuals for:

13.7.1. Trauma, depression and substance misuse;

13.7.2. Medication misuse;

13.7.3. Involvement or interest in employment and/or education;

13.7.4. Need for Adult ACT Team services; and

13.7.5. Desire for symptom management.

13.8. The Contractor shall provide EBP mental health services to individuals with SMI, SPMI, and/or SED in a stepped approach that ensures feasibility and high quality program implementation. The Contractor shall ensure services include, but are not limited to:

13.8.1. Illness Management and Recovery.

13.8.2. Trauma Focused Cognitive Behavioral Therapy.

13.8.3. Pharmacological treatment promoting the use of Decision Aid for Psychopharmacology.

13.9. The Contractor shall maintain staff or subcontractors at the FQHC with experience, credentials, and roles, as described by the Department, that include but are not limited to:

13.9.1. Site project director.

13.9.2. Primary care advanced practice nurse or provider(s).

13.9.3. Primary care medical assistant(s).

13.9.4. Interview and data entry staff.

13.10. The Contractor shall collaborate with the FQHC to develop a quality improvement plan to be approved by the Department. The Contractor shall ensure participation in meetings for the quality improvement plan development by the following personnel:

13.10.1. The clinical director;

13.10.2. The children's mental health director;

13.10.3. Peer experts.

13.11. The Contractor shall submit documentation and reports to the Department that include, but are not limited to:

13.11.1. Quarterly reports, due by the fifteenth (15) day of the month prior to the close of the quarter, that include brief narratives of progress, training, and plans, policies, procedures, templates, and guidance changed to align with integration and wellness, in a format requested by the Department.

13.11.2. Quarterly reports of aggregated medical history and primary care provider and quarterly documented contact with primary care provider, past year physical exam and wellness visit documentation, in collaboration with and submitted to the Department or a contracted designee of the Department in a format and transmittal approved by the Department.

13.11.3. Quarterly reports of de-identified height, weight, body mass index (BMI), waist circumference, blood pressure, tobacco use and/or breath carbon monoxide, plasma glucose, and lipid documentation from the SAMHSA SPARS portal.

13.11.4. Quarterly quality improvement plans.

13.11.5. Quarterly reports on plans for sustainability that identify the policy and financing changes required to sustain project activities.

13.11.6. Documentation of self-assessment that demonstrates that the partnership is pursuing the requirements of the Interoperability and

Portability Act Stage 2 of meaningful use, which may include a manual process for sharing documents.

13.11.7. Documentation of the review of self-assessment tools towards certification or accreditation recognized nationally for the delivery of integrated care, including but not limited to certification as a Certified Community Behavioral Health Clinic or other certification necessary for providing services in this agreement.

14. Prohealth Wellness Interventions and Health Counseling

14.1. The Contractor shall provide individuals with, or refer individuals to, wellness programs that include multiple options tailored to individuals and that include health coaches to assist individuals with selecting options that best match individual needs and interests.

14.2. The Contractor shall ensure options include, but are not limited to:

14.2.1. One-time brief Motivational Enhancement interventions; Let's Talk About Smoking (LTAS), Vaping Education, Let's Talk About Feeling Good (LTAFG), and health education.

14.2.2. Access to medications associated with wellness interventions, including but not limited to:

14.2.2.1. Nicotine replacement therapy (NRT).

14.2.2.2. NRT starter packs.

14.2.2.3. Onsite prescribing and pharmacy to maintain NRT supply.

14.2.2.4. Access other smoking cessation medication, which may include but is not limited to, varenicline and/or bupropion.

14.2.3. An individual one-time prevention contact and population level prevention initiatives that include materials for motivational enhancement, resources, and referrals for youth younger than sixteen (16) years of age.

14.2.4. The Breathe Well Live Well (BWLW) program with Care2Quit designed for smokers with Serious Mental Illness (SMI), Serious Persistent Mental Illness (SPMI), and/or Serious Emotional Disturbance (SED), and includes health counseling using motivational interviewing, cognitive behavioral therapy, and stages of change-based interventions to motivate risk reduction and quit attempts. The Contractor shall ensure BWLW includes counseling of an individual in the natural support system of the individual using

Care2Quit curriculum, referral for cessation pharmacotherapy, and incentives for participation and quit attempts.

14.2.5. The Healthy Choices Healthy Changes (HCHC) program designed for individuals with SMI, SPMI, and/or SED who are overweight or obese and includes health counseling using motivational interviewing, cognitive behavioral therapy, and stages of change-based interventions to motivate risk reduction and acquisition of healthy habits and weight management. The Contractor shall ensure HCHC includes:

14.2.5.1. A gym membership for twelve (12) months;

14.2.5.2. A wellness specialist and an InSHAPE health mentor;

14.2.5.3. A Weight Watchers membership for one (1) year.

14.2.5.4. The Weight Watchers mobile application for individuals who are 18 years of age and older or the MyFitnessPal mobile application for youth younger than 18 years of age; and

14.2.5.5. A structured incentives program for participation and initiating behavior change.

14.2.6. Referrals and facilitated community engagement in wellness treatment services, including but not limited to:

14.2.6.1. A web-based application and text subscriptions.

14.2.6.2. New Hampshire Helpline telephone counseling services.

14.2.6.3. MyLifeMyQuit.

14.2.6.4. Tobacco and obesity education.

14.2.6.5. Diabetes education programs.

14.2.6.6. Other related programs in this agreement based on the outcomes of health screening and treatment planning goals identified above.

14.3. The Contractor shall maintain staff or subcontractors with experience, credentials, and roles, as described by the Department, that include but are not limited to:

14.3.1. Wellness specialist(s).

14.3.2. Health mentor(s).

15. Supported Housing

15.1. The Contractor shall stand up a minimum of six (6) new supported housing beds including, but not limited to, transitional or community residential beds by December 31, 2021. The Contractor shall:

15.1.1. Submit a plan for expanding supported housing in the region including a budget to the Department for approval by August 15, 2021, that includes but is not limited to:

15.1.1.1. Type of supported housing beds.

15.1.1.2. Staffing plan.

15.1.1.3. Anticipated location.

15.1.1.4. Implementation timeline.

15.1.2. Provide reporting in the format and frequency requested by the Department that includes, but is not limited to:

15.1.2.1. Number of referrals received.

15.1.2.2. Number of individuals admitted.

15.1.2.3. Number of people transitioned into other local community residential settings.

16. CANS/ANSA or Other Approved Assessment

16.1. The Contractor shall ensure all clinicians providing community mental health services to individuals eligible for services in accordance with NH Administrative Rule He-M 426, are certified in the use of:

16.1.1. The New Hampshire version of the Child and Adolescent Needs and Strengths Assessment (CANS) if serving the child and youth population; and

16.1.2. The New Hampshire version of the Adult Needs and Strengths Assessment (ANSA), or other approved evidence based tool, if serving the adult population.

16.2. The Contractor shall ensure clinicians are maintain certification by through successful completion of a test provided by the Praed Foundation, annually.

16.3. The Contractor shall ensure ratings generated by the New Hampshire version of the CANS or ANSA assessment are:

16.3.1. Utilized to develop an individualized, person-centered treatment plan.

16.3.2. Utilized to document and review progress toward goals and objectives and to assess continued need for community mental health services.

16.3.3. Submitted to the database managed for the Department that allows client-level, regional, and statewide outcome reporting by the 15th of every month, in CANS/ANSA format.

16.3.4. Employed to assist in determining eligibility for State Psychiatric Rehabilitation services.

16.4. The Contractor shall complete documentation of re-assessments using the New Hampshire version of the CANS or ANSA 2.0 in accordance with NH Administrative Rule He-M 401.04-09 for eligibility determination and in accordance with NH Administrative Rule He-M 401.12-13 for periodic Individual Service Plan (ISP) reviews.

16.5. The Contractor may use an alternate evidence based, assessment tool that meets all ANSA 2.0 domains, subject to written Department approval. There is no alternate assessment tool allowed for the use of CANS. If an alternative tool is approved, monthly reporting of data generated by the Contractor must be in ANSA 2.0 format, to enable client-level, regional and statewide reporting.

16.6. The Contractor shall consult with the Medicaid Managed Care Organizations (MCO) to develop and implement a process that meets the MCOs' need to measure program effectiveness.

16.7. The Contractor shall correct all errors or complete all system corrections to ensure data is submitted in its entirety and completeness no later than six (6) months from contract effective date. Failure to complete all correction may result in withholding of funds until all corrections are completed.

17. Pre-Admission Screening and Resident Review

17.1. The Contractor shall assist the Department with Pre-Admission Screening and Resident Review (PASRR) to meet the requirements of the PASRR provisions of the Omnibus Budget Reconciliation Act of 1987.

17.2. Upon request by the Department, the Contractor shall:

17.2.1. Provide the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident; and

17.2.2. Conduct evaluations and examinations needed to provide the data to determine if an individual being screened or reviewed:

17.2.2.1. Requires nursing facility care; and

17.2.2.2. Has active treatment needs.

18. Application for Other Services

18.1. The Contractor shall assist eligible individuals in accordance with NH Administrative Rule He-M 401, with completing applications for all sources of financial, medical, and housing assistance, according to their respective rules, requirements and filing deadlines. The Contract shall assist with applications that may include, but are not limited to:

18.1.1. Medicaid.

18.1.2. Medicare.

18.1.3. Social Security Disability Income.

18.1.4. Veterans Benefits.

18.1.5. Public Housing.

18.1.6. Section 8 Subsidies.

19. Community Mental Health Program (CMHP) Status

19.1. The Contractor shall meet the approval requirements of NH Administrative Rule He-M 403 as a governmental or non-governmental non-profit agency, or the contract requirement of NH RSA 135-C:3 as an individual, partnership, association, public or private, for profit or nonprofit, agency or corporation to provide services in the state mental health services system.

19.2. The Contractor shall provide all applicable documentation, policies and procedures, and shall participate in an onsite compliance review, as requested by the Department, to determine compliance with NH Administrative Rule He-M 403 and NH RSA 135-C:3. Compliance reviews will be at times to be determined by the Department, and will occur no less than once every five (5) years.

20. Quality Improvement

20.1. The Contractor shall perform, or cooperate with the performance of, quality improvement and/or utilization review activities, as are determined to be necessary and appropriate by the Department within timeframes reasonably specified by the Department.

20.2. The Contractor shall cooperate with the Department-conducted individual satisfaction survey. The Contractor shall:

20.2.1. Furnish information necessary, within HIPAA regulations, to complete the survey.

20.2.2. Furnish complete and current contact information so that individuals may be contacted to participate in the survey.

20.2.3. Support the efforts of the Department to conduct the survey.

20.2.4. Encourage all individuals sampled to participate.

20.2.5. Display posters and other materials provided by the Department to explain the survey and otherwise support attempts by the Department to increase participation in the survey.

20.3. The Contractor shall demonstrate efforts to incorporate findings from their individual survey results into their Quality Improvement Plan goals.

20.4. The Contractor shall engage and comply with all aspects of fidelity reviews based on a model approved by the Department and on a schedule approved by the Department.

21. Maintenance of Fiscal Integrity

21.1. The Contractor shall submit to the Department the Balance Sheet, Profit and Loss Statement, and Cash Flow Statement for the Contractor and all related parties that are under the Parent Corporation of the mental health provider organization each month.

21.2. The Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. These statements shall be individualized by providers, as well as a consolidated (combined) statement that includes all subsidiary organizations.

21.3. Statements shall be submitted within thirty (30) calendar days after each month end, and shall include, but are not limited to:

21.3.1. Days of Cash on Hand:

21.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

21.3.1.2. Formula: Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

21.3.1.3. Performance Standard: The Contractor shall have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed.

21.3.2. Current Ratio:

21.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

21.3.2.2. Formula: Total current assets divided by total current liabilities.

21.3.2.3. Performance Standard: The Contractor shall maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

21.3.3. Debt Service Coverage Ratio:

21.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

21.3.3.2. Definition: The ratio of Net Income to the year to date debt service.

21.3.3.3. Formula: Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.

21.3.3.4. Source of Data: The Contractor's Monthly Financial Statements identifying current portion of long-term debt payments (principal and interest).

21.3.3.5. Performance Standard: The Contractor shall maintain a minimum standard of 1.2:1 with no variance allowed.

21.3.4. Net Assets to Total Assets:

21.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

21.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

21.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

21.3.4.4. Source of Data: The Contractor's Monthly Financial Statements.

21.3.4.5. Performance Standard: The Contractor shall maintain a minimum ratio of .30:1, with a 20% variance allowed.

21.4. In the event that the Contractor does not meet either:

21.4.1. The standard regarding Days of Cash on Hand and the standard regarding Current Ratio for two (2) consecutive months; or

21.4.2. Three (3) or more of any of the Maintenance of Fiscal Integrity standards for three (3) consecutive months:

21.4.2.1. The Department may require that the Contractor meet with Department staff to explain the reasons that the Contractor has not met the standards.

21.4.2.2. The Department may require the Contractor to submit a comprehensive corrective action plan within thirty (30) calendar days of notification and plan shall be updated at least every thirty (30) calendar days until compliance is achieved.

21.4.2.3. The Department may request additional information to assure continued access to services.

21.4.2.4. The Contractor shall provide requested information in a timeframe agreed upon by both parties.

21.5. The Contractor shall inform the Director of the Bureau of Mental Health Services (BMHS) by phone and by email within twenty-four (24) hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement

21.6. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement. These reports are due within thirty (30) calendar days after the end of each month.

21.7. The Contractor shall provide its Revenue and Expense Budget within twenty (20) calendar days of the contract effective date.

21.8. The Contractor shall complete the Fiscal Year Revenue and Expense Budget on a form supplied by the Department, which shall include but not be limited to, all the Contractor's cost centers. If the Contractor's cost centers are a combination of several local cost centers, the Contractor shall display them separately as long as the cost center code is unchanged.

21.9. The Contractor shall provide quarterly Revenue and Expense Reports (Budget Form A), within thirty (30) calendar days after the end of each fiscal quarter, defined as July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

22. Reduction or Suspension of Funding

22.1. In the event that the State funds designated as the Price Limitation in Form P-37, General Provisions, Block 1.8. of the General Provisions are materially

reduced or suspended, the Department shall provide prompt written notification to the Contractor of such material reduction or suspension.

22.2. In the event that the reduction or suspension in federal or state funding shall prevent the Contractor from providing necessary services to individuals, the Contractor shall develop a service reduction plan, detailing which necessary services will no longer be available.

22.3. Any service reduction plan is subject to approval from the Department, and shall include, at a minimum, provisions that are acceptable to the Department, with services that include, but are not limited to:

22.3.1. Evaluation of and, if eligible, an individual service plan for all new applicants for services.

22.3.2. Emergency services for all individuals.

22.3.3. Services for individuals who meet the criteria for involuntary admission to a designated receiving facility.

22.3.4. Services to individuals who are on a conditional discharge pursuant to RSA 135-C:50 and NH Administrative Rule He-M 609.

23. Elimination of Programs and Services by Contractor

23.1. The Contractor shall provide a minimum thirty (30) calendar days written notice prior to any reductions in delivery of services, or notice as soon as possible if the Contactor is faced with a more sudden need to reduce delivery of services.

23.2. The Contractor shall consult and collaborate with the Department prior to elimination or reduction of services in order to reach a mutually agreeable solution as to the most effective way to provide necessary services.

23.3. The Department reserves the right to require the Contractor to participate in a mediation process with the Commissioner of the Department of Health and Human Services, and to invoke an additional thirty (30) calendar day extension in the event of a proposal to reduce or eliminate any contracted services.

23.4. If the parties are still unable to come to a mutual agreement within the thirty (30) calendar day extension, the Contractor may proceed with its proposed program change(s) so long as proper notification to eligible individuals is provided.

23.5. The Contractor shall not redirect funds allocated in the budget for the program or service that has been eliminated or substantially reduced to another program or service without the mutual agreement of both parties.

23.6. In the event that an agreement cannot be reached, the Department shall control the expenditure of the unspent funds.

24. Data Reporting

24.1. The Contractor shall submit any data needed to comply with federal or other reporting requirements to the Department or contractor designated by the Department.

24.2. The Contractor shall submit all required data elements via the Phoenix system except for the CANS/ANSA and Projects for Assistance in Transition from Homelessness program (PATH) data, as specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

24.3. The Contractor shall submit individual demographic and encounter data, including data on non-billable individual-specific services and rendering staff providers on all encounters, to the Department's Phoenix system, or its successors, in the format, content, completeness, frequency, method and timeliness as specified by the Department. Individual data must include a Medicaid ID number for individuals who are enrolled in Medicaid.

24.4. The Contractor shall include client eligibility with all Phoenix services in alignment with current reporting specifications. For an individual's services to be considered BMHS eligible, SPMI, SMI, Low Utilizer (LU), SED, and Severe Emotional Disturbance Interagency (SEDIA) are acceptable.

24.5. The Contractor shall meet the general requirements for the Phoenix system which include, but are not limited to:

24.5.1. Agreeing that all data collected in the Phoenix system, which is Confidential Data as defined by Exhibit K, is the property of the Department to use as it deems necessary.

24.5.2. Ensuring data files and records are consistent with file specification and specification of the format and content requirements of those files.

24.5.3. Ensuring that errors in data returned to the Contractor are corrected and resubmitted to the Department within ten (10) business days.

24.5.4. Ensuring data is current and updated in the Contractor's systems as required for federal reporting and other reporting requirements and as specified by the Department.

24.5.5. Implementing review procedures to validate data submitted to the Department to confirm:

24.5.5.1. All data is formatted in accordance with the file specifications;

24.5.5.2. No records will reject due to illegal characters or invalid formatting; and

24.5.5.3. The Department's tabular summaries of data submitted by the Contractor match the data in the Contractor's system.

24.6. The Contractor shall meet the following standards:

24.6.1. Timeliness: monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data unless otherwise approved by the Department, and the Contractor shall review the Department's tabular summaries within five (5) business days.

24.6.2. Completeness: submitted data must represent at least ninety-eight percent (98%) of billable services provided, and ninety-eight percent (98%) individuals served by the Contractor.

24.6.3. Accuracy: submitted service and member data shall conform to submission requirements for at least ninety-eight percent (98%) of the records, and one-hundred percent One–hundred percent (100%) of unique member identifiers shall be accurate and valid.

24.7. The Department may waive requirements for fields in Phoenix on a case by case basis through a written waiver communication that specifies the items being waived. In all circumstances:

24.7.1. The waiver length shall not exceed 180 days.

24.7.2. Where the Contractor fails to meet standards, the Contractor shall submit a corrective action plan within thirty (30) calendar days of being notified of an issue.

24.7.3. After approval of the corrective action plan, the Contractor shall implement the plan.

24.7.4. Failure of the Contractor to implement the plan may require:

24.7.4.1. Another plan; or

24.7.4.2. Other remedies, as specified by the Department.

25. Behavioral Health Services Information System (BHSIS)

25.1. The Contractor may receive funding for data infrastructure projects or activities, depending upon the receipt of federal funds and the criteria for use of those funds, as specified by the federal government. The Contractor shall ensure funding-specific activities include:

25.2. Identification of costs associated with client-level Phoenix and CANS/ANSA databases including, but not limited to:

25.2.1. Rewrites to database and/or submittal routines.

25.2.2. Information Technology (IT) staff time used for re-writing, testing or validating data.

25.2.3. Software and/or training purchased to improve data collection.

25.2.4. Staff training for collecting new data elements.

25.2.5. Development of any other BMHS-requested data reporting system.

25.3. Progress Reports from the Contractor that:

25.3.1. Outline activities related to Phoenix database;

25.3.2. Include any costs for software, scheduled staff trainings; and

25.3.3. Include progress to meet anticipated deadlines as specified.

26. Deaf Services

26.1. The Contractor shall work with the Deaf Services Team, employed by Region 6, for all individuals seeking services who would benefit from receiving treatment in American Sign Language (ASL) or from staff who are specially trained to work with the deaf and hard of hearing population.

26.2. The Contractor shall work with the Deaf Services Team in Region 6 for consultation for disposition and treatment planning, as appropriate.

26.3. The Contractor shall ensure treatment plans take the importance of access to culturally and linguistically appropriate services on treatment outcomes into consideration.

26.4. The Contractor shall ensure services are client-directed, which may result in:

26.4.1. Clients being seen only by the Deaf Services Team through CMHC Region 6;

26.4.2. Care being shared across the regions; or

26.4.3. The individual's local CMHC providing care after consultation with the Deaf Services Team.

27. Community Partners- "Northam House":

27.1. The Contractor shall operate a three (3) bed community residential program located at 83 County Farm Cross Rd, Dover, NH for individuals age 18 years and older who:

27.1.1. Have a dual diagnosis of SMI/SPMI and a developmental disability and/or acquired brain disorder;

27.1.2. Are determined eligible for community mental health services;

27.1.3. Have been determined eligible for the Developmental Disabilities 1915(c) waiver;

27.1.4. No longer meet the level of care provided by New Hampshire Hospital (NHH) or a Designated Receiving Facility (DRF), but require extensive support and rehabilitation to successfully transition from New Hampshire Hospital (NHH) or a Designated Receiving Facility (DRF) before moving to less restrictive alternatives in the community of their choice.

27.2. The Contractor shall accept referrals from NHH, DRFs, and the CMHCs, as approved by the Department prior to placement.

27.3. The Contractor shall maintain the appropriate certifications to operate the facility pursuant to New Hampshire Administrative Rule He-M 1001, Certification Standards for Developmental Services Community Residences and/or New Hampshire Administrative Rule He-M 1002, Certification Standards for Behavioral Health Community Residences.

27.4. The Contractor shall provide residential and wrap-around services in accordance with appropriate NH Administrative Rule He-M 202, Rights Protection Procedures for Developmental Services, NH Administrative Rule He-M 204, Rights Protection Procedures for Mental Health Services, NH Administrative Rule He-M 309, Rights of Persons Receiving Mental Health Services in the Community, NH Administrative Rule He-M 310, Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community NH Administrative Rule He-M 400, Community Mental Health, and NH Administrative Rule He-M 500, Developmental Services.

27.5. The Contractor shall conduct an Adult Needs and Strengths Assessment (ANSA) for each individual, as well as enter results into the Department's data collection system as follows:

27.5.1. Upon admission to the program;

27.5.2. Ninety (90) days after admission as part of the individual service plan review;

27.5.3. Every six (6) months after admission; and

27.5.4. Annually after the first year from the date of the initial assessment.

27.6. The Contractor shall develop a recovery-oriented individual service plan for each individual.

27.7. The Contractor shall provide comprehensive individualized services and assessments to each individual that include, but are not be limited to:

27.7.1. Case Management.

27.7.2. Evidence Based Practices , which may include but are not limited to:

27.7.2.1. Illness Management and Recovery.

27.7.2.2. Family Psychoeducation.

27.7.2.3. Integrated Treatment for Co-occurring Disorders.

27.7.3. Behavioral Assessment and Planning.

27.7.4. Cognitive behavior strategies.

27.7.5. Wellness Management

27.7.6. InShape Program.

27.7.7. Individual and group therapeutic services.

27.7.8. Medication management and education.

27.7.9. Nursing support.

27.7.10. Psychiatric services including yearly assessments.

27.7.11. Supported employment.

27.7.12. Peer support.

27.7.13. Emergency Services and Crisis Management.

27.8. The Contractor shall ensure formal referral, admissions, evaluation, and discharge processes are approved by the Department and include, but are not limited to discharge planning that begins at admission ensuring the individual works with the team to identify and create a transitional "Path to Success" map, which identifies person-centered indicators that demonstrate readiness for transition and discharge to a less restrictive environment.

27.9. The Contractor shall provide a written discharge plan that includes but is not limited to:

27.9.1. Evaluation of the individual's current situation.

27.9.2. Status of the individual's current mental health or healthcare and transition plan for the individual's transition into another service intensity level of care within supportive housing, or a transition to a less restrictive environment or more intensive environment, as appropriate, to meet the individual's care needs.

27.9.3. Development and implementation of a collaborative relationship with the community mental health center and natural supports,

including family, to develop treatment plans designed to return each client to the community.

27.9.4. Involvement the individual's family and/or natural supports to support integration into the community, with the individual's consent.

27.9.5. Identification of any barriers to placement in the community and development of a plan to overcome those barriers, with an emphasis on the interventions necessary to promote more opportunities for community integration.

27.10. The Contractor shall provide documentation of performance measures on a quarterly basis or through yearly chart audits, which include but are not limited to:

27.10.1. The number of individuals admitted and discharged during that time period.

27.10.2. Any waitlist times.

27.10.3. Readmission rates to both NHH and emergency departments for individuals being served.

27.10.4. The individual's progress towards independent living that includes but in not limited to

27.10.5. Medication issues.

27.10.6. Problematic behaviors.

27.10.7. Sentinel events.

27.10.8. Employment and smoking status upon entry and exit.

27.10.9. Time for individuals to transition from the program to other community based living.

27.10.10. Evidence of the individual's involvement in development of their service plan and crisis/safety plan.

27.10.11. Where individuals were discharged, and what services were in place upon discharge.

Method and Conditions Precedent to Payment

1. This Agreement is funded by:
   1.1. 13.93%, ProHealth NH: New Hampshire Partnerships to Improve Health & Wellness for Young People with SED and SMI, as awarded on 6/10/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA# 93.243, FAIN# H79SM080245.
   1.2. 85.33% General funds.
   1.3. 0.74% Other funds; Behavioral Health Services Information System (BHSIS). U.S. Department of Health and Human Services.
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The State shall pay the Contractor an amount not to exceed the Price Limitation, specified in Form P-37, General Provisions, Block 1.8 for the services provided by the Contractor pursuant to Exhibit A, Amendment #2 Scope of Services.
4. The Contractor agrees to provide the services in Exhibit A, Amendment #2 Scope of Services in compliance with funding requirements.
5. The Contractor shall provide a Revenue and Expense Budget on a Department-provided template, within twenty (20) business days from the contract effective date, for Department approval.
6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:
   7.1. For Medicaid enrolled individuals:
      7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
      7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
   7.2. For individuals with other insurance or payors:
      7.2.1. The Contractor shall directly bill the other insurance or payors.
8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the below table define how many units to report or bill.

Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit
23-37 minutes	2 units
38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:

   9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program to be Funded	SFY2018 Amount	SFY2019 Amount	SFY2020 Amount	SFY2021 Amount	SFY2022 Amount
Div. for Children Youth and Families (DCYF) Consultation	$ 1,770	$ 1,770	$ 1,770	$ 1,770	$ 1,770
Emergency Services	$ 84,598	$ 84,598	$ 84,598	$ 84,598	$ 84,598
Crisis Service Transformation Including Mobile Crisis (effective SFY 22)		-	-	-	$1,091,496
Assertive Community Treatment Team (ACT) - Adults	$ 225,000	$ 225,000	$ 225,000	$225,000	$ 225,000
ACT Enhancement Payments		$ 25,000	-	-	$ 12,500
Behavioral Health Services Information System (BHSIS)	$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 10,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)		$ 4,000	$ 5,000	$ 5,000	$ 5,000
Rehabilitation for Empowerment, Education and Work (RENEW)	$ 3,945	$ 3,945	$ 6,000	$ 6,000	$ 6,000
Housing Bridge Start Up Funding		$ 25,000	-	-	-
General Training Funding		$ 10,000	-	-	$ 5,000
System Upgrade Funding		$ 30,000	-	-	$ 15,000
VR Work Incentives		-	-	-	$ 80,000
System of Care 2.0		-	-	-	$ 5,300
Specialty Residential Funding		-	-	-	$ 175,533
ProHealth NH Grant		-	-	-	$468,428
Total	**$ 320,313**	**$ 414,313**	**$ 327,368**	**$327,368**	**$2,185,625**

   9.2. Payment for each contracted service in the above table shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the Department approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of the Department, result in financial penalties not greater than the amount of the directed expenditure.

9.4. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each Department-approved invoice for Contractor services provided pursuant to this Agreement.

9.6. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of ***$73.75*** per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Amendment #2 Scope of Services Division for Children, Youth, and Families (DCYF).

9.7. Emergency Services: The Department shall reimburse the Contractor only for those Emergency Services provided to clients defined in Exhibit A, Amendment #2 Scope of Services, Provision of Crisis Services. Effective July 1, 2021 the Contractor shall bill and seek reimbursement for mobile crisis services provided to individuals pursuant to this Agreement as follows:

9.7.1. For Medicaid enrolled individuals through the Department Medicaid Fee for Service program in accordance with the current, publically posted Fee for Service (FFS) schedule.

9.7.2. For Managed Care Organization enrolled individuals the Contractor shall be reimbursed pursuant to the Contractor's agreement with the applicable Managed Care Organization for such services.

9.7.3. For individuals with other health insurance or other coverage for the services they receive, the Contractor will directly bill the other insurance or payors.

9.7.4. For individuals without health insurance or other coverage for the services they receive, and for operational costs contained in Exhibits B, Amendment #2 Method and Conditions Precedent to Payment or which the Contractor cannot otherwise seek reimbursement from an insurance or third-party payer, the Contractor will directly bill the Department to access contract funds provided through this Agreement.

9.7.4.1. Invoices of this nature shall include general ledger detail indicating the Department is only being invoiced for net expenses, shall only be reimbursed up to the current Medicaid rate for the services provided and contain the following items for each client and line item of service:

9.7.4.1.1. First and last name of client.

9.7.4.1.2. Date of birth.

9.7.4.1.3. Medicaid ID Number.

9.7.4.1.4. Date of Service identifying date, units, and any possible third party reimbursement received.

9.7.5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in the Department-approved budget.

9.7.5.1. The Contractor shall provide a Mobile Crisis Budget within twenty (20) business days from the contract effective date on a Department-provided template for Department approval.

9.7.5.2. Law enforcement is not an authorized expense.

9.8. Crisis Services Transformation Including Mobile Crisis: Funding is subject to the transformation of crisis services as evidenced by achieving milestones identified in the transition plan in Exhibit A, Amendment #2 Scope of Services, and subject to the terms as outlined above.

9.9. Crisis Transformation Startup Funds: Payment for start-up period expenses incurred by the Contractor shall be made by the Department based on the start-up amount of **$108,000**; the total of all such payments shall not exceed the specified start-up amount total and shall not exceed the total expenses actually incurred by the Contractor for the start-up period. All Department payments to the Contractor for the start-up period shall be made on a cost reimbursement basis.

Startup Cost	Total Cost
Recruitment Startup	$50,000
IT Equipment, Supplies, & Consultation	$57,000
General Supplies	$1,000

9.10. Assertive Community Treatment Team (ACT) Adults): The contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A, Adult Assertive Community Treatment (ACT) Teams.

ACT Costs	INVOICE TYPE	TOTAL COST
Invoice based payments on invoice	Programmatic costs as outlined on invoice by month	$225,000
ACT Enhancements	Agencies may choose one of the following for a total of five (5) one (1) time payments of $5,000.00. Each item may only be reported on one (1) time for payment.	$25,000 in SFY 2019; $12,500 per SFY for 2022

	1. Agency employs a minimum of .5 Psychiatrist on Team based on SFY 19 and 20 Fidelity Review. 2. Agency receives a four (4) or higher score on their SFY 19 and 20 Fidelity Review for Consumer on Team, Nurse on Team, SAS on Team, SE on Team, or Responsibility for crisis services. ACT Incentives may be drawn down upon completion of the CMHC FY22 Fidelity Review. $6,250 may be drawn down for each incentive to include; intensity and frequency of individualized client care to total $12,500. Intensity of services must be measured between 50-84 minutes of services per client per week on average. Frequency of service for an individual must be between 2-3 times per client per week.	

9.11. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A, Amendment #2 Scope of Services.

9.12. MATCH: Funds to be used to support services and trainings outlined in Exhibit A, Amendment #2, Scope of Services. The breakdown of this funding per SFY effective SFY 2020 is outlined below.

TRAC COSTS	CERTIFICATION OR RECERTIFICATION	TOTAL COST
$2,500	$250/Person X 10 People = $2,500	$5,000

9.13. RENEW Sustainability Continuation: The Department shall reimburse the Contractor for RENEW Activities outlined in Exhibit A, Amendment #2 Scope of Services RENEW Sustainability. RENEW costs will be billed on green sheets and will have detailed information regarding the expense associated with each of the following items, not to exceed ***$6,000*** annually. Funding can be used for training of new facilitators; training for an internal coach; coaching Institute On Disability for facilitators, coach, and implementation teams; and travel costs.

9.14. Housing Support Services including Bridge and Transitional Housing Services: The Contractor shall be paid based on an activity and general payment as outlined below. Funds to be used for the provision of services as outlined in Exhibit A, Amendment #2, Scope of Services, effective upon Governor and Executive Council approval of this Amendment.

Housing Services Costs	INVOICE TYPE	TOTAL COST
Hire of a designated housing support staff	One-time payment	$15,000
Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A, Amendment #2	One-time payment	$10,000

9.15. General Training Funding: Funds are available in SFY 2019 and SFY 2022 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.16. System Upgrade Funding: Funds are available in SFY 2019 and SFY 2022 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Amendment #2, Scope of Services, Data Reporting. Funds may also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, ensuring invoices specify purpose for use of funds.

9.17. ProHealth: Payment for ProHealth services shall be made monthly as follows:

9.17.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of programming as outlined in Exhibit A, Amendment #2 Scope of Services, and shall be in accordance with Department-approved budgets.

9.17.2. The Contractor shall submit invoices in a form satisfactory to the State by the twentieth (20th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoices must be completed, signed, dated and returned to the Department in order to initiate payment.

9.17.3. The Contractor agrees to keep records of their activities related to Department programs and services.

9.17.4. The Contractor shall provide a ProHealth Budget utilizing Department-provided budget templates within twenty (20) business days from the contract effective date, for Department approval.

9.18. System of Care 2.0: Funds are available in SFY 2022 to support associated program expenses as outlined in the budget table below.

Clinical training for expansion of MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems) program	$5,000
Indirect Costs (not to exceed 6%)	$300
Total	**$5,300**

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

New Hampshire Department of Health and Human Services

Exhibit K, Amendment #2

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all non-public information owned, managed, created, received for or on behalf of, the Department that is protected by information security, privacy or confidentiality rules, Agreement and state and federal laws or policy. This information may include but is not limited to, derivative data, Protected Health Information (PHI), Personally Identifiable Information (PII), Substance Use Disorder Information (SUD), Federal Tax Information, Social Security Administration, and CJIS (Criminal Justice Information Services) data, including the copy of information submitted known as the Phoenix Data. Confidential Information or Confidential Data shall not include medical records produced and maintained by the contractor in the course of their practice or information owned by the patient/client. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the contractor

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives Confidential Data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or Confidential data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

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

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that Confidential Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees Confidential Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the Confidential Data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting Confidential Data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is <u>encrypted</u> and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to

access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the Confidential Data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. If it is infeasible to return or destroy the Confidential Data, protections pursuant to this Information Security Requirements Exhibit survive this contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process Confidential Data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.
6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting

infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such Confidential Data upon request or contract termination; and will obtain written certification for any State of New Hampshire Confidential Data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire Confidential Data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the Confidential Data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate Confidential Data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the Confidential Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to

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contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. Omitted.

10. The Contractor will not store, knowingly or unknowingly, any Confidential Data or State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the

level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if <u>encrypted</u> and being sent to and being received by email addresses of persons authorized to receive such information.

    e. limit disclosure of the Confidential Information to the extent permitted by law.

    f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

    g. only authorized End Users may transmit the Confidential Data, including any

derivative files containing personally identifiable information, and in all cases, such Confidential Data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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State of New Hampshire

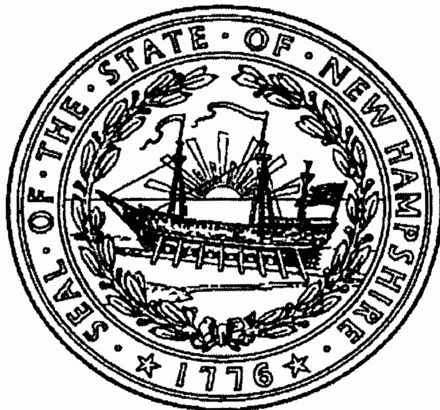
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 24, 1982. 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: **62273**

Certificate Number: **0005358975**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 28th day of April A.D. 2021.

William M. Gardner

Secretary of State

CERTIFICATE OF AUTHORITY

I, ______**Ann Landry**____, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of ____**Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners**________________________.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on __**June 11**________, **2021**_, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That __**Kathleen Boisclair, President**_______________ (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of _**Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners**___ to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated:___06/11/2021__

Ann Landry Digitally signed by Ann Landry Date: 2021.06.11 16:14:03 -04'00'

Signature of Elected Officer
Name: Ann Landry
Title: Secretary

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/29/2021

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).

PRODUCER
FIAI/Cross Insurance
1100 Elm Street
Manchester NH 03101

CONTACT NAME: Heather Prescott, AINS,CRIS
PHONE (A/C, No, Ext): (603) 669-3218
FAX (A/C, No): (603) 645-4331
E-MAIL ADDRESS: hprescott@crossagency.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Philadelphia Indemnity Ins Co	18058
INSURER B :	Granite State Health Care and Human Services SIG	
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Behavioral Health & Developmental Services of Strafford County Inc.
DBA: Community Partners
113 Crosby Road, Ste 1
Dover NH 03820

COVERAGES CERTIFICATE NUMBER: 20-21 w/21-22 WC 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	[X] COMMERCIAL GENERAL LIABILITY; [ ] CLAIMS-MADE [X] OCCUR; GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC; [X] OTHER: Professional Liability			PHPK2201387	11/01/2020	11/01/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
							Professional Liability	$ 1,000,000
A	AUTOMOBILE LIABILITY; [X] ANY AUTO; [ ] OWNED AUTOS ONLY; [ ] SCHEDULED AUTOS; [X] HIRED AUTOS ONLY; [X] NON-OWNED AUTOS ONLY			PHPK2201367	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [X] OCCUR; [ ] EXCESS LIAB [ ] CLAIMS-MADE; [ ] DED [X] RETENTION $ 10,000			PHUB744713	11/01/2020	11/01/2021	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [N]; If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		HCHS20210000393 3A: NH	02/01/2021	02/01/2022	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Directors & Officers Liability			PHSD1586210	11/01/2020	11/01/2021	Limit of insurance	$ 5,000,000

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

Confirmation of Coverage.

CERTIFICATE HOLDER

State of NH; Department of Health &
Human Services
129 Pleasant Street
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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113 Crosby Road
Suite 1
Dover, NH 03820
(603) 516-9300
Fax: (603) 743-3244

50 Chestnut Street
Dover, NH 03820
(603) 516-9300
Fax: (603) 743-1850

25 Old Dover Road
Rochester, NH 03867
(603) 516-9300
Fax: (603) 335-9278

A United Way
Partner Agency

Mission: Community Partners connects our clients and their families to the opportunities and possibilities for full participation in their communities.

Vision: We serve those who experience emotional distress, mental illnesses, substance use disorders, developmental disabilities, chronic health needs, acquired brain disorder, as well as those who are in need of information and referral to access long-term supports and services.

We strive to be an organization that consistently delivers outstanding services and supports that are person-focused and dedicated to full participation in communities.

We will take leadership roles in educating our community network, families, and the public to reduce stigma and to increase self-determination and personal empowerment.

We are committed to evidence-based and outcome-driven practices.

We will invest in our staff to further professional development and foster an environment of innovation.

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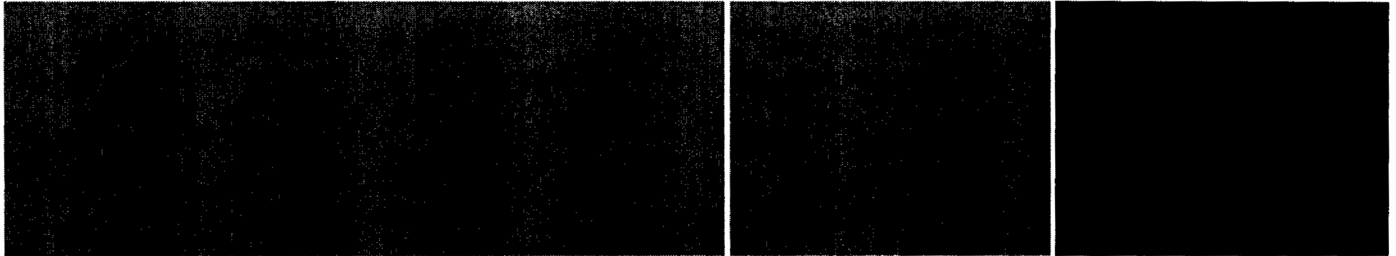

CONSOLIDATED FINANCIAL STATEMENTS

and

SUPPLEMENTARY INFORMATION

June 30, 2020 and 2019

With Independent Auditor's Report

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Behavioral Health & Developmental Services of Strafford County, Inc.
d/b/a Community Partners and Subsidiaries

We have audited the accompanying consolidated financial statements of Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners and Subsidiaries (the Organization), which comprise the consolidated statements of financial position as of June 30, 2020 and 2019, and the related consolidated statements of activities, functional revenue and expenses without donor restrictions and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization, as of June 30, 2020 and 2019, and the changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Other Matters

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statements of financial position and consolidating statements of activities are presented for purposes of additional analysis, rather than to present the financial position and changes in net assets of the individual entities, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

Changes in Accounting Principles

As discussed in Note 1 to the consolidated financial statements, the Organization adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2016-18, *Restricted Cash*, and FASB ASU No. 2018-08, *Clarifying the Scope of the Accounting Guidance for Contributions Received and Contributions Made*, during the year ended June 30, 2020. Our opinion is not modified with respect to these matters.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
November 3, 2020

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BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statements of Financial Position

June 30, 2020 and 2019

	2020	2019
ASSETS		
Cash and cash equivalents	**$ 6,801,286**	$ 4,023,971
Restricted cash	**112,525**	112,436
Accounts receivable, net of allowance for doubtful accounts	**2,092,725**	1,171,501
Grants receivable	**591,940**	162,264
Prepaid expenses	**485,267**	401,402
Property and equipment, net	**2,231,627**	2,118,838
Total assets	**$12,315,370**	$ 7,990,412
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable and accrued expenses	**$ 2,842,555**	$ 2,540,469
Estimated third-party liability	**1,031,569**	1,202,701
Operating lease payable	**72,230**	40,785
Loan fund	**89,562**	89,473
Notes payable	**4,159,036**	884,773
Total liabilities	**8,194,952**	4,758,201
Net assets		
Net assets without donor restrictions	**4,018,670**	3,232,211
With donor restrictions	**101,748**	-
Total net assets	**4,120,418**	3,232,211
Total liabilities and net assets	**$12,315,370**	$ 7,990,412

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statements of Activities

Years Ended June 30, 2020 and 2019

	2020	2019
Changes in net assets without donor restrictions		
Public support and revenue		
Medicaid revenue	**$31,378,211**	$29,163,571
Medicare revenue	**175,540**	196,444
Client resources	**2,176,062**	1,934,005
Contract revenue	**1,632,156**	1,546,526
Grant income	**1,700,264**	1,111,668
Interest income	**37,074**	8,454
Other program revenue	**1,340,942**	722,753
Public support	**119,432**	123,304
Other revenue	**736,918**	198,539
Total public support and revenue	**39,296,599**	35,005,264
Expenses		
Program services		
Case management	**1,040,686**	1,041,170
Day programs and community support	**5,160,769**	5,034,457
Early support services and youth and family	**4,513,949**	4,196,063
Family support	**643,257**	634,699
Residential services	**12,328,472**	10,799,339
Consolidated services	**4,023,490**	3,599,405
Adult services	**2,899,359**	2,665,698
Emergency services	**660,072**	654,437
Other	**3,730,957**	2,655,420
Total program expenses	**35,001,011**	31,280,688
Supporting services		
General management	**3,509,129**	3,438,646
Total expenses	**38,510,140**	34,719,334
Change in net assets without donor restrictions	**786,459**	285,930
Changes in net assets with donor restrictions		
Grants and contributions	**101,748**	-
Change in net assets	**888,207**	285,930
Net assets, beginning of year	**3,232,211**	2,946,281
Net assets, end of year	**$ 4,120,418**	$ 3,232,211

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statement of Functional Revenue and Expenses Without Donor Restrictions

Year Ended June 30, 2020

	Case Management	Day Programs and Community Support	Early Support Services and Youth and Family	Family Support	Residential Services	Consolidated Services	Adult Services	Emergency Services	Other	Total Program	General Management	Total
Public support and revenue												
Medicaid revenue	$ 896,389	$ 4,040,408	$ 5,011,919	$ 290,667	$ 13,303,054	$ 4,340,039	$ 3,205,815	$ 55,509	$ 234,411	$ 31,378,211	$ -	$ 31,378,211
Medicare revenue	-	8,483	-	-	-	-	141,878	-	25,179	175,540	-	175,540
Client resources	25,855	39,957	729,354	-	1,105,531	25,847	157,206	23,514	68,798	2,176,062	-	2,176,062
Contract revenue	66,692	286,211	441,695	76,179	32,307	46,470	3,554	212,777	313,940	1,479,825	152,331	1,632,156
Grant income	6,530	25,185	82,068	19,116	-	1,529	58,420	1,553	1,497,990	1,692,391	7,873	1,700,264
Interest income	-	13	-	-	-	-	-	-	26	39	37,035	37,074
Other program revenue	-	18,551	27,420	-	-	-	-	-	1,284,784	1,330,755	10,187	1,340,942
Public support	13,673	2,702	10,497	15,378	-	-	28	-	72,917	115,195	4,237	119,432
Other revenue	700	63,080	31,765	-	468,093	60,300	41,577	1,500	41,775	708,790	28,128	736,918
Total public support and revenue	1,009,839	4,484,590	6,334,718	401,340	14,908,985	4,474,185	3,608,478	294,853	3,539,820	39,056,808	239,791	39,296,599
Expenses												
Salaries and wages	639,373	2,554,260	2,877,014	200,501	1,308,697	1,617,524	2,040,948	279,097	1,938,557	13,455,971	2,370,206	15,826,177
Employee benefits	154,673	679,863	612,719	54,696	310,437	109,780	116,426	53,131	613,305	2,705,030	435,661	3,140,691
Payroll taxes	46,388	195,495	212,631	15,114	95,342	121,480	110,366	20,626	168,279	985,721	158,453	1,144,174
Contracted substitute staff	-	5,911	7,231	-	-	-	590	-	-	13,732	17,248	30,980
Client treatment services	15,137	312,089	123,575	245,525	4,512,631	1,860,360	153,011	-	5,756	7,228,084	2,598	7,230,682
Professional fees and consultants	27,583	55,606	138,495	10,581	37,226	12,644	109,920	267,144	190,882	850,081	140,722	990,803
Subcontractors	-	515,479	-	-	5,771,343	80,269	-	-	-	6,367,091	-	6,367,091
Staff development and training	5,479	12,727	39,293	1,090	2,281	6,746	12,841	4,509	12,427	97,393	31,198	128,591
Rent	-	98,205	97,824	-	36,364	-	72,390	7,123	70,446	382,352	18,932	401,284
Utilities	8,347	44,653	19,777	1,320	16,041	2,118	20,549	4,697	22,150	139,652	21,906	161,558
Building maintenance and repairs	11,993	60,501	47,325	1,984	23,574	3,182	36,498	1,886	162,881	349,824	26,844	376,668
Other occupancy costs	9,081	84,201	35,347	1,436	12,844	2,304	21,901	-	43,925	211,039	6,664	217,703
Office	11,725	57,304	49,229	2,703	17,000	4,538	25,310	3,481	54,752	226,042	61,357	287,399
Building and housing	3,105	18,038	8,750	536	6,874	924	6,140	704	20,116	65,187	12,953	78,140
Client consumables	491	24,732	849	2,988	20,363	49,141	1,654	21	43,060	143,299	1,211	144,510
Medical	-	351	480	-	104	-	429	67	3,587	5,018	135	5,153
Equipment maintenance	22,946	74,773	83,469	4,566	28,705	7,312	48,518	6,017	42,943	319,249	60,942	380,191
Depreciation	16,007	73,255	42,230	3,723	31,828	5,956	17,412	2,358	42,460	235,229	30,559	265,788
Advertising	236	2,366	2,195	361	1,200	961	1,510	114	972	9,915	1,622	11,537
Printing	-	139	-	-	-	-	-	-	-	139	687	826
Telephone and communications	20,929	45,411	43,446	3,577	11,433	5,502	33,071	3,779	35,428	202,576	49,661	252,237
Postage and shipping	994	5,371	4,708	225	1,923	360	3,805	609	7,436	25,431	3,513	28,944
Transportation	10,325	148,468	19,723	2,440	49,167	109,894	21,328	513	32,897	394,755	8,040	402,795
Assistance to individuals	27,034	4,643	4,496	87,716	3,402	19,011	3,044	407	30,503	180,256	3,842	184,098
Insurance	8,419	82,016	41,173	1,862	25,208	2,980	37,730	3,745	28,145	231,278	36,622	267,900
Membership dues	23	1,198	749	5	46	9	3,236	11	108,614	113,891	3,723	117,614
Interest	398	3,714	1,221	308	4,439	495	732	33	16,737	28,077	2,780	30,857
Other	-	-	-	-	-	-	-	-	34,699	34,699	1,050	35,749
Total expenses	1,040,686	5,160,769	4,513,949	643,257	12,328,472	4,023,490	2,899,359	660,072	3,730,957	35,001,011	3,509,129	38,510,140
(Decrease) increase in net assets without restrictions	$ (30,847)	$ (676,179)	$ 1,820,769	$ (241,917)	$ 2,580,513	$ 450,695	$ 709,119	$ (365,219)	$ (191,137)	$ 4,055,797	$ (3,269,338)	$ 786,459

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statement of Functional Revenue and Expenses Without Donor Restrictions

Year Ended June 30, 2019

	Case Management	Day Programs and Community Support	Early Support Services and Youth and Family	Family Support	Residential Services	Consolidated Services	Adult Services	Emergency Services	Other	Total Program	General Management	Total
Public support and revenue												
Medicaid revenue	$ 906,600	$ 4,143,493	$ 4,260,603	$ 305,762	$ 12,217,725	$ 3,856,075	$ 3,197,558	$ 45,653	$ 230,102	$ 29,163,571	$ -	$ 29,163,571
Medicare revenue	-	18,238	-	-	-	-	158,215	-	19,991	196,444	-	196,444
Client resources	61,044	62,667	528,823	-	1,042,019	23,156	126,198	28,324	61,774	1,934,005	-	1,934,005
Contract revenue	105,269	308,584	404,433	76,279	19,928	46,470	700	178,823	199,984	1,340,470	206,056	1,546,526
Grant income	15,030	75,112	84,404	27,048	-	1,500	62,679	4,238	837,657	1,107,668	4,000	1,111,668
Interest income	-	-	-	-	-	-	-	-	-	-	8,454	8,454
Other program revenue	-	47,510	26,280	-	-	-	-	-	642,092	715,882	6,871	722,753
Public support	12,575	6,503	17,150	16,115	-	2,897	2,425	-	60,648	118,313	4,991	123,304
Other revenue	164	200	265	-	24,411	-	11,225	-	13,910	50,175	148,364	198,539
Total public support and revenue	1,100,682	4,662,307	5,321,958	425,204	13,304,083	3,930,098	3,559,000	257,038	2,066,158	34,626,528	378,736	35,005,264
Expenses												
Salaries and wages	618,554	2,591,978	2,645,376	153,744	1,186,741	1,574,898	1,882,810	262,726	1,339,135	12,255,962	2,225,787	14,481,749
Employee benefits	155,689	725,683	618,235	43,641	286,380	114,976	206,739	57,444	425,053	2,633,840	502,190	3,136,030
Payroll taxes	45,086	205,829	194,655	11,761	86,697	119,265	98,181	19,156	116,098	896,728	152,858	1,049,586
Contracted substitute staff	-	7,196	-	-	-	-	-	-	-	7,196	2,898	10,094
Client treatment services	25,457	59,794	117,396	300,788	4,080,658	1,478,666	61,871	-	13,638	6,138,268	31	6,138,299
Professional fees and consultants	36,609	59,399	106,919	7,212	102,207	14,046	81,569	274,494	70,392	752,847	90,707	843,554
Subcontractors	-	420,214	-	-	4,656,701	49,090	-	-	-	5,126,005	-	5,126,005
Staff development and training	2,207	16,017	17,066	4,437	3,165	4,499	9,656	1,060	6,381	64,488	79,033	143,521
Rent	-	99,754	93,461	-	35,450	-	70,190	7,524	51,079	357,458	19,212	376,670
Utilities	9,370	55,250	23,008	1,492	18,311	2,346	11,916	5,911	88,105	215,709	29,976	245,685
Building maintenance and repairs	14,556	71,509	43,135	2,340	50,693	3,920	21,130	533	127,740	335,556	19,436	354,992
Other occupancy costs	4,994	55,787	21,158	798	9,012	1,244	9,299	-	29,422	131,714	8,581	140,295
Office	10,417	64,185	56,760	2,411	21,475	4,191	31,606	4,850	51,698	247,593	87,522	335,115
Building and housing	3,575	15,856	8,170	722	6,394	925	4,136	576	6,883	47,237	8,711	55,948
Client consumables	949	28,368	6,315	2,997	20,369	48,309	3,894	62	11,678	122,941	1,450	124,391
Medical	-	1,389	538	-	178	-	639	74	621	3,439	272	3,711
Equipment maintenance	15,857	50,227	45,332	2,687	21,975	5,603	30,933	3,922	16,895	193,431	40,445	233,876
Depreciation	30,694	152,835	79,473	5,581	69,061	14,998	40,071	5,865	24,080	422,658	59,430	482,088
Advertising	237	1,049	1,788	25	412	67	723	58	189	4,548	1,281	5,829
Printing	-	31	366	-	-	-	82	12	30	521	845	1,366
Telephone and communications	17,280	40,314	38,423	3,011	9,469	4,559	27,879	3,966	23,495	168,396	40,737	209,133
Postage and shipping	823	5,115	4,727	147	1,817	394	3,928	686	4,414	22,051	1,740	23,791
Transportation	13,906	217,589	31,547	4,005	88,089	110,411	29,107	1,622	26,433	522,709	15,396	538,105
Assistance to individuals	23,822	2,555	3,429	84,929	15,494	42,055	1,234	182	28,685	202,385	4,565	206,950
Insurance	8,781	78,150	36,307	1,596	25,423	4,291	33,316	3,588	12,620	204,072	30,636	234,708
Membership dues	22	2,033	104	4	49	10	3,971	11	104,765	110,969	4,081	115,050
Interest	2,285	5,844	2,161	371	3,119	622	818	115	6,569	21,904	3,617	25,521
Other	-	507	214	-	-	20	-	-	69,322	70,063	7,209	77,272
Total expenses	1,041,170	5,034,457	4,196,063	634,699	10,799,339	3,599,405	2,665,698	654,437	2,655,420	31,280,688	3,438,646	34,719,334
Increase (decrease) in net assets without restrictions	$ 59,512	$ (372,150)	$ 1,125,895	$ (209,495)	$ 2,504,744	$ 330,693	$ 893,302	$ (397,399)	$ (589,262)	$ 3,345,840	$ (3,059,910)	$ 285,930

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years Ended June 30, 2020 and 2019

	2020	2019
Cash flows from operating activities		
Change in net assets	**$ 888,207**	$ 285,930
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation	**265,788**	482,088
Change in allowance for doubtful accounts	**50,900**	20,859
Increase in		
Accounts receivable	**(972,124)**	(303,973)
Grants receivable	**(429,676)**	(104,042)
Prepaid expenses	**(83,865)**	(21,843)
Increase (decrease) in		
Accounts payable and accrued expenses	**302,086**	405,683
Estimated third-party liability	**(171,132)**	81,650
Operating lease payable	**31,445**	40,785
Loan fund	**89**	90
Net cash (used) provided by operating activities	**(118,282)**	887,227
Cash flows from investing activities		
Acquisition of property and equipment	**(378,577)**	(536,486)
Cash flows from financing activities		
Proceeds from long-term borrowings	**3,464,095**	300,000
Principal payments on long-term borrowings	**(189,832)**	(261,109)
Net cash provided by financing activities	**3,274,263**	38,891
Net increase in cash, cash equivalents and restricted cash	**2,777,404**	389,632
Cash, cash equivalents and restricted cash, beginning of year	**4,136,407**	3,746,775
Cash, cash equivalents and restricted cash, end of year	**$ 6,913,811**	$ 4,136,407
Reconciliation of cash, cash equivalents and restricted cash, end of year:		
Cash and cash equivalents	**$ 6,801,286**	$ 4,023,971
Restricted cash	**112,525**	112,436
	$ 6,913,811	$ 4,136,407

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

Nature of Activities

Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners (Community Partners) is a New Hampshire nonprofit corporation providing a wide range of community-based services (see consolidated statement of functional revenue and expenses for programs offered) for individuals with developmental disabilities and/or mental illness and their families. Community Partners also supports families with children who have chronic health needs. Community Partners is currently operating as two divisions: Developmental Services and Behavioral Health Services.

Community Partners is the sole shareholder of Lighthouse Management Services, Inc., which was organized to perform accounting and management functions for other not-for-profit entities.

Community Partners is the sole beneficiary of the Community Partners Foundation (the Foundation), which was established exclusively for the benefit and support of Community Partners. To that end, the Foundation receives and accepts gifts and funds.

The Foundation received and disbursed the following funds:

	2020	2019
Funds received	**$ 153,805**	$ 58,259
Funds disbursed	**38,327**	40,064
	$ 115,478	$ 18,195

The Foundation has received and disbursed the following funds since its inception in 2007:

Funds received	$ 582,844
Funds disbursed	355,700
	$ 227,144

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of Community Partners, Lighthouse Management Services, Inc., and the Foundation (collectively, the Organization). All material intercompany balances and transactions have been eliminated in consolidation.

The Organization prepares its consolidated financial statements in accordance with U.S. generally accepted accounting principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

Newly Adopted Accounting Principles and Reclassifications

During 2020, the Organization adopted FASB Accounting Standards Update (ASU) No. 2016-18, *Restricted Cash*. This ASU requires an entity to present restricted cash with cash and cash equivalents on the consolidated statement of cash flows, rather than reporting the change as operating activities. A reconciliation of the cash and cash equivalents and amounts generally described as restricted cash in the consolidated statement of cash flow to the consolidated statement of financial position is also required. The impact of adoption to the consolidated statement of cash flows for the year ended June 30, 2019 is an increase in cash used from operating activities of $19,011 and an increase to cash, cash equivalents and restricted cash, beginning of year of $93,425.

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 FASB 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 Organization during the year ended June 30, 2020 and is reflected in the accompanying consolidated financial statements. Adoption of the ASU did not have a material impact on the Organization's financial reporting.

Use of Estimates

The preparation of consolidated financial statements in conformity with 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 consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Presentation

The consolidated financial statements of the Organization have been prepared in accordance with U.S. GAAP, which require the Organization to report information regarding its consolidated financial position and activities according to the following net asset classifications:

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 Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

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 Organization 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.

Contributions

Contributions are considered to be available for use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for a specific purpose are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of activities as net assets released from restrictions. The Organization records donor-restricted contributions whose restrictions are met in the same reporting period as support without donor restrictions in the year of the gift.

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code to operate as a not-for-profit organization.

FASB ASC Topic 740, *Income Taxes*, establishes financial accounting and disclosure requirements for recognition and measurement of tax positions taken or expected to be taken. Management has reviewed the tax provisions for the Organization under FASB ASC Topic 740 and determined it did not have a material impact on the Organization's consolidated financial statements.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity date of less than three months to be cash equivalents. The cash equivalents represent money market accounts and repurchase agreements as of June 30, 2020 and 2019.

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

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Management provides for probable uncollectible accounts after considering each category of receivable individually, and estimates an allowance according to the nature of the receivable. Allowances are estimated from historical performance and projected trends. 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 trade accounts receivable. As of June 30, 2020 and 2019, allowances were recorded in the amount of $487,805 and $436,905, respectively.

Property and Equipment

Property and equipment are recorded at cost, while donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Expenditures for repairs and maintenance are charged against operations. Renewals and betterments which materially extend the life of the assets are capitalized. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the asset is placed into service. The Organization reclassifies net assets with donor restrictions to net assets without donor restrictions at that time. Depreciation is provided on the straight-line method in amounts designed to amortize the costs of the assets over their estimated lives as follows:

Buildings and improvements	5-39 years
Equipment and furniture	3-7 years
Vehicles	5 years

Estimated Third-Party Liability

The Organization's estimated third-party liability consists of funds received in advance for services to be performed at a later date, amounts due to Medicaid and estimated amounts due to Medicaid from eligibility, certification and other audits, and certain pass-through funds.

Functional Allocation of Expenses

The Organization's expenses are presented on a functional basis, showing basic program activities and support services. The Organization allocates expenses based on the organizational cost centers in which expenses are incurred. In certain instances, expenses are allocated between support functions and program services based on personnel time and space utilized for the related services.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize its available funds. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit.

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

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover expenditures not covered by donor-restricted resources or, where appropriate, borrowings. Refer to the consolidated statements of cash flows, which identifies the sources and uses of the Organization's cash and cash equivalents and the generation of positive cash from operations for fiscal year 2020 and 2019.

The following financial assets are expected to be available within one year of the statement of financial position date to meet general expenditures as of June 30:

	2020	2019
Cash and cash equivalents	**$ 6,699,538**	$ 4,023,971
Accounts receivable, net	**2,092,725**	1,171,501
Grants receivable	**591,940**	162,264
Financial assets available to meet general expenditures within one year	**$ 9,384,203**	$ 5,357,736

3. Restricted Cash

The Organization serves as a pass-through entity for the Council for Children and Adolescents with Chronic Health Conditions Loan Guaranty Program. This program is operated and administered by a New Hampshire bank. As of June 30, 2020 and 2019, the Organization held cash totaling $89,562 and $89,473, respectively, which was restricted for this program. A corresponding amount has been recorded as a liability.

Additionally, the Organization administers the Council for Children and Adolescents with Chronic Health Conditions Program. As of June 30, 2020 and 2019, the Organization held cash totaling $22,963, which was restricted for this program. A corresponding amount has been recorded as a liability.

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Notes to Consolidated Financial Statements

June 30, 2020 and 2019

4. Property and Equipment

Property and equipment consisted of the following:

	2020	2019
Land and buildings	**$ 2,218,893**	$ 2,218,893
Building improvements	**2,106,939**	1,818,475
Vehicles	**860,237**	844,502
Equipment and furniture	**2,939,058**	2,909,242
	8,125,127	7,791,112
Less accumulated depreciation	**5,893,500**	5,672,274
	$ 2,231,627	$ 2,118,838

5. Line of Credit

The Organization has a revolving line of credit agreement with a bank amounting to $1,500,000, collateralized by a security interest in all business assets. Monthly interest payments on the unpaid principal balance are required at the rate of 0.5%-1% over the bank's stated index, which was 4.25% at June 30, 2020. The Organization is required to annually observe 30 consecutive days without an outstanding balance. At June 30, 2020 and 2019, there was no outstanding balance on the line of credit.

The Organization has an equipment line of credit agreement with a bank amounting to $250,000, collateralized by a security interest in equipment obtained by advances on the line. Advances are limited to 80% of the invoice price. Monthly interest payments on the unpaid principal balance are required at the rate of .5% over the Federal Home Loan Bank of Boston (FHLB) five-year index through October 6, 2019, at which time it increased to 1.75% over the FHLB index, which was 3.75% at June 30, 2020. The line of credit has a maturity date of October 6, 2024. At June 30, 2020 and 2019, there was no outstanding balance on the line of credit.

6. Notes Payable

Notes payable consisted of the following:

	2020	2019
Note payable to a bank, payable in monthly installments of $4,029, including interest at 3.92%, through July 2022; collateralized by certain real estate. The note is a participating loan with the New Hampshire Health and Education Facilities Authority (NHHEFA).	**$ 95,635**	$ 139,608

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Note payable to a bank, paid in full during 2020.	-	29,961
Note payable to NHHEFA, payable in monthly installments of $3,419, including interest at 1.00%, paid in 2020.	**44,249**	74,560
Mortgage note payable to a bank, payable in monthly installments of $1,580, including interest at 4.12%, through April 2026 with one final payment which shall be the unpaid balance at maturity; collateralized by certain real estate.	**96,413**	111,028
Note payable to a bank, payable in monthly principal and interest payments totaling $2,413 are due through February 2023; the note bears interest at 4.50%; collateralized by all assets.	**63,379**	90,940
Note payable to a bank, payable in monthly installments totaling $1,882, including interest at 3.49%, through August 2026; collateralized by all the rights and benefits under the leases attached to the related real estate.	**124,756**	142,559
Note payable to a bank, payable in monthly installments totaling $3,162, including interest at 4.85%, through April 2029; collateralized by certain real estate.	**272,136**	296,117
Note payable to a bank, payable in monthly installments totaling $789, including interest at 7.69%, through March 2025; collateralized by a certain vehicle.	**37,468**	-
Non-interest bearing note payable to the State of New Hampshire, Department of Health and Human Services (DHHS). A portion or all of the note payable will be forgiven if the Organization meets certain requirements. Any amount not forgiven is to be repaid 180 days after the expiration of the State of Emergency declared by Governor of New Hampshire. Subsequent to June 30, 2020, the State of Emergency was extended through August 7, 2020. Management intends to apply for forgiveness once it becomes available. This loan is unsecured, but is guaranteed by the U.S. Small Business Administration.	**50,000**	-

	2020	2019
Payroll Protection Program (PPP) loan to a Bank borrowed in April 2020. A portion or all of the PPP loan will be forgiven if the Organization meets certain requirements. Any amount not forgiven is to be repaid over two years at a fixed interest rate of 1%. Management intends to apply for forgiveness once it becomes available. At June 30, 2020, the Organization has not yet applied for forgiveness. This loan is unsecured.	**3,375,000**	-
	$ 4,159,036	$ 884,773

The scheduled maturities of long-term debt are as follows:

2021	$ 1,336,614
2022	1,847,393
2023	652,928
2024	77,240
2025	76,593
Thereafter	168,268
	$ 4,159,036

Cash paid for interest approximates interest expense.

7. Commitments and Contingencies

Operating Leases

The Organization leases various office facilities and equipment under operating lease agreements. Expiration dates range from August 2018 through March 2033. Total rent expense charged to operations was $401,284 in 2020 and $376,670 in 2019.

Future minimum operating lease payments are as follows:

2021	$ 426,200
2022	401,560
2023	384,589
2024	347,614
2025	283,355
Thereafter	2,211,640
	$ 4,054,958

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Litigation

The Organization is involved in litigation from time to time arising in the normal course of business. After consultation with legal counsel, management estimates these matters will be resolved without a material adverse effect on the Organization's future financial position or results of operations.

8. Concentrations

For the years ended June 30, 2020 and 2019, approximately 80% and 83%, respectively, of public support and revenue of the Organization was derived from Medicaid. The future existence of the Organization is dependent upon continued support from Medicaid.

Accounts receivable due from Medicaid were as follows:

	2020	2019
Developmental Services	**$ 1,532,231**	$ 681,243
Behavioral Health Services	**82,757**	133,889
	$ 1,614,988	$ 815,132

In order for the Developmental Services division of the Organization to receive this support, it must be formally approved by the State of New Hampshire, DHHS, Bureau of Developmental Services, as the provider of services for developmentally disabled individuals for Strafford County in New Hampshire. This designation is received by the Organization every five years. The current designation expires in September 2022.

In order for the Behavioral Health Services division of the Organization to receive this support, it must be formally approved by the State of New Hampshire, DHHS, Bureau of Behavioral Health, as the community mental health provider for Strafford County in New Hampshire. This designation is received by the Organization every five years. The current designation expires in August 2021.

9. Retirement Plan

The Organization maintains a tax-sheltered annuity plan that is offered to all eligible employees. The plan includes a discretionary employer contribution equal to 3% of each eligible employee's salary. During 2020 and 2019, the Organization made an additional discretionary contribution equal to 1% of each eligible employee's salary. Total costs incurred for the plan during the year ended June 30, 2020 were $404,476 and during the year ended June 30, 2019 were $377,307. The total expense for the year ended June 30, 2020 for the Developmental Services division was $241,646, and for the Behavioral Health Services division was $162,830. The total expense for the year ended June 30, 2019 for the Developmental Services division was $226,774, and for the Behavioral Health Services division was $150,533.

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10. Subsequent Events

For purposes of the preparation of these consolidated financial statements in conformity with U.S. GAAP, management has considered transactions or events occurring through November 3, 2020, which is the date that the consolidated financial statements were available to be issued.

11. Uncertainty

On March 11, 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic. Local, U.S., and world governments encouraged self-isolation to curtail the spread of 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 gatherings. Most sectors are experiencing disruption to business operations and may feel further impacts related to delayed government reimbursement. The Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 provides several relief measures to allow flexibility to providers to deliver critical care. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and additional government actions to mitigate them. Accordingly, while management expects this matter to impact operating results, the related financial impact and duration cannot be reasonably estimated.

The U.S. government has responded with three phases of relief legislation, as a response to the COVID-19 outbreak. Recent legislation was enacted into law on March 27, 2020, called the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), a statute to address the economic impact of the COVID-19 outbreak. The CARES Act, among other things, 1) authorizes emergency loans to distressed businesses by establishing, and providing funding for, forgivable bridge loans, 2) provides additional funding for grants and technical assistance, and 3) delays due dates for employer payroll taxes and estimated tax payments for organizations. Management has evaluated the impact of the CARES Act on the Organization, including its potential benefits and limitations that may result from additional funding.

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SUPPLEMENTARY INFORMATION

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidating Statements of Financial Position

June 30, 2020 and 2019

	2020						2019					
	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Totals	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Totals
ASSETS												
Cash and cash equivalents	$ 4,852,149	$ 1,822,616	$ 1,126	$ 125,396	$ -	$ 6,801,286	$ 2,426,960	$ 1,484,207	$ 1,138	$ 111,666	$ -	$ 4,023,971
Restricted cash	112,525	-	-	-	-	112,525	112,436	-	-	-	-	112,436
Accounts receivable, net of allowance for doubtful accounts	1,754,753	732,514	34	101,748	(496,324)	2,092,725	939,082	718,471	76	-	(486,128)	1,171,501
Grants receivable	319,109	272,831	-	-	-	591,940	18,998	143,266	-	-	-	162,264
Prepaid expenses	267,588	217,679	-	-	-	485,267	222,496	178,906	-	-	-	401,402
Interest in net assets of subsidiaries	225,181	-	-	-	(225,181)	-	109,646	-	-	-	(109,646)	-
Property and equipment, net	1,883,374	348,253	-	-	-	2,231,627	1,746,611	372,227	-	-	-	2,118,838
Total assets	$ 9,414,679	$ 3,393,893	$ 1,159	$ 227,144	$ (721,505)	$ 12,315,370	$ 5,576,229	$ 2,897,077	$ 1,214	$ 111,666	$ (595,774)	$ 7,990,412
LIABILITIES AND NET ASSETS (DEFICIT)												
Liabilities												
Accounts payable and accrued expenses	$ 2,705,799	$ 629,958	$ 3,122	$ -	$ (496,324)	$ 2,842,555	$ 2,479,415	$ 543,949	$ 3,233	$ -	$ (486,128)	$ 2,540,469
Estimated third-party liability	662,676	368,893	-	-	-	1,031,569	754,211	448,490	-	-	-	1,202,701
Operating lease payable	17,884	54,346	-	-	-	72,230	10,098	30,687	-	-	-	40,785
Loan fund	89,562	-	-	-	-	89,562	89,473	-	-	-	-	89,473
Notes payable	4,114,787	44,249	-	-	-	4,159,036	810,213	74,560	-	-	-	884,773
Total liabilities	7,590,708	1,097,446	3,122	-	(496,324)	8,194,952	4,143,410	1,097,686	3,233	-	(486,128)	4,758,201
Net assets (deficit)												
Net assets (deficit) without donor restrictions	1,722,223	2,296,447	(1,963)	125,396	(123,433)	4,018,670	1,432,819	1,799,391	(2,019)	111,666	(109,646)	3,232,211
With donor restrictions	101,748	-	-	101,748	(101,748)	101,748	-	-	-	-	-	-
Total net assets (deficit)	1,823,971	2,296,447	(1,963)	227,144	(225,181)	4,120,418	1,432,819	1,799,391	(2,019)	111,666	(109,646)	3,232,211
Total liabilities and net assets (deficit)	$ 9,414,679	$ 3,393,893	$ 1,159	$ 227,144	$ (721,505)	$ 12,315,370	$ 5,576,229	$ 2,897,077	$ 1,214	$ 111,666	$ (595,774)	$ 7,990,412

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidating Statements of Activities

Years Ended June 30, 2020 and 2019

	2020						2019					
	Developmental Services	**Behavioral Health Services**	**Lighthouse Management Services**	**Community Partners Foundation**	**Eliminations**	**Consolidated Totals**	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Totals
Changes in net assets (deficit) without donor restrictions												
Public support and revenue												
Medicaid revenue	$ 23,575,343	$ 7,802,868	$ -	$ -	$ -	$ 31,378,211	$ 22,008,443	$ 7,155,128	$ -	$ -	$ -	$ 29,163,571
Medicare revenue	-	175,540	-	-	-	175,540	-	196,444	-	-	-	196,444
Client resources	1,583,678	592,384	-	-	-	2,176,062	1,503,668	430,337	-	-	-	1,934,005
Contract revenue	675,812	956,344	-	-	-	1,632,156	683,560	862,966	-	-	-	1,546,526
Grant income	278,171	1,422,093	-	-	-	1,700,264	302,778	808,890	-	-	-	1,111,668
Interest income	21,184	15,890	-	-	-	37,074	4,289	4,165	-	-	-	8,454
Other program income	1,340,942	-	-	-	-	1,340,942	722,753	-	-	-	-	722,753
Public support	65,464	2,647	-	51,321	-	119,432	55,233	9,905	-	58,166	-	123,304
Other revenue	681,502	68,411	9,060	736	(22,791)	736,918	53,570	163,070	9,057	93	(27,251)	198,539
Total public support and revenue	28,222,096	11,036,177	9,060	52,057	(22,791)	39,296,599	25,334,294	9,630,905	9,057	58,259	(27,251)	35,005,264
Expenses												
Program services												
Case management	1,040,686	-	-	-	-	1,040,686	1,041,170	-	-	-	-	1,041,170
Day programs and community support	4,169,526	991,243	-	-	-	5,160,769	4,117,219	917,238	-	-	-	5,034,457
Early support services and youth and family	1,892,618	2,621,331	-	-	-	4,513,949	1,614,339	2,581,724	-	-	-	4,196,063
Family support	643,257	-	-	-	-	643,257	634,699	-	-	-	-	634,699
Residential services	12,328,472	-	-	-	-	12,328,472	10,799,339	-	-	-	-	10,799,339
Consolidated services	4,023,490	-	-	-	-	4,023,490	3,599,405	-	-	-	-	3,599,405
Adult services	212,701	2,686,658	-	-	-	2,899,359	123,658	2,542,040	-	-	-	2,665,698
Emergency services	-	660,072	-	-	-	660,072	-	654,437	-	-	-	654,437
Other	1,709,045	1,983,585	9,004	38,327	(9,004)	3,730,957	1,133,366	1,481,990	9,164	40,064	(9,164)	2,655,420
Total program expenses	26,019,795	8,942,889	9,004	38,327	(9,004)	35,001,011	23,063,195	8,177,429	9,164	40,064	(9,164)	31,280,688
Supporting services												
General management	1,912,897	1,596,232	-	-	-	3,509,129	1,916,368	1,522,278	-	-	-	3,438,646
Total expenses	27,932,692	10,539,121	9,004	38,327	(9,004)	38,510,140	24,979,563	9,699,707	9,164	40,064	(9,164)	34,719,334
Change in net assets (deficit) without donor restrictions	289,404	497,056	56	13,730	(13,787)	786,459	354,731	(68,802)	(107)	18,195	(18,087)	285,930
Changes in net assets with donor restrictions												
Grants and contributions	101,748	-	-	101,748	(101,748)	101,748	-	-	-	-	-	-
Change in net assets (deficit)	391,152	497,056	56	115,478	(115,535)	888,207	354,731	(68,802)	(107)	18,195	(18,087)	285,930
Net assets (deficit), beginning of year	1,432,819	1,799,391	(2,019)	111,666	(109,646)	3,232,211	1,078,088	1,868,193	(1,912)	93,471	(91,559)	2,946,281
Net assets (deficit), end of year	$ 1,823,971	$ 2,296,447	$ (1,963)	$ 227,144	$ (225,181)	$ 4,120,418	$ 1,432,819	$ 1,799,391	$ (2,019)	$ 111,666	$ (109,646)	$ 3,232,211

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Community Partners
BOARD OF DIRECTORS 2020-2021

PRESIDENT
Kathleen Boisclair **(Joined 9/25/12)**

TREASURER
Anthony Demers **(Joined 01/20/15)**

VICE PRESIDENT
Wayne Goss **(Joined 1/28/14)**

SECRETARY
Ann Landry **(Joined 08/23/2005)**

Ken Muske **(Joined 03/05/02)**	Kerri Larkin (C) **(Joined 11/23/10)**	Bryant Hardwick **(Joined 2/22/11)**
Kristine Baber **(Joined 4/26/13)**	Judge Daniel Cappiello **(Joined 03/22/14)**	Tracy Hayes **(Joined 12/15/15)**
Sharon Reynolds **(Joined 8/23/16)**	Phillip Vancelette **(Joined 5/31/17)**	Gary Gletow **(Joined 10/23/18)**
Paula McWilliam **(Joined 12/18/18)**	Mark Santoski **(Joined 9/24/19)**	Margaret (Maggie) Wallace **(Joined 9/24/19)**

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BRIAN J. COLLINS

Summary:

A seasoned Executive Director with broad experience in managing complex nonprofit organizations; manages with a hands-on, approachable style and a strong, mission-driven value system.

Experience:

1995 - Present **Executive Director**

Behavioral Health & Developmental Services of Strafford County, Inc., D/B/A Community Partners of Strafford County, Dover, NH

CEO of a designated regional Area Agency for Developmental Disabilities and Community Mental Health Center serving over 3200 people with 350 staff and $25 million budget; implemented needed programmatic changes stemming from long-term financial losses, including negative fund balances; vastly improved quality outcomes after assuming the position in 1995; report to a 15 member Board of Directors.

- Turned around agency's $324K negative total net assets upon arrival to $3.6 million positive total net assets today.
- Successfully implemented corrective administrative measures, resulting in removal of conditions imposed by the State of NH as a result of the impeding bankruptcy coupled with unsatisfactory programming through FY95.
- Provided 150 new services to waitlist consumers during the first 4 years with no additional resources.
- Merged a bankrupt mental health center into organization in 2001, creating one of only two organizational models in New Hampshire.
- Expanded agency mission, including becoming a Partners in Health site serving children with chronic illness and their families, running State-wide loan program for families with chronically ill members and expanded business office operations through contractual means with other not for profit organizations.
- Statewide Leadership role as a founder of both the Community Support Network Inc., a trade organization for the Area Agency system, and the NH Community Behavioral Health Association, a trade organization for the mental health system.
- Regional leader in a variety of social service organizations and associations that advance human service causes including chronic illness, elder services, supporting families of children with chronic illness, mental health court, sexual assault victims, employment for people with disabilities and work with schools and pre-schools.

Area Agency responsibilities include Early Supports and Services for children birth-three, Family Support Services for all families of children with disabilities (including respite,

parent to parent, transition supports, benefits application assistance, support groups, clinical education), Adult Services including Service Coordination, employment and day habilitation, residential, community and in-home supports, contract administration of provider organizations, consumer directed programs.

Community Mental Health Centers serve individuals with severe and persistent mental illness including psychiatry, case management, community functional supports, therapy,

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and medication management. For children and families this includes an at risk category, but the same types of intervention as for adults, providing 24 hour/7 day emergency services, working in local hospitals assessing at risk to the individual or the community.

1989 - 1995 **Executive Director**
The Plus Company, Nashua, NH

Chief Executive Officer of a non-profit human service agency serving over 150 people with disabilities in New Hampshire and Massachusetts. Agency provides residential, vocational, and medical supports in over 50 locations. Agency employs 125 staff with a total budget of $4.5 million. Report to a 15 member Board of Directors.

- Eliminated debt service after Agency had lost $500,000 over a prior five-year period. Agency's surplus exceeded $600,000 over five year tenure.
- Increased operational budget over $1 million. Contract with 25 funding streams, which include three states, numerous non-profit agencies, school systems, and private companies.
- Eliminated the need for a sheltered workshop by developing community jobs and individualized day options for over 75 consumers. Negotiated the sale of the sheltered workshop building and relocated the agency headquarters. The move retired all debt service.
- Downsized all group home populations by developing individualized and small group options. Grew the number of consumers living in small group settings from 45 to 70 people during a five-year period.
- Increased fund raising and public relation, including a high profile annual breakfast with over 400 people in attendance.

1985 - 1989 **Program Planning and Review Specialist**
New Hampshire DMHDS, Concord, NH

Responsible for managing $13 million of State and Federal funds, covering one-quarter of the service system; areas of responsibilities include case management, housing, vocational programming, respite care, early childhood intervention and family support services. Reported to the Assistant Director of Developmental Services.

- Monitor contract compliance to ensure cost effective service delivery system. Oversee implementation of Supported Employment Initiative to establish program models, funding stream, staff re-education and training, and business and industry liaisons.
- Analyze budgets to determine maximum revenue sources and maintain controls over expenditures.
- Ensure that the Board of Directors policies and staff procedures enhance community presence of people with severe disabilities.
- Liaison for regional area agencies and State agencies to Division of Vocational Rehabilitation.
- Ensure compliance with $2 million federal grant, to fund a five-year plan to create employment opportunities.
- Member of Governor's Task Force on Employment.

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1982 - 1985 **Quality Assurance Administrator, Training Coordinator, New Hampshire DMHDS**

Quality: Responsible for quality assurance function statewide for Community Service Delivery System. Led seven-person team in annual reviews of each regional area agency. Reported to the Director of Quality Assurance.

Training: Responsible for the coordination of statewide and regional training for Community Service Deliver System; designed Training Needs Inventory using regional priorities to establish training needs; procured funding to provide consultants for specific regional training and technical assistance; originated special projects, including training annual, audio visual training packages and leisure skills handbook.

Education:

Masters in Public Administration, University of New Hampshire
BA, Communications, Boston College Evening School

Advisory Boards:

Advisory Board, University of New Hampshire Institute on Disability (UAP)
University of Hartford Rehabilitation Training Program
Virginia Commonwealth University Rehabilitation Research and Training Center.
New Hampshire Governor's Appointment to Inter-Agency Coordinating Council.
Overseeing services to children with disabilities from birth to age three.
HHS Commissioner Stephen's Advisory Council focused on increasing employment for people with disabilities

Memberships:

The Association for Persons with Severe Handicaps (TASH)
American Association on Mental Retardation (AAMR)
National Rehabilitation Association (NRA)
New Hampshire Rehabilitation Association (NHRA)
American Network of Community Options and Resources

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Suzanne Bagdasarian

Business Experience

2001 – Present Behavioral Health & Developmental Services of Strafford County, Inc., D/B/A Community Partners of Strafford County, Dover, New Hampshire

Chief Financial Officer 2019 – Present

Responsible for directing the overall financial and administrative management of this $35 million agency, including Facilities, and IT.

Controller 2001 – 2018

- Responsible for the fiscal start of a new agency division including policy, procedures, compliance, training, accounting & billing systems, payroll, and reporting.
- Responsible for the conversion of financial software package including AR/AP/GL
- Accomplished "clean" annual external audits.
- Accountable for monthly financial statements in accordance to GAAP.
- Manage a team of 14 billing and accounting personnel with oversite for cash management, accounts payable, billing & collections, payroll and accounts receivable functions.
- Developed the agency budget including reporting functionality for monitoring performance.
- Project Manager for conversion of electronic health record.

1994-2001 Harvard Pilgrim Health Care, Wellesley, MA

Accounting Director - 2000-2001

- Responsible for all internal and external financial functions including general accounting, financial analysis, system operations, and reporting for Hospitals and Physicians.
- Reorganized and redesigned department staff functions, improved quality of provider financial reporting and reduced monthly financial close and reporting time by 30%.
- Responsible for the quality and integrity of medical expense data representing 85% of the company's expenses.

Budget Manager – 1999- 2000

- Developed and prepared $1.7 billion medical care and $65 million Network Management administrative budget in collaboration with department Directors and Vice Presidents.
- Prepared scenario analysis, year-end, and multi-year financial projections and established cost allocations for administrative budget.

Supervisor NNE- Financial & Utilization Analysis Department – 1997-1999

- Established and supervised a new department responsible for financial and utilization analysis for Hospitals and Physicians located in Maine and New Hampshire.
- Created financial models and scenario analysis supporting contract negotiations with Hospitals and Physicians.

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Financial & Utilization Analyst- 1994 – 1997

- Monitored medical expenses and utilization patterns identifying cost saving opportunities.
- Produced, analyzed, and presented financial and utilization data to Senior Management and external Hospitals and Physicians.

1993 – 1994 Federal Deposit Insurance Corporation, Franklin MA

Staff Accountant

- Responsible for daily and monthly account receivable posting and reconciliation.
- Performed internal audits of field offices and external bank audits.

Education

M.B.A., Economics, 1999, Bentley College, Waltham MA
B.S., Accounting & Business Management, 1991, Rivier College, Nashua, NH

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Christopher D. Kozak

SENIOR MANAGEMENT

Profile

High-performance executive providing leadership, innovation and direction to support infrastructure change and development to maximize profitability. Proven ability to develop and implement strategic approaches and methodologies to create a highly effective organization that operates at or below budgetary requirements. Excel in understanding the insurance industry and the challenges faced by insurers and providers. Skilled in identifying and capitalizing on technology to solve business problems. Demonstrate broad-based strengths and accomplishments in:

- Leadership & Accountability
- P & L Responsibility
- Strategic Planning
- Staff Development and Team Building
- MCO Contracting
- Rate Negotiation
- Process and Quality Improvement
- Corporate Presentations & Marketing

Professional Experience

Community Partners Dover, NH October 2010 – Present

A State designated Community Mental Health Program providing services to individuals

Chief Operating Officer (4/12 – present)

Director of Quality Improvement (10/10 – 4/12)

Senior member of the management team with responsibility for oversight of the Behavioral Health Services Division.

Accomplishments

- Successfully navigated the organization through the State's re-designation process. Preliminary feedback indicated that the State will award the organization with another full 5-year designation as a community mental health program.
- Developed and implemented several new reports, forms and other management tools that created efficiencies in daily paper work as well as providing mangers with a dashboard-like view of data about their specific staff/program simply by opening a Microsoft Excel file.
- Engaged in a major change management process that has challenged veteran staff to rethink and analyze nearly every facet of their program operation.

Dynamic Solutions NE, LLC Portsmouth, NH September 2008 – Present

Independent consulting company specializing in revenue enhancement strategies, operational automation and small application development for behavioral health practices and small health plans.

Consultant

Founded Dynamic Solutions NE, LLC after spending nearly two decades in leadership positions in the insurance, case management and technology fields.

Accomplishments

- Developed proposal for a custom web-based outcome measurement application to be used by 14 psychiatric treatment centers spanning six states.
- Provided expert witness consultation in a case related to software pirating.
- Provide ad hoc consultation to information technology firms relative to healthcare informatics.

Casenet Inc. Bedford, MA August 2006 – July 2008

A startup software company offering a platform care management solution for commercial insurance carriers as well as Medicaid / Medicare care management programs.

Vice President of Product Management

Key member of the management team with responsibility for developing client specific solutions as well as creating the vision driving overall product direction.

Accomplishments

- Visionary behind the base business solution platform for the care management marketplace.
- Developed messaging that was instrumental in landing first commercial payer accounts (>$9 million).
- Member of the Senior Management Team that successfully secured $7.5 million of B-round

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financing.

Landmark Solutions, LLC (A.K.A. BHN) Concord, NH September 1998 – September 2006

A regional managed behavioral healthcare company, national employee assistance program, and IT consulting group.

Vice President of Managed Care Services (7/03 – 8/06)
Director of Behavioral Health Services (8/98 – 7/03)

Complete responsibility for the managed care product including $3.5 million operating budget, $18 million clinical capitation, strategic planning, vision, provider contracting, and oversight of five departments. Worked closely with IT to develop and implement innovative and efficient processes and systems to support process improvement, operational compliance, reporting and analysis, and workflow integration.

Accomplishments

- Re-contracted provider network to simplify contracts and maximize flexibility in bringing on new business lines.
- Initiated and implemented on-line patient registration process and automated attendant resulting in net operational savings of 3.5%.
- Implemented a new Outpatient Treatment Report to reign in escalating outpatient claims costs resulting in clinical savings of 4.5%.
- Met aggressive budget requirements by implementing tighter monitors on inpatient utilization resulting in a net savings of 10.6%.
- Brought credentialing process in-house resulting in a 66% reduction in operating costs.
- Initiated and successfully implemented a complete overhaul of the utilization management program resulting in improved NCQA delegation scoring from the low 60's to 100 percent.
- Collaborated with the director of information and technology to develop and implement a provider Web portal allowing providers to submit updated clinical information directly to BHN/Landmark Solutions'.

CNR Health, Inc. Milwaukee, WI August 1991 – September 1998

A national company offering medical, behavioral health, disability, and worker's compensation management services, employee assistance programs, and software development.

Director of Case Management

Directly responsible for the care management business unit including medical and behavioral health utilization management, case management, disability management and workers compensation management.

Accomplishments

- Numerous positions of increasing responsibility during seven-year tenure: Behavioral Health Case Manager, Clinical Operations Manager, Director of Behavioral Health, Director of Case Management.
- Directly responsible for a $2.5 million dollar operating budget.

Education

North Dakota State University, Fargo, ND
Bachelor of Science in Psychology, 5/87
Minor: Statistics

Marquette University, Milwaukee, WI
Master of Science in Clinical Psychology, 8/89
Thesis: Self-control deficits in depression: The contingent relationship between expectancies, evaluations and reinforcements.

References

Available upon request

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CURRICULUM VITAE

NAME	Robert John Allister, M.D.	
ADDRESS		
CERTIFICATION	Diplomate National Board of Medical Examiners	1974
	American Board of Psychiatry and Neurology	1980
LICENSURE	Pennsylvania, Wisconsin, California, Maine, New Hampshire,	
EDUCATION	University of Wisconsin Hospitals Madison, WI	
	Psychiatric Resident	1972-1975
	Chief Resident	1974-1975
	University of Wisconsin Medical School Madison, WI M.D.	1973
	Carthage College Kenosha, WI B.A. Cum Laude	1969
PROFESSIONAL EXPERIENCE	Community Partnersl (Medical Director)	12/03 to Present
	Behavioral Health Services (Medical Director)	10/01 to 12/03
	Strafford Guidance Center, Inc. (Medical Director)	1996 to 10/01
	Penn Group Medical Associates HealthAmerica Pittsburgh, PA	1993-1996

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Chief of Psychiatry
*Administrative duties included supervision of eight psychiatrists, quality assurance, utilization review, and all aspects of budget and program planning.

*Primary provider for inpatient treatment plan.

*Outpatient practice in an interdisciplinary team model.

*Psychiatric Medical Director for managed care network products.

*Member of Penn Group Medical Associates Executive Committee.

Alameda County Health Care Services 1988-1993
Highland General Hospital
John George Psychiatric Pavilion
Oakland, CA

Chief Psychiatrist
*Supervised 30 to 35 full-time and part-time psychiatrists in emergency room, inpatient, crisis and consultation/liaison services.
*Direct patient care in psychiatric emergency room and inpatient units.
*Participated in Quality Assurance and Utilization Review Committees.
*Member of hospital Executive Committee.

Alameda County Health Care Services 1981-1988
Highland General Hospital
Oakland, CA

Chief, Inpatient Psychiatry and
and consultation/Liaison Services
*Supervised 7 psychiatrists and 2 psychologists.
Provided direct patient care on inpatient and consultation/liaison services.
*Participated in quality improvement and utilization review.

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Alameda County Health Care Services — 1978-1981
Highland General Hospital
Oakland, CA

Chief, Criminal Justice Inpatient Service
*Chief of forensic inpatient unit.

Alameda County Health Care — 1975-1978
Criminal Justice Mental Health
Oakland, CA

Head Clinician and Staff Psychiatrist

San Francisco General Hospital — 1976
Psychiatric Emergency Services
San Francisco, CA

Psychiatrist, part-time

Psychiatric Clinic — 1974-1975
Janesville, WI

Psychiatrist, private practice.

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JANET SCOTT SALSBURY, MSW, LICSW

OBJECTIVE: To obtain lasting human services experience by working with diverse populations in a progressive social environment. My focus includes striving to eliminate structural, cultural, and interpersonal oppression and societal barriers that exist in people's lives.

EDUCATION

1995 Master of Social Work, University of New England
1989 Bachelors of Arts: Psychology Major, University of New Hampshire

EMPLOYMENT

2018 – Present Chief Clinical Officer: Community Partners

2013 – 2018 QI Director: Community Partners
Responsibilities include quality oversight of all CMHC programming

2010 – 2013 Acute Care Services Director: Community Partners
Responsibilities include clinical, financial and quality oversight of the AOP Department, Acute Care Department and the Admissions Department at a Community Mental Health Center

2008 – 2014 Director Of Clinical Services: Community Partners
Responsibilities include clinical, financial and quality oversight of the AOP Department and the Children's Department at a Community Mental Health Center

2007 –2008 Director of Clinical Services: Community Partners
Responsibilities include clinical, financial and quality oversight of the CSP Department and the Children's Department at a Community Mental Health Center

2002- 2006 Director of Youth & Family Services: Community Partners
Responsibilities include oversight and management of the Children's Department at a Community Mental Health Center

2001-2002 Assistant Director of Youth & Family Services: Behavioral Health & Developmental Services of Strafford County

2000-2001 Assistant Director of Youth & Family Services: Strafford Guidance Center, Inc.

1998-2000 Manager of Children's Crisis Services: Strafford Guidance Center, Inc.
Responsibilities include management of Adolescent Partial Hospitalization Program, the Crisis and Respite Beds and the Family and Community Support Programs.

- Provide clinical and administrative supervision to direct care staff
- Program development within the Youth and Family Department
- Triage referrals for Children's crisis services and home based services

1995-1998 Intensive Family Stabilization Therapist: Strafford Guidance Center, Inc.
Provided intensive home based therapy services to families with a child in crisis.

- Home based therapy with a variety of families
- Crisis Intervention and stabilization
- Case Management
- Member – Internal Planning Committee

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1994-1995 *Therapist – Social Work Internship: Child and Family Services*
This program provides counseling services to children and families in Rockingham County, NH.

- Provided counseling to various populations, including families, couples, children and individuals
- Developed and facilitated parent education groups in the community
- Community outreach work
- Conducted telephone intake screenings
- Grant writing

1993-1994 *School Social Worker – Social Work Internship: Winnacunnet High School, Special Services Department, Hampton NH*
This program serves the educational and emotional needs of students who are identified as having special learning, emotional or developmental needs.

- Provided individual counseling to adolescents
- Facilitated a year long girls' support group
- Co-facilitated a weekly parent support group
- Provided home based family therapy
- Case Management

1993 (Summer) *Crisis Intervention Counselor: Commonworks School/ Harbor Schools and Family Services, Merrimac MA*
This program serves the educational, social and emotional needs of adolescents with emotional and/or behavioral difficulties.

- Developed and implemented individual students' educational goals
- Intervened, assessed and resolved crisis situations in the school

1990-1993 *Child Care Counselor: The Spurwink School, Portland ME*
This residential program served youth ages 10 to 18 with emotional and behavioral difficulties. The children have histories of severe family trauma, including physical, emotional and sexual abuse

- Developed and implemented residents' case plans
- Case Management
- Program development
- House management and supervision
- Trained new employees

PROFESSIONAL ASSOCIATIONS

Member, National Association of Social Workers
Licensed in New Hampshire as a Master of Social Work
Steering Committee Member, Seacoast Response Team through the Center for Trauma Intervention. This Team provides CISM following traumatic events involving youth in Strafford, Rockingham and York counties from 2000 to 2005

PROFESSIONAL TRAINING/SPECIALITIES

Therapy with children, families and couples
CISM Trained & CISM Trainer
EMDR Trained – Level I
TFT trained – Levels 1 & 2

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KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Vendor Name: Behavioral Health & Developmental Services of Strafford County

Name of Program/Service: Mental Health Services

BUDGET PERIOD:	SFY 222/23		
Name & Title Key Administrative Personnel	Annual Salary of Key Administrative Personnel	Percentage of Salary Paid by Contract	Total Salary Amount Paid by Contract
Brian Collins- Executive Director	$246,552	0.00%	$0.00
Suzanne Bagdasarian- CFO	$130,000	0.00%	$0.00
Chris Kozak- Chief Operating Officer, BH	$103,000	80.00%	$82,400.00
Robert J. Allister, Medical Director	$265,392	90.00%	$238,852.46
Janet Salsbury- Chief Clinical Officer	$88,736	80.00%	$70,988.74
	$0	0.00%	$0.00
	$0	0.00%	$0.00
	$0	0.00%	$0.00
	$0	0.00%	$0.00
	$0	0.00%	$0.00
	$0	0.00%	$0.00
	$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			$392,241.19

Key Administrative Personnel are top-level agency leadership (Executive Director, CEO, CFO, etc.). These personnel MUST be listed, **even if no salary is paid from the contract.** Provide their name, title, annual salary and percentage of annual salary paid from the agreement.

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State of New Hampshire
Department of Health and Human Services
Amendment #3

This Amendment to the Mental Health Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Mental Health Center for Southern New Hampshire d/b/a/ CLM Center for Life Management ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017, (Late Item A), as amended on September 20, 2018, (Item #21), and June 19, 2019, (Item #29), 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, 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, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $3,876,414.

3. Modify Exhibit A, Amendment #2, Scope of Services by replacing in its entirety with Exhibit A Amendment #3, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B, Amendment #3, Methods and Conditions Precedent to Payment, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit K, DHHS Information Security Requirements, by replacing in its entirety Exhibit K, Amendment #2, DHHS Information Security Requirements, 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

6/11/2021
Date

DocuSigned by:
Katja Fox
5D9D05B04C63442...
Name: Katja Fox
Title: Director

The Mental Health Center for Southern
New Hampshire d/b/a CLM Center for Life Management

6/11/2021
Date

DocuSigned by:
Vic Topo
D4AA755C36AC46A...
Name: Vic Topo
Title: ceo

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

OFFICE OF THE ATTORNEY GENERAL

DocuSigned by:

D5CA9202E32C4AE...

6/11/2021

Date

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:

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 shall operate a Community Mental Health Center (CMHC) that provides services intended to promote recovery from mental illness for eligible residents in the State of New Hampshire (individuals) for Region 10. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. For the purposes of this Agreement, the Department has identified the Contractor as a Subrecipient in accordance with 2 CFR 200.0. et seq.

1.4. Prior to termination of this contract the parties will agree on a plan for transition and destruction of confidential data in accordance with Exhibit K.

1.5. The Contractor shall provide individualized, recovery based services and supports in the manner that best allows each individual to stay within their home and community providing current treatment and recovery options that are based on scientific research and evidence based practices (EBP).

1.6. The Contractor acknowledges the requirements of the Community Mental Health Agreement (CMHA) and shall demonstrate progress toward meeting the following terms in the CMHA: 1.) Assertive Community Treatment Teams; 2.) Evidence-Based Supported Employment; and 3.) Transition planning for individuals at New Hampshire Hospital and Glencliff Home and 4.) Supported Housing. Further, the Contractor shall participate in annual Quality Service Reviews (QSR) conducted under the terms of the CMHA.

1.7. The Contractor shall enter into a capitation model of contracting with all NH Managed Care Organizations to support the delivery and coordination of behavioral health services and supports for children, youth, transition-aged youth, young adults, and adults

1.8. The Contractor shall support the integration of physical and behavioral health as a standard of practice; implementing the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Levels of Collaboration/Integration to the maximum extent feasible.

1.9. The Contractor shall ensure that clinical standards and operating procedures are consistent with trauma-informed models of care, as defined by SAMHSA.

The clinical standards and operating procedures must reflect a focus on wellness, recovery, and resiliency.

1.10. The Contractor shall engage in ongoing implementation, service improvements, and expansion efforts associated with New Hampshire's 10 Year Mental Health Plan.

1.11. The Contractor shall provide individuals, caregivers and youth the opportunity for feedback and leadership within the agency to help improve services in a person-centered manner when applicable and appropriate.

1.12. The Contractor shall ensure rapid access to services is available to each individual by offering an appointment slot on the same or next calendar day of the initial contact.

2. System of Care for Children's Mental Health

2.1. The Contractor shall collaborate with the Department on the implementation of NH RSA 135-F, System of Care for Children's Mental Health.

2.2. The Contractor shall provide services for children, youth, and young adults with serious emotional disturbance (SED) in a manner that aligns with NH RSA 135-F. The Contractor shall ensure services are:

2.2.1. Family Driven - services and supports are provided in a manner that best meets the needs of the family and the family goals;

2.2.2. Youth Driven - services and supports are provided in a manner that best meets the needs of the child, youth or young adult and that supports his or her goals;

2.2.3. Community Based - services and supports are provided in a manner that best allow children, youth, and young adults to stay within his or her home and community; and

2.2.4. Cultural and Linguistic Competent - Services are provided in a manner that honors a child, youth, or young adult and their family-identified culture, beliefs, ethnicity, preferred language, gender and gender identity and sexual orientation.

2.3. The Contractor shall collaborate with the FAST Forward program, ensuring services are available for all children and youth enrolled in the program.

2.4. The Contractor shall make referrals to the FAST Forward program for any child, youth, or young adult that may be eligible.

3. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)

3.1. The Contractor shall maintain appropriate levels of certification through a contract with the Judge Baker Center for Children.

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3.2. The Contractor shall ensure new and incoming staff work towards meeting a goal of 70% of children and youth clients' needs with the evidence-based practice of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC).

3.3. The Contractor shall maintain a use of the Judge Baker's Center for Children (JBCC) TRAC system to support each case with MATCH-ADTC as the identified treatment modality.

3.4. The Contractor shall invoice BCBH through green sheets for:

3.4.1. The costs for both the certification of incoming therapists and the recertification of existing clinical staff, not to exceed the budgeted amount.

3.4.2. The full cost of the annual fees paid to the JBCC for the use of their TRAC system to support MATCH-ADTC.

4. Children's Intensive Community Based Services

4.1. The Contractor shall use the Child and Adolescent Needs and Strengths (CANS) assessment to determine the appropriate level of collaborative care and which children's intensive community based services are most appropriate.

4.2. The Contractor shall provide children's intensive community based services to children diagnosed with a serious emotional disturbance (SED), with priority given to children who:

4.2.1. Have a history of psychiatric hospitalization or repeated visits to hospital emergency departments for psychiatric crisis;

4.2.2. Are at risk for residential placement;

4.2.3. Present with significant ongoing difficulties at school; and/or

4.2.4. Are at risk of interaction with law enforcement.

4.3. The Contractor shall provide children's intensive community based services through a full array of services as defined in New Hampshire Administrative Rule He-M 426, Community Mental Health Services, which include, but are not limited to:

4.3.1. Functional Support Services (FSS).

4.3.2. Individual and family therapy.

4.3.3. Medication services.

4.3.4. Targeted case management (TCM) services.

4.3.5. Supported education.

4.4. The Contractor shall provide a minimum of eight (8) up to a maximum of ten (10) hours of children's intensive community based services per week for each

eligible individual, as defined in New Hampshire Administrative Rule He-M 426, ensuring more intensive services are provided during the first twelve (12) weeks of enrollment.

4.5. The Contractor shall screen adolescent clients for substance use using one or more tools, as appropriate, that include:

4.5.1. The Car, Relax, Alone, Family, Friends, Trouble (CRAFFT) screening tool for individuals age twelve (12) years and older, which consists of six (6) screening questions as established by the Center for Adolescent Substance Abuse Research (CeASAR) at Children's Hospital Boston.

4.5.2. The Global Appraisal of Individual Needs – Short Screener (GAIN-SS), which is used by school based clinicians for clients referred for substance use.

4.6. The Contractor shall provide children's intensive community based services to clients and their families to ensure access to an array of community mental health services that include community and natural supports, which effectively support the clients and their families in the community, in a culturally competent manner.

4.7. The Contractor shall conduct and facilitate weekly children's intensive community based team meetings in order to communicate client and family needs and discuss client progress.

5. Renew Sustainability (Rehabilitation for Empowerment, Education, and Work)

5.1. The Contractor shall provide the Rehabilitation for Empowerment, Education and Work (RENEW) intervention with fidelity to transition-aged youth who qualify for state-supported community mental health services, in accordance with the University of New Hampshire (UNH) -Institute On Disability (IOD) model.

5.2. The Contractor shall obtain support and coaching from the IOD at UNH to improve the competencies of implementation team members and agency coaches.

6. Division for Children, Youth and Families (DCYF)

6.1. The Contractor shall provide mental health consultation to staff at Division for Children, Youth and Families (DCYF) District Offices related to mental health assessments and/or ongoing treatment for children served by DCYF.

6.2. The Contractor shall provide Foster Care Mental Health Assessments for children and youth younger than eighteen (18) years of age who are entering foster care for the first time.

7. Crisis Services

7.1. If the Contractor has, or enters into, an agreement with a hospital to provide crisis services to individuals who are eligible, or presumed eligible in the emergency department, for Medicaid services, the Contractor may bill Medicaid according to fee schedules or MCO contracts for services rendered.

7.2. The Contractor shall document crisis services delivered in the emergency department setting as part of its Phoenix Submissions, in a format, and with content, completeness, and timelines specified by the Department, ensuring documented information includes screenings performed, diagnosis codes, and referrals made.

7.3. The Contractor shall provide documentation of each collaborative relationship with acute care hospitals in its region, at the request of the Department.

7.4. The Contractor shall provide emergency services as defined in NH Administrative Rule He-M 403.06 (a)(6) and NH Administrative Rule He-M 426.09.

7.5. As part of the crisis resolution, the Contractor shall screen each individual for Assertive Community Treatment (ACT). If clinically appropriate, the Contractor shall:

7.5.1. Refer the individual for an expedited ACT assessment and/or intake and treatment upon discharge; or

7.5.2. Inform the appropriate regional CMHC in order to expedite the ACT assessment and/or intake and treatment upon discharge from emergency department or inpatient psychiatric or medical care setting, if the individual resides in a region other than the region in which the individual is receiving crisis services.

7.6. The Contractor shall not refer an individual for hospitalization at New Hampshire Hospital (NHH) unless the Contractor has determined that NHH is the least restrictive setting in which the individual's immediate psychiatric treatment needs can be met. The Contractor shall:

7.6.1. Make all reasonable efforts to ensure no other clinically appropriate bed is available at any other NH inpatient psychiatric unit, Designated Receiving Facility (DRF), Adult Psychiatric Residential Treatment Program (APRTP), Mobile Crisis apartments, or other step-up/step-down beds prior to referring an individual to NHH.

7.6.2. Work collaboratively with the Department and contracted Managed Care Organizations for the implementation of the Zero Suicide within emergency departments.

7.7. The Contractor shall provide services to individuals experiencing a psychiatric and/or substance use related crisis through a rapid response team that includes, but is not limited to:

7.7.1. One (1) Master's level clinician.

7.7.2. One (1) peer support specialist as defined by HeM 426.13(d)(4).

7.7.2.1. Bachelor's level staff, or a Certified Recovery Support Worker (CRSW) may be substituted into the peer role up to 50% of FTE peer allocation.

7.7.3. Access to telehealth, including tele-psychiatry, for additional capacity, as needed.

7.8. The Contractor shall ensure all staff have the necessary qualifications as defined under New Hampshire Administrative Rule He-M 400, Community Mental Health, Parts 403 and 426.

7.9. The Contractor shall develop an implementation and/or transition plan with a timeline for transforming crisis services for Department approval no later than 30 days from the contract effective date. The Contractor shall ensure the implementation and/or transition plan includes, but is not limited to:

7.9.1. The plan to educate current community partners and individuals on the use of the Access Point Number.

7.9.2. Staffing adjustments needed in order to meet the full crisis response scope and titrated up to meet the 24/7 nature of this crisis response.

7.9.3. The plan to meet each performance measure over time.

7.9.4. How data will be sent to the Access Point if calls are received directly at the center and are addressed by the center during the transition period.

7.10. The Contractor shall work in tandem with the designated vendor providing services through the Rapid Response Access Point contract as approved by the Governor and Executive Council.

7.11. The Contractor shall enter into a Memorandum of Understanding within 30 days of contract effective date with the Rapid Response Access Point, which provides the Regional Response Teams information regarding the nature of the crisis through verbal and/or electronic communication including but not limited to:

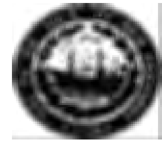
7.11.1. The location of the crisis.

7.11.2. The safety plan either developed over the phone or on record from prior contact(s).

7.11.3. Any accommodations needed.

7.11.4. Treatment history of the individual, if known.

7.12. The Contractor shall promote the use of the telephone number for the Rapid Response Access Point as the primary contact for crisis services, which utilizes



Global Positioning System (GPS) enabled technology to identify the closest and available Regional Response Team.

7.13. The Contractor shall ensure all rapid response team members participate in a crisis response training, as designated by the Department, which follows the concepts and topics identified in the National Guidelines for Crisis Care Best Practice Toolkit published by the Substance Abuse and Mental health Services Administration (SAMHSA).

7.14. The Contractor shall provide the physical address of the physical location to the Rapid Response Access Point where the rapid response team may provide office-based urgent assessments.

7.15. The Contractor shall ensure a rapid response team is available twenty-four (24) hours per day, seven (7) days a week for deployment within their region and boarder regions, as directed by the Rapid Response Access Point.

7.16. The Contractor shall ensure the rapid response team is trained and available to provide crisis response services to avoid unnecessary hospitalization, incarceration or institutionalization. The Contractor shall ensure services include but are not limited to:

7.16.1. Face-to-face assessments.

7.16.2. Disposition and decision making.

7.16.3. Initial care and safety planning.

7.16.4. Post crisis and stabilization services.

7.17. The Contractor may utilize presumptive eligibility when responding to individuals who are not connected to a CMHC or who may be considered low utilizers.

7.18. The Contractor shall ensure the rapid response team responds to all dispatches face-to-face in the community within one (1) hour of the request ensuring:

7.18.1. The response team includes a minimum of two (2) individuals for safety purposes, which includes a Master's level staff and a peer and/or BS and/or CRSW if occurring at locations based on individual and family choice that include but are not limited to:

7.18.1.1. In or at the individual's home.

7.18.1.2. In an individual's school setting.

7.18.1.3. Other natural environments of residence including foster homes.

7.18.1.4. Community settings.

7.18.1.5. Peer run agencies.

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7.18.2. The response team includes a minimum of one (1) Master's level team member if occurring at safe, staffed sites or public service locations which may include, but are not limited to:

7.18.2.1. Schools.

7.18.2.2. Jails.

7.18.2.3. Police departments.

7.18.2.4. Emergency departments.

7.18.3. A no-refusal policy upon triage and all requests for mobile response receive a response and assessment regardless of the individual's disposition, which may include current substance use.

7.18.4. Documented clinical rationale with administrative support when a mobile intervention is not provided.

7.18.5. Coordination with law enforcement personnel, if required, when responding to individuals in a mental health crisis presenting a safety concern or when active rescue is required. The Contractor shall:

7.18.5.1. Work in partnership with the Rapid Response Access Point and Department to establish protocols to ensure a bi-directional partnership with law enforcement.

7.18.6. A face-to-face lethality assessment as needed that includes, but is not limited to:

7.18.6.1. Obtaining a client's mental health history including, but not limited to:

7.18.6.1.1. Psychiatric, including recent inpatient hospitalizations and current treatment providers.

7.18.6.1.2. Substance misuse.

7.18.6.1.3. Social, familial and legal factors.

7.18.6.2. Understanding the client's presenting symptoms and onset of crisis.

7.18.6.3. Obtaining medication list, adherence to prescribed medications and brief medical history.

7.18.6.4. Conducting a mental status exam.

7.18.7. Developing a mutually agreed upon individualized safety plan and care disposition and decision making, with the client, which may include, but is not limited to:

7.18.7.1. Staying in place with:

7.18.7.1.1. Stabilization services;

7.18.7.1.2. A safety plan; and

7.18.7.1.3. Outpatient providers.

7.18.7.2. Stepping up to crisis stabilization services or apartments.

7.18.7.3. Admission to peer respite.

7.18.7.4. Voluntary hospitalization.

7.18.7.5. Initiation of Involuntary Emergency Admission (IEA).

7.18.7.6. Medical hospitalization.

7.19. The Contractor shall provide Crisis Stabilization Services, which are services and supports that are provided until the crisis episode subsides. The Contractor shall ensure:

7.19.1. Crisis Stabilization Services are delivered by the rapid response team for individuals who are in active treatment prior to the crisis in order to assist with stabilizing the individual and family as rapidly as possible.

7.19.2. Are provided in the individual and family home, as desired by the individual.

7.19.3. Stabilization services are implemented using methods that include, but are not limited to:

7.19.3.1. Involving peer support specialist(s) and/or Bachelor level crisis staff by providing follow up contact within forty-eight (48) hours post-crisis for all face-to-face interventions, which may include, but are not limited to:

7.19.3.1.1. Promoting recovery.

7.19.3.1.2. Building upon life, social and other skills.

7.19.3.1.3. Offering support.

7.19.3.1.4. Facilitating referrals.

7.19.3.2. Providing warm hand offs for post-crisis support services, including connecting back to existing treatment providers and/or providing a referral for additional peer support specialist contacts.

7.19.3.3. Providing crisis stabilization services with a Master's level clinician through short-term, trauma informed approaches, which may include, but are not limited to:

7.19.3.3.1. Cognitive Behavior Therapy (CBT).

7.19.3.3.2. Dialectical Behavior Therapy (DBT).

7.19.3.3.3. Solution-focused therapy.

7.19.3.3.4. Developing concrete discharge plans.

7.19.3.3.5. Providing substance use disorder assessment and counseling techniques for dually diagnosed individuals.

7.19.4. Crisis stabilization in a Residential Treatment facility for children and youth are provided by a Department certified and approved Residential Treatment Provider.

7.20. The Contractor may provide Sub-Acute Care services for up to 30 days to individuals who are not connected to any treatment provider prior to contact with the regional rapid response team or Regional Response Access Point in order assist individuals with bridging the gap between the crisis event and ongoing treatment services. The Contractor shall:

7.20.1. Ensure sub-acute care services are provided by the CMHC region in which the individual is expected to receive long-term treatment.

7.20.2. Work with the Rapid Response Access Point to conduct educational and outreach activities within the local community and to institutional stakeholders in order to promote appropriate referrals to, and the utilization of, rapid response team resources.

7.20.3. Work with the Rapid Response Access Point to ensure the community is aware of, and is able to, access rapid response mobile crisis services and supports through the outreach and educational plan of the Rapid Response Access Point outreach and educational plan, which includes but is not limited to:

7.20.3.1. A website that prominently features the Rapid Response Access Point phone number and links with information about Rapid Response and connectivity to the Rapid Response Access Point.

7.20.3.2. All newly printed appointment cards that include the Rapid Response Access point crisis telephone number as a prominent feature.

7.20.3.3. Direct communications with partners to the Rapid Response Access Point for crisis services and deployment.

7.20.4. Work with the Rapid Response Access Point to change existing patterns of hospital emergency departments (ED) for crisis response in the region and collaborate by:

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7.20.4.1. Meeting regularly with local police and first responders to discuss interface, procedures, and collaborations to understand challenges and improve outcomes for individuals in the community;

7.20.4.2. Educating partners, clients and families on all diversionary services available, by encouraging early intervention;

7.20.4.3. Maintaining and developing relationships with local hospitals and work together to promote the use of the Rapid Response Access Point number and rapid response services, in order to reduce ED use;

7.20.4.4. Coordinating with homeless outreach services; and

7.20.4.5. Conducting outreach to at-risk seniors programming.

7.21. The Contractor shall ensure that within ninety (90) days of the contract effective date:

7.21.1. Connection with the Rapid Response Access Point and the identified GPS system that enables transmission of information needed to:

7.21.1.1. Determine availability of the Regional Rapid Response Teams;

7.21.1.2. Facilitate response of dispatched teams; and

7.21.1.3. Resolve the crisis intervention.

7.21.2. Connection to the designated resource tracking system.

7.21.3. A bi-directional referral system is in place with electronic scheduling to support information sharing that facilitates closed loop referrals and transmission of clinical triage summaries, safety plans and shared care plans with community providers.

7.22. The Contractor shall submit reports relative to the rapid response services provided in this agreement. The Contractor shall:

7.22.1. Document all contacts in the medical record for both State eligible and non-eligible individuals who receive regional rapid response team services.

7.22.2. Provide monthly reports by the tenth (10th) day of each month, on a template provided by the Department which includes, but is notlimited to:

7.22.2.1. Number of unique individuals who received services.

7.22.2.2. Date and time of mobile arrival.

7.22.3. Submit information through the Department's Phoenix System beginning no later than six (6) months from the contract effective date, unless otherwise instructed on a temporary basis by the Department:

7.22.3.1. Diversions from hospitalizations;

7.22.3.2. Diversions from Emergency Rooms;

7.22.3.3. Services provided;

7.22.3.4. Location where services were provided;

7.22.3.5. Length of time service or services provided;

7.22.3.6. Whether law enforcement was involved for safety reasons;

7.22.3.7. Whether law enforcement was involved for other reasons;

7.22.3.8. Identification of follow up with the individual by a member of the Contractor's regional rapid response team within 48 hours post face-to-face intervention;

7.22.3.9. Indication that referral for ongoing mental health services following the immediate crisis was provided; and

7.22.3.10. Outcome of service provided, which may include but is not limited to:

7.22.3.10.1. Remained in home.

7.22.3.10.2. Hospitalization.

7.22.3.10.3. Crisis stabilization services.

7.22.3.10.4. Crisis apartment.

7.22.3.10.5. Emergency department.

7.23. The Contractor's performance will be monitored by ensuring seventy (70%) of clients receive a post-crisis follow up from a member of the Contractor's regional rapid response team within forty-eight (48) hours of a face-to- face intervention, as identified through Phoenix encounter data.

8. Adult Assertive Community Treatment (ACT) Teams

8.1. The Contractor shall maintain Adult ACT Teams that meet the SAMHSA Model and are available twenty-four (24) hours per day, seven (7) days per week, with on-call availability from midnight to 8:00 A.M. The Contractor shall ensure:

8.1.1. Adult ACT Teams deliver comprehensive, individualized, and flexible services, supports, targeted case management, treatment, and rehabilitation in a timely manner as needed, onsite in the

individuals' homes and in other natural environments and community settings, or alternatively, via telephone where appropriate to meet the needs of the individual.

8.1.2. Each Adult ACT Team is composed of seven (7) to ten (10) dedicated professionals who make-up a multi-disciplinary team including, a psychiatrist, a nurse, a Masters-level clinician, or functional equivalent therapist, functional support worker and a full time equivalent (FTE) certified peer specialist.

8.1.3. Each Adult ACT Team includes an individual trained to provide substance abuse support services including competency in providing co-occurring groups and individual sessions, and supported employment.

8.1.4. Caseloads for Adult ACT Teams serve no more than twelve (12) individuals per Adult ACT Team member, excluding the psychiatrist who serves more than seventy (70) people served per 0.5 FTE psychiatrist, unless otherwise approved by the Department.

8.2. The Contractor shall ensure ACT staff, with the exception of psychiatrist and nurse, receive:

8.2.1. A minimum of 15 hours in basic ACT training within one (1) year of hire date that is consistent with the ACT EBP SAMHSA toolkit approved by BMHS.

8.2.2. A minimum of 4 hours of advanced ACT training of co-occurring disorders within fifteen (15) months of hire date that is consistent with the ACT EBP SAMSHA toolkit and Integrated Dual Disorder Model approved by BMHS.

8.3. The Contractor shall ensure Adult ACT Teams do not have waitlists for screening purposes and/or admission to the ACT Team. The Contractor shall ensure:

8.3.1. Individuals do not wait longer than 30 days for either assessment or placement.

8.3.2. Work with the Department at identifying solutions and appropriate levels of care for any individual waiting for Adult ACT Team services for more than 30 days in order to meet the demand for services and implement the solutions within forty-five (45) days.

8.3.3. Individuals receiving services from Adult ACT Team members, if psychiatrically hospitalized, are offered a same day or next day appointment with any Adult ACT Team member upon date of discharge.

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8.4. The Contractor shall report its level of compliance with the above listed requirements on a monthly basis at the staff level in the format, and with content, completeness, and timeliness as specified by the Department as part of the Phoenix submissions, which are due no later than the 15th of the month. The Department may waive this provision in whole or in part in lieu of an alternative reporting protocol, being provided under an agreement with DHHS contracted Medicaid Managed Care Organizations. The Contractor shall:

8.4.1. Ensure services provided by the Adult ACT Team are identified in the Phoenix submissions as part of the ACT cost center.

8.4.2. Screen for ACT per Administrative Rule He-M 426.08, Psychotherapeutic Services.

8.4.3. Report all ACT screenings with the outcome of the screening to indicate whether the individual is appropriate for ACT, as part of the Phoenix submissions, or in the format, content, completeness, and timelines as specified by the Department.

8.4.4. Make a referral for an ACT assessment within (7) days of:

8.4.4.1. A screening outcome that an individual may be appropriate to receive ACT services.

8.4.4.2. An individual being referred for an ACT assessment.

8.4.5. Report the outcome of ACT assessments to the Department as part of the Phoenix submissions, in the format, content, completeness, and timelines as specified by the Department.

8.4.6. Ensure, fall individuals assessed as appropriate for ACT services are admitted to the ACT team caseload and begin receiving ACT services within seven (7) days, with the exception of individuals who decline such services, or are not available to receive such services for reasons that may include, but are not limited to:

8.4.6.1. Extended hospitalization or incarceration.

8.4.6.2. Relocation of individuals out of the Contractor's designated community mental health region.

8.4.7. Ensure, in the event that admitting the individual to the ACT Team caseload causes the ACT Team to exceed the caseload size limitations specified above, consultation with the Department to seek approval:

8.4.7.1. To exceed caseload size requirements, or

8.4.7.2. To provide alternative services to the individual until the individual can be admitted to the ACT caseload.

9. Evidence-Based Supported Employment (EBSE)

9.1. The Contractor shall gather employment status for all adults with Severe Mental Illness (SMI)/Severe Persistent Mental Illness (SPMI) at intake and every quarter thereafter.

9.2. The Contractor shall report the employment status for all adults with SMI/SMPI to the Department in the format, content, completeness, and timelines specified by the Department.

9.3. The Contractor shall provide a referral for all individuals who express an interest in receiving Evidence-Based Supported Employment (EBSE) services to the Supported Employment team within seven (7) days.

9.4. The Contractor shall deemed the individual as waiting for SE services if the SE team cannot accommodate enrollment of SE services at which the individual will be added to the waitlist, which is reported to the Department, as specified by the Department.

9.5. The Contractor shall provide EBSE to eligible individuals in accordance with the SAMHSA and/or Dartmouth model.

9.6. The Contractor shall ensure EBSE services include, but are not limited to:

9.6.1. Job development.

9.6.2. Work incentive counseling.

9.6.3. Rapid job search.

9.6.4. Follow along supports for employed individuals.

9.6.5. Engagement with mental health treatment teams and local NH Vocational Rehabilitation services.

9.7. The Contractor shall ensure EBSE services do not have waitlists, ensuring individuals do not wait longer than 30 days for EBSE services. If waitlists are identified, Contractor shall:

9.7.1. Work with the Department to identify solutions to meet the demand for services; and

9.7.2. Implement such solutions within 45 days.

9.8. The Contractor shall maintain the penetration rate of individuals receiving EBSE at a minimum of 18.6 percent (18.6%) as per the CMHA agreement.

9.9. The Contractor shall ensure SE staff receive:

9.9.1. A minimum of 15 hours in basic training within one year of hire date as approved by the IPS Employment Center and approved by BMHS.

9.9.2. A minimum of 7 hours of advanced SE Job Development Training within 15 months of hire as approved by the IPS-SE Employment Center and BMHS.

10. Work Incentives Counselor Capacity Building

10.1. The Contractor shall employ a minimum of one FTE equivalent Work Incentive Counselor located onsite at the CMHC for a minimum of one (1) state fiscal year.

10.2. The Contractor shall ensure services provided by the Work Incentive Counselor include, but are not limited to:

10.2.1. Connecting individuals and applying for Vocational Rehabilitation services, ensuring a smooth referral transition.

10.2.2. Engaging individuals in supported employment (SE) and/or increased employment by providing work incentives counseling and planning.

10.2.3. Providing accurate and timely work incentives counseling for beneficiaries with mental illness who are pursuing SE and self-sufficiency.

10.3. The Contractor shall develop a comprehensive plans for individuals that include visualization of the impact of two or three different levels of income on existing benefits and what specific work incentive options individuals might use to:

10.3.1. Increase financial independence;

10.3.2. Accept pay raises; or

10.3.3. Increase earned income.

10.4. The Contractor shall develop comprehensive documentation of all individual existing disability benefits programs including, but not limited to:

10.4.1. SSA disability programs;

10.4.2. SSI income programs;

10.4.3. Medicaid;

10.4.4. Medicare;

10.4.5. Housing Programs; and

10.4.6. Food stamps and food subsidy programs.

10.5. The Contractor shall collect data to develop quarterly reports in a format requested by the Department, on employment outcomes and work incentives counseling benefits that includes but is not limited to:

10.5.1. The number of benefits orientation presentations provided to individuals.

10.5.2. The number of individuals referred to Vocational Rehabilitation who receive mental health services.

10.5.3. The number of individuals who engage in SE services.

10.5.3.1. Percentage of individuals seeking part-time employment.

10.5.3.2. Percentage of individuals seeking full-time employment.

10.5.3.3. Number of individuals who increase employment hours to part-time and full-time.

10.6. The Contractor shall ensure the Work Incentive Counselor staff are certified to provide Work Incentives Planning and Assistance (WIPA) through the no-cost training program offered by Virginia Commonwealth University.

10.7. The Contractor shall collaborate with the Vocational Rehabilitation providers to develop the Partnership Plus Model to identify how Social Security funding will be obtained to support the Work Incentives Counselor position after Vocational Rehabilitation funding ceases.

10.8. The Department will monitor Contractor performance by reviewing data to determine outcomes that include:

10.8.1. An increased engagement of individuals in supported employment based on the SE penetration rate.

10.8.2. An increase in Individual Placement in both part-time and full-time employment and;

10.8.3. Improved fidelity outcomes specifically targeting:

10.8.3.1. Work Incentives Planning.

10.8.3.2. Collaboration between Employment Specialists & Vocational Rehab.

11. Coordination of Care from Residential or Psychiatric Treatment Facilities

11.1. The Contractor shall designate a member of its staff to serve as the primary liaison to New Hampshire Hospital (NHH) who works with the applicable NHH staff, payer(s), guardian(s), other community service providers, and the applicable individual, to assist with coordinating the seamless transition of care for individuals transitioning from NHH to community based services or transitioning to NHH from the community.

11.2. The Contractor shall not close the case of any individual who is admitted to NHH. Notwithstanding, the Contractor shall be deemed to be in compliance with all Administrative He-M 408, Clinical Records rules regarding

documentation if it is noted in the record that the individual is an inpatient at NHH or another treatment facility. All documentation requirements as per He-M 408 will be required to resume upon re-engagement of services following the individual's discharge from inpatient care.

11.3. The Contractor shall participate in transitional and discharge planning within 24 hours of admission to an inpatient facility.

11.4. The Contractor shall work with the Department, payers and guardians (if applicable) to review cases of individuals that NHH, Transitional Housing, or alternative treatment facility or the Contractor, have indicated will have difficulty returning to the community to identify barriers to discharge, and to develop an appropriate plan to transition into the community.

11.5. The Contractor shall make a face-to-face appointment available to an individual leaving NHH, Transitional Housing or alternative residential setting who desires to reside in the region served by the Contractor within seven (7) calendar days of receipt of notification of the individual's discharge, or within seven (7) calendar days of the individual's discharge, whichever is later.

11.6. The Contractor shall ensure individuals who are discharged and are new to a CMHC have an intake appointment within seven (7) calendar days. If the individual declines to accept the appointment, declines services, or requests an appointment to be scheduled beyond the seven (7) calendar days, the Contractor may accommodate the individual's request provided the accommodation is clinically appropriate, and does not violate the terms of a conditional discharge. The Contractor's Adult ACT Team must see individuals who are on the ACT caseload and transitioning from NHH into the community within 24 hours of NHH discharge.

11.7. The Contractor shall make all reasonable efforts to ensure that no appropriate bed is available at any other inpatient psychiatric unit, Designated Receiving Facility (DRF) per NH RSA 135-C and NH Administrative Rule He-M 405, Designation of Receiving Facilities, Mobile Crisis Apartment, Peer Support Recovery Center, or Adult Psychiatric Residential Treatment Program (APRTP) prior to referring an individual to NHH.

11.8. The Contractor shall collaborate with NHH and Transitional Housing Services (THS) to develop and execute conditional discharges from NHH to THS in order to ensure that individuals receive treatment in the least restrictive environment. The Department will review the requirements of NH Administrative Rule He-M 609 to ensure obligations under this section allow CMHC delegation to the THS vendors for clients who reside there.

11.9. The Contractor shall have all necessary staff members available to receive, evaluate, and treat individuals discharged from NHH seven (7) days per week, consistent with the provisions in NH Administrative Rule He-M 403 and NH Administrative Rule He-M 426.

11.10. For individuals at NHH who formerly resided in the Contractor's designated community mental health region prior to NHH admission, who have been identified for transition planning to the Glencliff Home, the Contractor shall, at the request of the individual or guardian, or of NHH or Glencliff Home staff, participate in transition planning to determine if the individual can be supported in the Contractor's region with community based services and supports instead of transitioning to the Glencliff Home. In the event the individual would require supports from multiple funding sources or the Department's systems of care, the Contractor shall collaborate with additional Department staff at NHH's request, to address any barriers to discharge the individual to the community.

12. COORDINATED CARE AND INTEGRATED TREATMENT

12.1. Primary Care

12.1.1. The Contractor shall request written consent from each individual to allow the designated primary care provider to release information for the purpose of coordinating care regarding mental health services or substance misuse services or both.

12.1.2. The Contractor shall support each individual with linking to an available primary care provider, if the individual does not have an identified primary care provider, to:

12.1.2.1. Monitor health;

12.1.2.2. Provide medical treatment as necessary; and

12.1.2.3. Engage in preventive health screenings.

12.1.3. The Contractor shall consult with each primary care provider at least annually, or as necessary, to integrate care between mental and physical health for each individual, which may include the exchange of pertinent information including, but not limited to medication changes or changes in the individual's medical condition.

12.1.4. The Contractor shall document on the release of information form the reason(s) written consent to release information was refused in the event an individual refuses to provide consent to release information.

12.2. Substance Misuse Treatment, Care and/or Referral

12.2.1. The Contractor shall provide services and meet requirements to address substance misuse and to support recovery intervention implementation, which include, but are not limited to:

12.2.1.1. Screening no less than 95% of eligible individuals for substance misuse at the time of intake, and annually thereafter.

12.2.1.2. Conducting a full assessment for substance misuse disorder and associated impairments for each individual that screens positive for substance use.

12.2.1.3. Developing an individualized service plan for each eligible individual based on information from substance misuse screening.

12.2.2. The Contractor shall utilize the SAMSHA evidence-based models for Co-Occurring Disorders Treatment to develop treatment plans with individuals and to provide an array of evidence-based interventions that enhance recovery for individuals and follow the fidelity standards to such a model.

12.2.3. The Contractor shall make all appropriate referrals if the individual requires additional substance use disorder care utilizing the current New Hampshire system of care, and ensuring linkage to and coordination with resources.

12.3. Area Agencies

12.3.1. The Contractor shall collaborate with the Area Agency that serves the region to address processes that include:

12.3.1.1. Enrolling individuals for services who are dually eligible for both organizations.

12.3.1.2. Ensuring transition-aged clients are screened for the presence of mental health and developmental supports and refer, link and support transition plans for youth leaving children's services into adult services identified during screening.

12.3.1.3. Following the "Protocol for Extended Department Stays for Individuals served by Area Agency" issued December 1, 2017 by the State of New Hampshire Department of Health and Humans Services, as implemented by the regional Area Agency.

12.3.1.4. Facilitating collaborative discharge planning meetings to assess individuals who are leaving NHH to re-engage them with both the CMHC and Area Agency representatives.

12.3.1.5. Ensuring annual training is designed and completed for intake, eligibility, and case management for dually

diagnosed individuals and that attendee's include intake clinicians, case-managers, service coordinators and other frontline staff identified by both CMHC's and Area Agencies. The Contractor shall ensure the training utilizes the Diagnostic Manual for Intellectual Disability 2 that is specific to intellectual disabilities, in conjunction with the DSM V.

12.3.1.6. Planning for each person who receives dual case management by outlining the responsibilities of each organization and expectations for collaboration between the organizations.

12.3.1.7. Participating in shared service annual treatment meetings to assess quality and progress towards treatment goals as well as monitoring continued need for dual services when waivers are required for services between agencies.

12.4. Peer Supports

12.4.1. The Contractor shall promote recovery principles and integrate peer support services through the agency, which includes, but is not limited to:

12.4.1.1. Employing peers as integrated members of the CMHC treatment team(s) with the ability to deliver conventional interventions that include case management or psychotherapy, and interventions uniquely suited to the peer role that includes intentional peer support.

12.4.1.2. Supporting peer specialists to promote hope and resilience, facilitate the development and use of recovery-based goals and care plans, encourage treatment engagement and facilitate connections with natural supports.

12.4.1.3. Establishing working relationships with the local Peer Support Agencies, including any Peer Respite, step-up/step-down, and Clubhouse Centers and promote the availability of these services.

12.5. Transition of Care with MCO's

12.5.1. The Contractor shall ensure ongoing coordination occurs with the MCO Care Managers to support care coordination among and between services providers.

13. Supported Housing

13.1. The Contractor shall stand up a minimum of six (6) new supported housing beds including, but not limited to, transitional or community residential beds by December 31, 2021. The Contractor shall:

13.1.1. Submit a plan for expanding supported housing in the region including a budget to the Department for approval by August 15, 2021, that includes but is not limited to:

13.1.1.1. Type of supported housing beds.

13.1.1.2. Staffing plan.

13.1.1.3. Anticipated location.

13.1.1.4. Implementation timeline.

13.1.2. Provide reporting in the format and frequency requested by the Department that includes, but is not limited to:

13.1.2.1. Number of referrals received.

13.1.2.2. Number of individuals admitted.

13.1.2.3. Number of people transitioned into other local community residential settings.

14. CANS/ANSA or Other Approved Assessment

14.1. The Contractor shall ensure all clinicians providing community mental health services to individuals eligible for services in accordance with NH Administrative Rule He-M 426, are certified in the use of:

14.1.1. The New Hampshire version of the Child and Adolescent Needs and Strengths Assessment (CANS) if serving the child and youth population; and

14.1.2. The New Hampshire version of the Adult Needs and Strengths Assessment (ANSA), or other approved evidence based tool, if serving the adult population.

14.2. The Contractor shall ensure clinicians are maintain certification by through successful completion of a test provided by the Praed Foundation, annually.

14.3. The Contractor shall ensure ratings generated by the New Hampshire version of the CANS or ANSA assessment are:

14.3.1. Utilized to develop an individualized, person-centered treatment plan.

14.3.2. Utilized to document and review progress toward goals and objectives and to assess continued need for community mental health services.

14.3.3. Submitted to the database managed for the Department that allows client-level, regional, and statewide outcome reporting by the 15th of every month, in CANS/ANSA format.

14.3.4. Employed to assist in determining eligibility for State Psychiatric Rehabilitation services.

14.4. The Contractor shall complete documentation of re-assessments using the New Hampshire version of the CANS or ANSA 2.0 in accordance with NH Administrative Rule He-M 401.04-09 for eligibility determination and in accordance with NH Administrative Rule He-M 401.12-13 for periodic Individual Service Plan (ISP) reviews.

14.5. The Contractor may use an alternate evidence based, assessment tool that meets all ANSA 2.0 domains, subject to written Department approval. There is no alternate assessment tool allowed for the use of CANS. If an alternative tool is approved, monthly reporting of data generated by the Contractor must be in ANSA 2.0 format, to enable client-level, regional and statewide reporting.

14.6. The Contractor shall consult with the Medicaid Managed Care Organizations (MCO) to develop and implement a process that meets the MCOs' need to measure program effectiveness.

14.7. The Contractor shall correct all errors or complete all system corrections to ensure data is submitted in its entirety and completeness no later than six (6) months from contract effective date. Failure to complete all correction may result in withholding of funds until all corrections are completed.

15. Pre-Admission Screening and Resident Review

15.1. The Contractor shall assist the Department with Pre-Admission Screening and Resident Review (PASRR) to meet the requirements of the PASRR provisions of the Omnibus Budget Reconciliation Act of 1987.

15.2. Upon request by the Department, the Contractor shall:

15.2.1. Provide the information necessary to determine the existence of mental illness or mental retardation in a nursing facility applicant or resident; and

15.2.2. Conduct evaluations and examinations needed to provide the data to determine if an individual being screened or reviewed:

15.2.2.1. Requires nursing facility care; and

15.2.2.2. Has active treatment needs.

16. Application for Other Services

16.1. The Contractor shall assist eligible individuals in accordance with NH Administrative Rule He-M 401, with completing applications for all sources of

financial, medical, and housing assistance, according to their respective rules, requirements and filing deadlines. The Contract shall assist with applications that may include, but are not limited to:

16.1.1. Medicaid.

16.1.2. Medicare.

16.1.3. Social Security Disability Income.

16.1.4. Veterans Benefits.

16.1.5. Public Housing.

16.1.6. Section 8 Subsidies.

17. Community Mental Health Program (CMHP) Status

17.1. The Contractor shall meet the approval requirements of NH Administrative Rule He-M 403 as a governmental or non-governmental non-profit agency, or the contract requirement of NH RSA 135-C:3 as an individual, partnership, association, public or private, for profit or nonprofit, agency or corporation to provide services in the state mental health services system.

17.2. The Contractor shall provide all applicable documentation, policies and procedures, and shall participate in an onsite compliance review, as requested by the Department, to determine compliance with NH Administrative Rule He-M 403 and NH RSA 135-C:3. Compliance reviews will be at times to be determined by the Department, and will occur no less than once every five (5) years.

18. Quality Improvement

18.1. The Contractor shall perform, or cooperate with the performance of, quality improvement and/or utilization review activities, as are determined to be necessary and appropriate by the Department within timeframes reasonably specified by the Department.

18.2. The Contractor shall cooperate with the Department-conducted individual satisfaction survey. The Contractor shall:

18.2.1. Furnish information necessary, within HIPAA regulations, to complete the survey.

18.2.2. Furnish complete and current contact information so that individuals may be contacted to participate in the survey.

18.2.3. Support the efforts of the Department to conduct the survey.

18.2.4. Encourage all individuals sampled to participate.

18.2.5. Display posters and other materials provided by the Department to explain the survey and otherwise support attempts by the Department to increase participation in the survey.

18.3. The Contractor shall demonstrate efforts to incorporate findings from their individual survey results into their Quality Improvement Plan goals.

18.4. The Contractor shall engage and comply with all aspects of fidelity reviews based on a model approved by the Department and on a schedule approved by the Department.

19. Maintenance of Fiscal Integrity

19.1. The Contractor shall submit to the Department the Balance Sheet, Profit and Loss Statement, and Cash Flow Statement for the Contractor and all related parties that are under the Parent Corporation of the mental health provider organization each month.

19.2. The Profit and Loss Statement shall include a budget column allowing for budget to actual analysis. These statements shall be individualized by providers, as well as a consolidated (combined) statement that includes all subsidiary organizations.

19.3. Statements shall be submitted within thirty (30) calendar days after each month end, and shall include, but are not limited to:

19.3.1. Days of Cash on Hand:

19.3.1.1. Definition: The days of operating expenses that can be covered by the unrestricted cash on hand.

19.3.1.2. Formula: Cash, cash equivalents and short term investments divided by total operating expenditures, less depreciation/amortization and in-kind plus principal payments on debt divided by days in the reporting period. The short-term investments as used above must mature within three (3) months and should not include common stock.

19.3.1.3. Performance Standard: The Contractor shall have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed.

19.3.2. Current Ratio:

19.3.2.1. Definition: A measure of the Contractor's total current assets available to cover the cost of current liabilities.

19.3.2.2. Formula: Total current assets divided by total current liabilities.

19.3.2.3. Performance Standard: The Contractor shall maintain a minimum current ratio of 1.5:1 with 10% variance allowed.

19.3.3. Debt Service Coverage Ratio:

19.3.3.1. Rationale: This ratio illustrates the Contractor's ability to cover the cost of its current portion of its long-term debt.

19.3.3.2. Definition: The ratio of Net Income to the year to date debt service.

19.3.3.3. Formula: Net Income plus Depreciation/Amortization Expense plus Interest Expense divided by year to date debt service (principal and interest) over the next twelve (12) months.

19.3.3.4. Source of Data: The Contractor's Monthly Financial Statements identifying current portion of long-term debt payments (principal and interest).

19.3.3.5. Performance Standard: The Contractor shall maintain a minimum standard of 1.2:1 with no variance allowed.

19.3.4. Net Assets to Total Assets:

19.3.4.1. Rationale: This ratio is an indication of the Contractor's ability to cover its liabilities.

19.3.4.2. Definition: The ratio of the Contractor's net assets to total assets.

19.3.4.3. Formula: Net assets (total assets less total liabilities) divided by total assets.

19.3.4.4. Source of Data: The Contractor's Monthly Financial Statements.

19.3.4.5. Performance Standard: The Contractor shall maintain a minimum ratio of .30:1, with a 20% variance allowed.

19.4. In the event that the Contractor does not meet either:

19.4.1. The standard regarding Days of Cash on Hand and the standard regarding Current Ratio for two (2) consecutive months; or

19.4.2. Three (3) or more of any of the Maintenance of Fiscal Integrity standards for three (3) consecutive months:

19.4.2.1. The Department may require that the Contractor meet with Department staff to explain the reasons that the Contractor has not met the standards.

19.4.2.2. The Department may require the Contractor to submit a comprehensive corrective action plan within thirty (30) calendar days of notification and plan shall be updated at least every thirty (30) calendar days until compliance is achieved.

19.4.2.3. The Department may request additional information to assure continued access to services.

19.4.2.4. The Contractor shall provide requested information in a timeframe agreed upon by both parties.

19.5. The Contractor shall inform the Director of the Bureau of Mental Health Services (BMHS) by phone and by email within twenty-four (24) hours of when any key Contractor staff learn of any actual or likely litigation, investigation, complaint, claim, or transaction that may reasonably be considered to have a material financial impact on and/or materially impact or impair the ability of the Contractor to perform under this Agreement.

19.6. The monthly Balance Sheet, Profit & Loss Statement, Cash Flow Statement, and all other financial reports shall be based on the accrual method of accounting and include the Contractor's total revenues and expenditures whether or not generated by or resulting from funds provided pursuant to this Agreement. These reports are due within thirty (30) calendar days after the end of each month.

19.7. The Contractor shall provide its Revenue and Expense Budget within twenty (20) calendar days of the contract effective date.

19.8. The Contractor shall complete the Fiscal Year Revenue and Expense Budget on a form supplied by the Department, which shall include but not be limited to, all the Contractor's cost centers. If the Contractor's cost centers are a combination of several local cost centers, the Contractor shall display them separately as long as the cost center code is unchanged.

19.9. The Contractor shall provide quarterly Revenue and Expense Reports (Budget Form A), within thirty (30) calendar days after the end of each fiscal quarter, defined as July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30.

20. Reduction or Suspension of Funding

20.1. In the event that the State funds designated as the Price Limitation in Form P-37, General Provisions, Block 1.8. of the General Provisions are materially reduced or suspended, the Department shall provide prompt written notification to the Contractor of such material reduction or suspension.

20.2. In the event that the reduction or suspension in federal or state funding shall prevent the Contractor from providing necessary services to individuals, the

Contractor shall develop a service reduction plan, detailing which necessary services will no longer be available.

20.3. Any service reduction plan is subject to approval from the Department, and shall include, at a minimum, provisions that are acceptable to the Department, with services that include, but are not limited to:

20.3.1. Evaluation of and, if eligible, an individual service plan for all new applicants for services.

20.3.2. Emergency services for all individuals.

20.3.3. Services for individuals who meet the criteria for involuntary admission to a designated receiving facility.

20.3.4. Services to individuals who are on a conditional discharge pursuant to RSA 135-C:50 and NH Administrative Rule He-M 609.

21. Elimination of Programs and Services by Contractor

21.1. The Contractor shall provide a minimum thirty (30) calendar days written notice prior to any reductions in delivery of services, or notice as soon as possible if the Contactor is faced with a more sudden need to reduce delivery of services.

21.2. The Contractor shall consult and collaborate with the Department prior to elimination or reduction of services in order to reach a mutually agreeable solution as to the most effective way to provide necessary services.

21.3. The Department reserves the right to require the Contractor to participate in a mediation process with the Commissioner of the Department of Health and Human Services, and to invoke an additional thirty (30) calendar day extension in the event of a proposal to reduce or eliminate any contracted services.

21.4. If the parties are still unable to come to a mutual agreement within the thirty (30) calendar day extension, the Contractor may proceed with its proposed program change(s) so long as proper notification to eligible individuals is provided.

21.5. The Contractor shall not redirect funds allocated in the budget for the program or service that has been eliminated or substantially reduced to another program or service without the mutual agreement of both parties.

21.6. In the event that an agreement cannot be reached, the Department shall control the expenditure of the unspent funds.

22. Data Reporting

22.1. The Contractor shall submit any data needed to comply with federal or other reporting requirements to the Department or contractor designated by the Department.

22.2. The Contractor shall submit all required data elements via the Phoenix system except for the CANS/ANSA and Projects for Assistance in Transition from Homelessness program (PATH) data, as specified. Any system changes that need to occur in order to support this must be completed within six (6) months from the contract effective date.

22.3. The Contractor shall submit individual demographic and encounter data, including data on non-billable individual-specific services and rendering staff providers on all encounters, to the Department's Phoenix system, or its successors, in the format, content, completeness, frequency, method and timeliness as specified by the Department. Individual data must include a Medicaid ID number for individuals who are enrolled in Medicaid.

22.4. The Contractor shall include client eligibility with all Phoenix services in alignment with current reporting specifications. For an individual's services to be considered BMHS eligible, SPMI, SMI, Low Utilizer (LU), SED, and Severe Emotional Disturbance Interagency (SEDIA) are acceptable.

22.5. The Contractor shall meet the general requirements for the Phoenix system which include, but are not limited to:

22.5.1. Agreeing that all data collected in the Phoenix system, which is Confidential Data as defined by Exhibit K, is the property of the Department to use as it deems necessary.

22.5.2. Ensuring data files and records are consistent with file specification and specification of the format and content requirements of those files.

22.5.3. Ensuring that errors in data returned to the Contractor are corrected and resubmitted to the Department within ten (10) business days.

22.5.4. Ensuring data is current and updated in the Contractor's systems as required for federal reporting and other reporting requirements and as specified by the Department.

22.5.5. Implementing review procedures to validate data submitted to the Department to confirm:

22.5.5.1. All data is formatted in accordance with the file specifications;

22.5.5.2. No records will reject due to illegal characters or invalid formatting; and

22.5.5.3. The Department's tabular summaries of data submitted by the Contractor match the data in the Contractor's system.

22.6. The Contractor shall meet the following standards:

22.6.1. Timeliness: monthly data shall be submitted no later than the fifteenth (15th) of each month for the prior month's data unless otherwise approved by the Department, and the Contractor shall review the Department's tabular summaries within five (5) business days.

22.6.2. Completeness: submitted data must represent at least ninety-eight percent (98%) of billable services provided, and ninety-eight percent (98%) individuals served by the Contractor.

22.6.3. Accuracy: submitted service and member data shall conform to submission requirements for at least ninety-eight percent (98%) of the records, and one-hundred percent One–hundred percent (100%) of unique member identifiers shall be accurate and valid.

22.7. The Department may waive requirements for fields in Phoenix on a case by case basis through a written waiver communication that specifies the items being waived. In all circumstances:

22.7.1. The waiver length shall not exceed 180 days.

22.7.2. Where the Contractor fails to meet standards, the Contractor shall submit a corrective action plan within thirty (30) calendar days of being notified of an issue.

22.7.3. After approval of the corrective action plan, the Contractor shall implement the plan.

22.7.4. Failure of the Contractor to implement the plan may require:

22.7.4.1. Another plan; or

22.7.4.2. Other remedies, as specified by the Department.

23. Behavioral Health Services Information System (BHSIS)

23.1. The Contractor may receive funding for data infrastructure projects or activities, depending upon the receipt of federal funds and the criteria for use of those funds, as specified by the federal government. The Contractor shall ensure funding-specific activities include:

23.2. Identification of costs associated with client-level Phoenix and CANS/ANSA databases including, but not limited to:

23.2.1. Rewrites to database and/or submittal routines.

23.2.2. Information Technology (IT) staff time used for re-writing, testing or validating data.

23.2.3. Software and/or training purchased to improve data collection.

23.2.4. Staff training for collecting new data elements.

23.2.5. Development of any other BMHS-requested data reporting system.

23.3. Progress Reports from the Contractor that:

23.3.1. Outline activities related to Phoenix database;

23.3.2. Include any costs for software, scheduled staff trainings; and

23.3.3. Include progress to meet anticipated deadlines as specified.

24. PATH Services

24.1. The Contractor shall provide services through the PATH program in compliance with the Federal Public Health Services Act, Section 522(b)(10), Part C to individuals who are homeless or at imminent risk of being homeless and who are believed to have Severe Mental Illness (SMI), or SMI and a co-occurring substance use disorder.

24.2. The Contractor shall ensure PATH services include, but are not limited to:

24.2.1. Outreach.

24.2.2. Screening and diagnostic treatment.

24.2.3. Staff training.

24.2.4. Case management.

24.3. The Contractor shall ensure PATH case management services include, but are not limited to:

24.3.1. Assisting eligible homeless individuals with obtaining and coordinating services, including referrals for primary health care.

24.3.2. Assisting eligible individuals with obtaining income support services, including, but not limited to:

24.3.2.1. Housing assistance.

24.3.2.2. Food stamps.

24.3.2.3. Supplementary security income benefits.

24.4. The Contractor shall acknowledge that provision of PATH outreach services may require a lengthy engagement process and that eligible individuals may be difficult to engage, and may or may not have been officially diagnosed with a mental illness at the time of outreach activities.

24.5. The Contractor shall identify a PATH worker to:

24.5.1. Conduct outreach, early intervention, case management, housing and other services to PATH eligible clients.

24.5.2. Participate in periodic Outreach Worker Training programs scheduled by the Bureau of Homeless and Housing Services; and

24.5.3. Provide housing supports, as identified by the Department.

24.6. The Contractor shall comply with all reporting requirements under the PATH Grant.

24.7. The Contractor shall be licensed to provide client level data into the New Hampshire Homeless Management Information System (NH HMIS).

24.8. The Contractor shall be familiar with and follow NH-HMIS policy, including specific information that is required for data entry, accuracy of data entered, and time required for data entry.

24.9. Failure to submit reports or enter data into HMIS in a timely manner could result in delay or withholding of reimbursements until such reports are received or data entries are confirmed by the Department.

24.10. The Contractor shall ensure that each PATH worker provides outreach through ongoing engagement with individuals who:

24.10.1. Are potentially PATH eligible; and

24.10.2. May be referred to PATH services by street outreach workers, shelter staff, police and other concerned individuals.

24.11. The Contractor shall ensure that each PATH worker is available to team up with other outreach workers, police or other professionals in active outreach efforts to engage difficult to engage or hard to serve individuals.

24.12. The Contractor shall conduct PATH outreach is conducted wherever PATH eligible clients may be found.

24.13. The Contractor shall ensure the designated PATH worker assesses each individual for immediacy of needs, and continues to work with each individual to enhance treatment and/or housing readiness.

24.14. The Contractor shall ensure the PATH worker's continued efforts enhance individual safety and treatment while assisting the individual with locating emergency and/or permanent housing and mental health treatment.

24.15. The Department reserves the option to observe PATH performance, activities and documents through this agreement ensuring observations do not unreasonably interfere with Contractor performance.

24.16. The Contractor shall inform BHHS of any staffing changes relative to PATH services.

24.17. The Contractor shall retain all records related to PATH services the latter of either:

24.17.1. A period of five (5) years following the contract completion date and receipt of final payment by the Contractor; or

24.17.2. Until an audit is completed and all questions are resolved.

24.18. The Department reserves the right to make changes to the contract service that do not affect its scope, duration, or financial limitations upon agreement between the Contractor and the Department.

25. Deaf Services

25.1. The Contractor shall work with the Deaf Services Team, employed by Region 6, for all individuals seeking services who would benefit from receiving treatment in American Sign Language (ASL) or from staff who are specially trained to work with the deaf and hard of hearing population.

25.2. The Contractor shall work with the Deaf Services Team for consultation on disposition and treatment planning, as appropriate.

25.3. The Contractor shall ensure treatment plans take the importance of access to culturally and linguistically appropriate services on treatment outcomes into consideration.

25.4. The Contractor shall ensure services are client-directed, which may result in:

25.4.1. Clients being seen only by the Deaf Services Team through CMHC Region 6;

25.4.2. Care being shared across the regions; or

25.4.3. The individual's local CMHC providing care after consultation with the Deaf Services Team.

26. Early Serious Mental Illness/First Episode Psychosis - Coordinated Specialty Care (EMSI/FEP-CSC)/ Training Program

26.1. The Contractor shall secure and coordinate specialty training for staff to stand up evidence-based Early Serious Mental Illness (ESMI)/First Episode Psychosis (FEP) Coordinated Specialty Care (CSC) for individuals sixteen (16) to thirty-five (35) years of age.

26.2. The Contractor shall ensure the training and consultation is available for up to three (3) additional staff from other CMHCs. The Contractor shall:

26.2.1. Train identified CMHC staff in the FEP NAVIGATE model, which includes but is not limited to:

26.2.1.1. Training all team members in fundamental information about ESMI/FEP-CSC;

26.2.1.2. Training staff on the use of joint decision-making with individuals and natural supports;

26.2.1.3. Training for specific staff roles and team composition, and specialty clinical and support skills;

26.2.1.4. Providing reference materials, manuals, and NAVIGATE guides for each CMHC; and

26.2.1.5. Providing one year of consultation and fidelity monitoring for successful implementation.

26.2.2. Ensure CMHCs can implement ESMI/FEP-CSC treatment services and continue services upon completing training, which includes, but is not limited to:

26.2.2.1. Initial assessments.

26.2.2.2. Clinical and support services.

26.2.2.3. Coordination of ESMI/FEP-CSC treatment services.

26.3. The Contractor shall identify staff within the agency to participate in intensive CSC staff training. The costs eligible for reimbursement include staff hours spent in training that reduce planned billable and administrative time.

27. Early Serious Mental Illness/First Episode Psychosis – Coordinated Specialty Care (ESMI/FEP – CSC) Services

27.1. The Contractor shall provide a Coordinated Specialty Care (CSC) model for the treatment of Early Serious Mental Illness (ESMI) and First Episode Psychosis (FEP) (EMSI/FEP – CSC).

27.2. The Contractor shall identify staff to participate in intensive evidence-based ESMI/FEP - CSC training and consultation, as designated by the Department.

27.3. The Contractor shall ensure ESMI/FEP-CSC treatment services are available and provided to youth and adults between thirteen (13) and thirty-five (35) years of age who are experiencing early symptoms of mental illness.

27.4. The Contractor shall ensure the ESMI/ FEP - CSC treatment program involves a team structure that is based on:

27.4.1. Principles of shared decision-making;

27.4.2. A strengths and resiliency focus;

27.4.3. Recognition of the need for motivational enhancement;

27.4.4. A psychoeducational approach;

27.4.5. Cognitive behavioral therapy methods;

27.4.6. Development of coping skills; and

27.4.7. Integration of natural and peer supports.

27.5. The Contractor shall provide ESMI/FEP – CSC treatment services utilizing a discrete team approach ensuring team member provide ESMI/FEP-specific

services and other services identified on individual treatment plans. The Contractor shall ensure services include, but are not limited to:

27.5.1. A specialized ESMI/FEP intake prior to entry to the program.

27.5.2. Specialized psychiatric support that includes, but is not limited to:

27.5.2.1. Providing education on the importance of:

27.5.2.2. Managing symptoms with medications;

27.5.2.3. Providing assistance with securing the best, lowest dosage medications.

27.5.2.4. Ensuring referrals to specialized psychiatric services to an agency prepared to provide telehealth psychiatric services, through a subcontract payment modality, in instances that an individual is as needed external psychiatric support.

27.5.3. Providing medication management services as clinically indicated.

27.5.4. Providing specialized youth and adult Peer supports and services.

27.5.5. Facilitating weekly individual and family psychotherapy that is informative and provides skills to families to support the individual's treatment and recovery.

27.5.6. Providing family psychoeducation.

27.5.7. Providing access to telemedicine options for services that cannot be provided by the Contractor, but are available through a regional CMHC that is able to provide services through a telemedicine model.

27.5.8. Providing supported education and/or supported employment services.

27.6. The Contractor shall participate in quarterly meetings with the Department to report on program implementation, enrollment, and updates and ensure ongoing the EMSI/FEP-CSC model is reflected in treatment.

27.7. The Contractor shall provide community outreach to ensure knowledge of the program is widespread and available to those in need. The Contractor shall ensure:

27.7.1. Outreach efforts include local community hospitals, housing programs, and schools; and

27.7.2. Outreach contacts are reported on a quarterly basis.

27.8. The Contractor shall utilize the CANS/ANSA, or other Department-approved evidence based tool, to measure strengths and needs of the individual at program entry and to track the recovery process thereafter.

27.9. The Contractor may be reimbursed for costs associated with standing up ESMI/FEP-CSC treatment program services, which may include, but are not limited to:

27.9.1. Activities conducted specifically for development and implementation of ESMI/FEP-CSC.

27.9.2. ESMI/FEP-CSC services provided that are not covered by public or private insurance;

27.9.3. Other client services defined as services that remove or reduce barriers for the client to access the ESMI/FEP services;

27.9.4. Program-building efforts.

27.9.5. Other activities, as approved by the Department.

27.10. The Contractor shall submit monthly and quarterly reports to the Department in a Department-approved format and frequency, which include but are not limited to:

27.10.1. Monthly enrollment, service utilization, and outcomes reports, which are due on the 15th of the month following the month in which services were provided.

27.10.2. Quarterly Team Leader Reports that are due on the 15th of the month following the close of each quarter, which include but are not limited to:

27.10.2.1. Quarterly staffing summary.

27.10.2.2. Quarterly meeting summary.

27.10.2.3. Referral and enrollment efforts.

27.10.2.4. Community outreach efforts inclusive of outreach descriptions, occurrences, and agencies contacted.

27.11. The Contractor shall submit a ESMI/FEP – CSC treatment program Sustainability Plan no later than June 30, 2022 following full implementation of services for Department review and approval.

27.12. The Contractor shall submit invoices for services in a format provided by the BMHS Financial Management Unit, which are processed for payment upon verification of timely reporting.

Method and Conditions Precedent to Payment

1. This Agreement is funded by:
   1.1. 4.14%, Projects for Assistance in Transition from Homelessness (PATH), as awarded on 9/17/2020, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA# 93.150, FAIN X06SM083717-01.
   1.2. 3.40%; Mental Health Block Grant, as awarded on 2/3/2021 and 3/11/2021, by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, CFDA# 93.958, FAIN B09SM083816 and FAIN B09SM083987
   1.3. 91.74% General funds.
   1.4. 0.72% Other funds; Behavioral Health Services Information System (BHSIS), U.S. Department of Health and Human Services
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The State shall pay the Contractor an amount not to exceed the Price Limitation, specified in Form P-37, General Provisions, Block 1.8 for the services provided by the Contractor pursuant to Exhibit A, Amendment #3 Scope of Services.
4. The Contractor agrees to provide the services in Exhibit A, Amendment #3 Scope of Services in compliance with funding requirements.
5. The Contractor shall provide a Revenue and Expense Budget on a Department-provided template, within twenty (20) business days from the contract effective date, for Department approval.
6. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:
   7.1. For Medicaid enrolled individuals:
      7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.
      7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.
   7.2. For individuals with other insurance or payors:
      7.2.1. The Contractor shall directly bill the other insurance or payors.
8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the table below define how many units to report or bill.

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Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit
23-37 minutes	2 units
38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:

9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program to be Funded	SFY2018 Amount	SFY2019 Amount	SFY2020 Amount	SFY2021 Amount	SFY2022 Amount
Div. for Children Youth and Families (DCYF) Consultation	$ 1,770	$1,770	$1,770	$1,770	$1,770
Emergency Services	$ 121,846	$121,846	$121,846	$121,846	$121,846
Crisis Service Transformation Including Mobile Crisis (effective SFY 22)					$871,342
Assertive Community Treatment Team (ACT) - Adults	$ 225,000	$225,000	$225,000	$225,000	$225,000
ACT Enhancement Payments		$25,000	$ -	$ -	$12,500
Child and Youth Based Programming and Team Based Approaches (BCBH)		$5,000	$120,000	$120,000	$120,000
Behavioral Health Services Information System (BHSIS)	$ 5,000	$ 5,000	$5,000	$5,000	$10,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)	$ 4,000	$ -	$5,000	$5,000	$5,000
Rehabilitation for Empowerment, Education and Work (RENEW)	$ 3,945	$3,945	$6,000	$6,000	$6,000
PATH Provider (BHS Funding)	$ 29,500	$29,500	$38,234	$38,234	$38,234
Housing Bridge Start Up Funding		$25,000	$ -	$ -	$ -
General Training Funding		$10,000	$ -	$ -	$5,000
System Upgrade Funding		$30,000	$ -	$ -	$15,000
VR Work Incentives		$ -	$ -	$ -	$80,000
System of Care 2.0		$ -	$ -	$ -	$5,300
First Episode Psychosis Training & Services		$ -	$ -	$ -	$118,600
Total	**$ 391,061**	**$ 482,061**	**$ 522,850**	**$ 522,850**	**$ 1,635,592**

9.2. Payment for each contracted service in the table above shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the Department approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of the Department, result in financial penalties not greater than the amount of the directed expenditure.

9.4. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.5. The State shall make payment to the Contractor within thirty (30) days of receipt of each Department approved invoice for Contractor services provided pursuant to this Agreement.

9.6. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of ***$73.75*** per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Amendment #3 Scope of Services, Division for Children, Youth, and Families (DCYF).

9.7. Emergency Services: The Department shall reimburse the Contractor only for those Emergency Services provided to clients defined in Exhibit A, Amendment #3, Provision of Crisis Services. Effective July 1, 2021, the Contractor shall bill and seek reimbursement for mobile crisis services provided to individuals pursuant to this Agreement as follows:

9.7.1. For Medicaid enrolled individuals through the Department Medicaid Fee for Service program in accordance with the current, publically posted Fee for Service (FFS) schedule.

9.7.2. For Managed Care Organization enrolled individuals the Contractor shall be reimbursed pursuant to the Contractor's agreement with the applicable Managed Care Organization for such services.

9.7.3. For individuals with other health insurance or other coverage for the services received, the Contractor shall directly bill the other insurance or payors.

9.7.4. For individuals without health insurance or other coverage for the services received, and for operational costs contained in Exhibits B, Amendment #3 Method and Conditions Precedent to Payment or which the Contractor cannot otherwise seek reimbursement from an insurance or third-party payer, the Contractor shall directly bill the Department to access contract funds provided through this Agreement.

9.7.4.1. Invoices of this nature shall include general ledger detail indicating the Department is only being invoiced for net expenses, shall only be reimbursed up to the current Medicaid rate for the services provided and contain the following items for each client and line item of service:

9.7.4.1.1. First and last name of client.

9.7.4.1.2. Date of birth.

9.7.4.1.3. Medicaid ID Number.

9.7.4.1.4. Date of Service identifying date, units, and any possible third party reimbursement received.

9.7.5. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in in the Department-approved budget.

9.7.5.1. The Contractor shall provide a Mobile Crisis Budget within twenty (20) business days from the contract effective date on a Department-provided template for Department approval.

9.7.5.2. Law enforcement is not an authorized expense.

9.8. Crisis Services Transformation Including Mobile Crisis: Funding is subject to the transformation of crisis services as evidenced by achieving milestones identified in the transition plan in Exhibit A, Amendment #3 Scope of Services, and subject to the terms as outlined above.

9.9. Crisis Transformation Startup Funds: Payment for start-up period expenses incurred by the Contractor shall be made by the Department based on the start-up amount of ***$322,000***; the total of all such payments shall not exceed the specified start-up amount total and shall not exceed the total expenses actually incurred by the Contractor for the start-up period. All Department payments to the Contractor for the start-up period shall be made on a cost reimbursement basis.

Startup Cost	Total Cost
Recruitment Startup	$50,000
IT Equipment, Supplies, & Consultation/Development	$222,000
Mobile Crisis Vehicle	$30,000
Staff Training	$20,000

9.10. Assertive Community Treatment Team (ACT) Adults): The Contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A, Adult Assertive Community Treatment (ACT) Teams.

ACT Costs	INVOICE TYPE	TOTAL COST
Invoice Based payments	Programmatic costs as outlined on invoice by month.	$225,000
ACT Enhancements	Agencies may choose one of the following for a total of five (5) one (1) time payments of $5,000.00. Each item may only be reported on one (1) time for payment. 1. Agency employs a minimum of .5 Psychiatrist on Team based on SFY 19 and 20 Fidelity Review. 2. Agency receives a four (4) or higher score on their SFY 19 and 20 Fidelity Review for Consumer on Team, Nurse on Team, SAS on Team, SE on Team, or Responsibility for crisis services.	$25,000 in SFY 2019; $12,500 per SFY for 2022

	ACT Incentives may be drawn down upon completion of the CMHC FY22 Fidelity Review. $6,250 may be drawn down for each incentive to include; intensity and frequency of individualized client care to total $12,500. Intensity of services must be measured between 50-84 minutes of services per client per week on average. Frequency of service for an individual must be between 2-3 times per client per week.	

9.11. Child and Youth Based Programming and Team Based Approaches funding to support programming specified in Exhibit A, Amendment #3 Scope of Services.

9.12. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A, Amendment #3 Scope of Services.

9.13. MATCH: Funds to be used to support services and trainings outlined in Exhibit A, Amendment #3 Scope of Services. The breakdown of this funding per SFY effective SFY 2020 is outlined below.

TRAC COSTS	CERTIFICATION OR RECERTIFICATION	TOTAL COST
$2,500	$250/Person X 10 People = $2,000	$5,000

9.14. RENEW Sustainability Continuation: The Department shall reimburse the Contractor for RENEW activities outlined in Exhibit A Amendment #3, RENEW Sustainability. RENEW costs will be billed on green sheets and will have detailed information regarding the expense associated with each of the following items, not to exceed ***$6,000*** annually. Funding can be used for training of new facilitators; training for an internal coach; coaching Institute On Disability (IOD) for facilitators, coach, and implementation teams; and travel costs.

9.15. PATH Funding: Subject to change based on performance standards, HMIS compliance, SAMHSA requirements, and PATH grant requirements as outlined in Exhibit A, Amendment #3 Scope of Services PATH Services.

9.16. Housing Support Services including Bridge: The Contractor shall be paid based on an activity and general payment as outlined below. Funds to be used for the provision of services as outlined in Exhibit A, Amendment #3 Scope of Services, in SFY 2019.

Housing Services Costs	INVOICE TYPE	TOTAL COST
Hire of a designated housing support staff	One-time payment	$15,000
Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A	One-time payment	$10,000

9.17. General Training Funding: Funds are available in SFY 2019 and SFY 2022 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.18. System Upgrade Funding: Funds are available in SFY 2019 and SFY 2022 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Data Reporting. Funds may

also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B, Amendment #3 Method and Conditions Precedent to Payment, ensuring invoices specify purposes for use of funds.

9.19. First Episode Psychosis Training and Services: The Contractor shall be paid based on an activity and general payment as outlined below. Funds support training, programming and staffing defined in Exhibit A, Early Serious Mental Illness/First Episode Psychosis (ESMI/FEP) Coordinated Specialty Care. Invoices will only be processed upon receipt of outlined data reports and invoice shall reference contract budget line items. All trainings must receive advanced approval in writing by the Department.

FEP/ESMI Services Costs	**TOTAL COST**
Staff Training on EBP FEP/ESMI Coordinated Specialty Care	$58,600
Invoiced based payments for unbillable services delivered by the ESMI/FEP team	$60,000

9.20. System of Care 2.0: Funds are available in SFY 2022 to support associated program expenses as outlined in the below budget table.

Clinical training for expansion of Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) program	$5,000
Indirect Costs (not to exceed 6%)	$300
Total	**$5,300**

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

New Hampshire Department of Health and Human Services

Exhibit K, Amendment #3

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all non-public information owned, managed, created, received for or on behalf of, the Department that is protected by information security, privacy or confidentiality rules, Agreement and state and federal laws or policy. This information may include but is not limited to, derivative data, Protected Health Information (PHI), Personally Identifiable Information (PII), Substance Use Disorder Information (SUD), Federal Tax Information, Social Security Administration, and CJIS (Criminal Justice Information Services) data, including the copy of information submitted known as the Phoenix Data. Confidential Information or Confidential Data shall not include medical records produced and maintained by the contractor in the course of their practice or information owned by the patient/client. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the contractor

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives Confidential Data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

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7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or Confidential data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

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

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that Confidential Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees Confidential Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the Confidential Data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting Confidential Data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is <u>encrypted</u> and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to

access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the Confidential Data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. If it is infeasible to return or destroy the Confidential Data, protections pursuant to this Information Security Requirements Exhibit survive this contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process Confidential Data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.
6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting

infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such Confidential Data upon request or contract termination; and will obtain written certification for any State of New Hampshire Confidential Data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire Confidential Data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the Confidential Data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate Confidential Data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the Confidential Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).
3. The Contractor will maintain appropriate authentication and access controls to

contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. Omitted.

10. The Contractor will not store, knowingly or unknowingly, any Confidential Data or State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the

level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

    e. limit disclosure of the Confidential Information to the extent permitted by law.

    f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

    g. only authorized End Users may transmit the Confidential Data, including any

derivative files containing personally identifiable information, and in all cases, such Confidential Data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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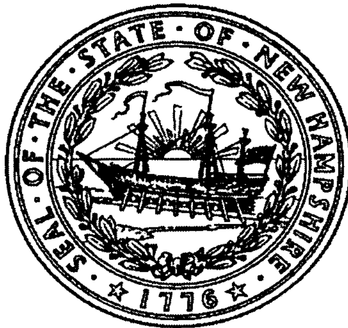
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 17, 1967. 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: **61791**
Certificate Number: **0005362146**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of May A.D. 2021.

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, ____**Susan Davis**____, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of __**The Mental Health Center for So. NH/ CLM Center for Life Management**______________________.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on ___June 9th_, 2021___, at which a quorum of the Directors/shareholders were present and voting.
(Date)

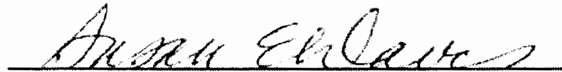
VOTED: That ________**Vic Topo**____ (may list more than one person) (Name and Title of Contract Signatory)

is duly authorized on behalf of _**The Mental Health Center for So. NH/ CLM Center for Life Management**____to enter into contracts or agreements with the State (Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated:__June 9th___ , 2021____



Signature of Elected Officer
Name: Susan Davis
Title: Secretary

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MENTAHEA29

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/09/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
USI Insurance Services LLC
3 Executive Park Drive, Suite 300
Bedford, NH 03110
855 874-0123

CONTACT NAME:
PHONE (A/C, No, Ext): 855 874-0123 | FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Co.	18058
INSURER B : Granite State Healthcare & Human Svc WC	NONAIC
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
The Mental Health Center for Southern
NH DBA CLM Center for Life Management
10 Tsienneto Rd
Derry, NH 03038

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PHPK2186877	10/01/2020	10/01/2021	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$250,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			PHPK2186883	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB / X OCCUR			PHUB740169	10/01/2020	10/01/2021	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$5,000,000
	DED / X RETENTION $10000							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		HCHS20200000368	02/01/2021	02/01/2022	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	Professional Liab			PHPK2186877	10/01/2020	10/01/2021	1,000,000 3,000,000	

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

CERTIFICATE HOLDER
DHHS Dept Health & Human Services
129 Pleasant Street
Concord, NH 03301

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

AUTHORIZED REPRESENTATIVE
[signature]

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MISSION STATEMENT

To promote the health and well-being of individuals, families and organizations. We accomplish this through professional, caring and comprehensive behavioral health care services and by partnering with other organizations that share our philosophy.

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Years ended June 30, 2020 and 2019

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES
Years ended June 30, 2020 and 2019

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Independent Auditor's Report

To the Board of Directors of
The Mental Health Center for Southern New Hampshire
d/b/a CLM Center for Life Management and Affiliates

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliates (a nonprofit organization), which are comprised of the consolidated statements of financial position as of June 30, 2020 and 2019, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliates as of June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on pages 18-24 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 16, 2020, on our consideration of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliates internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliates internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and Affiliates internal control over financial reporting and compliance.

Change in Accounting Principle

As described in Note 1 of the financial statements, in 2020, the organization adopted ASU 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. Our opinion is not modified with respect to this matter.

Wadleigh Whitcomb & Assoc., PLC

Essex Junction, Vermont
Registration number VT092.0000684
December 16, 2020

THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES
Consolidated Statements of Financial Position
June 30, 2020 and 2019

ASSETS

	2020	2019
Current assets:		
Cash and cash equivalents	$ 3,980,700	$ 1,662,875
Accounts receivable, net	848,651	943,181
Other receivables	193,213	284,929
Prepaid expenses	121,456	93,768
Security deposit	11,087	11,087
Total current assets	5,155,107	2,995,840
Property and equipment, net	3,621,331	3,715,469
Total assets	$ 8,776,438	$ 6,711,309

LIABILITIES AND NET ASSETS

	2020	2019
Current liabilities:		
Current portion of long term debt	$ 98,538	$ 93,538
Accounts payable	47,019	76,558
Accrued payroll and payroll liabilities	641,109	402,801
Accrued vacation	383,284	372,138
Accrued expenses	41,576	18,961
Deferred revenue	8,000	11,980
Total current liabilities	1,219,526	975,976
Long term liabilities		
Interest rate swap agreement	163,783	58,030
PMPM reserve	210,687	225,000
Paycheck protection program note payable	2,212,100	-
Long term debt, less current portion	2,116,679	2,215,250
Total long term liabilities	4,703,249	2,498,280
Total liabilities	5,922,775	3,474,256
Net assets		
Without donor restrictions	2,802,763	3,237,053
With donor restrictions	50,900	-
Total net assets	2,853,663	3,237,053
Total liabilities and net assets	$ 8,776,438	$ 6,711,309

See notes to financial statements

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES
Consolidated Statements of Activities
Years ended June 30, 2020 and 2019

	2020			
	Without Donor Restrictions	With Donor Restrictions	Total	2019
Public support and revenues:				
Public support:				
Federal	1,143,039	-	$1,143,039	$ 893,941
State of New Hampshire - BBH	380,896	-	380,896	258,681
State and local funding	44,102	-	44,102	43,601
Other public support	116,913	50,900	167,813	224,837
Total public support	1,684,950	50,900	1,735,850	1,421,060
Revenues:				
Program service fees, net	13,759,719	-	13,759,719	13,076,818
Other service income	584,033	-	584,033	647,329
Rental income	5,288	-	5,288	5,188
Other	228,025	-	228,025	158,841
Gain on sale of assets	-	-	-	10,000
Total revenues	14,577,065	-	14,577,065	13,898,176
Total public support and revenues	16,262,015	50,900	16,312,915	15,319,236
Operating expenses:				
BBH funded programs:				
Children	5,269,747	-	5,269,747	5,157,438
Elders	580,123	-	580,123	501,342
Vocational	321,661	-	321,661	266,091
Multi-Service	3,148,577	-	3,148,577	2,971,434
Acute Care	1,183,032	-	1,183,032	932,421
Independent Living	2,688,824	-	2,688,824	2,334,134
Assertive Community Treatment	799,937	-	799,937	734,195
Non-Specialized Outpatient	986,629	-	986,629	1,063,655
Non-BBH funded program services	584,153	-	584,153	213,421
Total program expenses	15,562,683	-	15,562,683	14,174,131
Administrative expenses	1,027,869	-	1,027,869	960,388
Total expenses	16,590,552	-	16,590,552	15,134,519
Change in net assets from operations	(328,537)	50,900	(277,637)	184,717
Non-operating expenses:				
Fair value gain (loss) on interest rate swap	(105,753)	-	(105,753)	(106,563)
Change in net assets	(434,290)	50,900	(383,390)	78,154
Net assets, beginning of year	3,237,053	-	3,237,053	3,158,899
Net assets, end of year	$ 2,802,763	$ 50,900	$2,853,663	$3,237,053

See notes to financial statements

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES
Consolidated Statements of Functional Expenses
Years ended June 30, 2020 and 2019

	2020			2019		
	Program Services	Administrative	Total	Program Services	Administrative	Total
Personnel costs:						
Salaries and wages	$ 9,968,290	$ 673,659	$ 10,641,949	$ 8,963,460	$ 604,197	$ 9,567,657
Employee benefits	2,258,081	105,781	2,363,862	1,947,562	131,727	2,079,289
Payroll taxes	667,575	45,825	713,400	623,425	41,859	665,284
Accounting/audit fees	55,169	4,365	59,534	56,277	5,753	62,030
Advertising	40,832	3,685	44,517	32,756	3,376	36,132
Conferences, conventions and meetings	17,705	10,694	28,399	18,606	9,597	28,203
Depreciation	208,693	16,692	225,385	188,646	15,339	203,985
Equipment maintenance	16,359	1,288	17,647	34,553	2,524	37,077
Equipment rental	43,820	2,661	46,481	37,204	2,280	39,484
Insurance	74,402	5,783	80,185	73,278	5,836	79,114
Interest expense	101,157	8,077	109,234	101,605	8,264	109,869
Legal fees	30,848	2,323	33,171	25,302	1,890	27,192
Membership dues	25,054	32,385	57,439	45,470	6,663	52,133
Occupancy expenses	1,145,274	9,002	1,154,276	1,007,337	10,369	1,017,706
Office expenses	235,196	22,695	257,891	219,960	20,386	240,346
Other expenses	143,908	11,862	155,770	76,453	17,615	94,068
Other professional fees	331,946	56,650	388,596	378,017	57,890	435,907
Program supplies	167,365	13,395	180,760	156,066	12,646	168,712
Travel	146,331	1,047	147,378	188,154	2,177	190,331
	15,678,005	1,027,869	16,705,874	14,174,131	960,388	15,134,519
Administrative allocation	1,027,869	(1,027,869)	-	960,388	(960,388)	-
Total expenses	16,705,874	$ -	$ 16,705,874	$ 15,134,519	$ -	$ 15,134,519

See notes to financial statements

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES
Consolidated Statements of Cash Flows
Years ended June 30, 2020 and 2019

	2020	2019
Cash flows from operating activities:		
Increase (decrease) in net assets	$ (383,390)	$ 78,154
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:		
Depreciation	225,385	203,985
Amortization of loan origination fees included in interest expense	18,930	18,930
Gain on sale of assets	-	(10,000)
Fair value (gain) loss on interest rate swap	105,753	106,563
(Increase) decrease in:		
Accounts receivable, net	94,530	(78,951)
Other receivables	91,716	(140,114)
Prepaid expenses	(27,688)	(13,015)
Increase (decrease) in:		
Accounts payable and accrued expenses	242,530	100,873
Deferred revenue	(3,980)	4,400
PMPM reserve	(14,313)	112,263
Net cash provided by operating activities	349,473	383,088
Cash flows from investing activities:		
Proceeds from sale of assets	-	10,000
Purchases of property and equipment	(131,248)	(262,788)
Net cash (used) provided by investing activities	(131,248)	(252,788)
Cash flows from financing activities:		
Net principal payments on long term debt	(112,500)	(107,500)
Proceeds received from paycheck protection program	2,212,100	-
Net cash used in financing activities	2,099,600	(107,500)
Net increase (decrease) in cash and cash equivalents	2,317,825	22,800
Cash and cash equivalents, beginning of year	1,662,875	1,640,075
Cash and cash equivalents, end of year	$ 3,980,700	$ 1,662,875
Supplemental cash flow disclosures:		
Cash paid during the year for interest	$ 109,234	$ 109,869

See notes to financial statements

Note 1. Nature of organization

The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management (the "Organization") is a not-for-profit corporation, organized under New Hampshire law to provide services in the areas of mental health and related non-mental health programs.

During 2006, the Center for Life Management Foundation (the "Foundation") was established to act for the benefit of, to carry out the functions of, and to assist the Organization. It is affiliated with The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management through common board members and management. In addition, the Organization is the sole member.

The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and the Center for Life Management Foundation are collectively referred to the "Organization".

Basis of consolidation
The consolidated financial statements include the accounts of The Mental Health Center for Southern New Hampshire d/b/a CLM Center for Life Management and the Center for Life Management Foundation. All intercompany transactions have been eliminated in consolidation.

Note 2. Basis of accounting and summary of significant accounting policies

Basis of accounting
The financial statements are prepared on the accrual basis of accounting. Under this basis, revenues, other than contributions, and expenses are reported when incurred, without regard to date of receipt or payment of cash. Contributions are reported in accordance with FASB Accounting Standards Codification ("ASC") *Accounting for Contributions Received and Contributions Made.*

Basis of presentation
The Organization's financial statements have been prepared in accordance with U.S. generally accepted accounting principles ("US GAAP"), which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

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 Organization. These net assets may be used at the discretion of the Organization's management and the board of directors.

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 Organization or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

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Note 2. Basis of accounting and summary of significant accounting policies (continued)

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 statements of activities.

At June 30, 2020 and 2019, the Organization had net assets without donor restrictions of $2,802,763 and $3,237,053, respectively and had net assets with donor restrictions of $50,900 and $0, respectively. See Note 8 for discussion regarding net assets with donor restrictions.

General
The significant accounting policies of the Organization are presented to assist in understanding the Organization's financial statements. The financial statements and the notes are representations of the Organization's management. The Organization is responsible for the integrity and objectivity of the financial statements.

Use of estimates
Management uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Actual results could vary from the estimates that were used.

Cash and cash equivalents
The Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash and cash equivalents.

Accounts receivable
Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management writes off accounts when they are deemed uncollectible and establishes an allowance for doubtful accounts for estimated uncollectible amounts. The Organization had an allowance for doubtful accounts of $207,758 and $242,758 as of June 30, 2020 and 2019, respectively. Refer to Note 3 for additional discussion of accounts receivable.

Property
Property is recorded at cost, except for donated assets which are recorded at estimated fair value at the date of donation. Depreciation is computed on the straight line basis over the estimated useful lives of the related assets as follows:

Buildings and improvements	15 – 40 years
Automobiles	3 – 15 years
Equipment	5 – 7 years

All equipment valued at $500 or more is capitalized. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized. Assets sold or otherwise disposed of are removed from the accounts, along with the related accumulated depreciation, and any gain or loss is recognized.

Depreciation expense was $225,385 and $203,985 for the years ended June 30, 2020 and 2019, respectively.

Note 2. Basis of accounting and summary of significant accounting policies (continued)

Finance costs
Financing costs are recorded on the statement of position net of accumulated amortization. In accordance with generally accepted accounting principles, the unamortized financing costs are reported as a reduction in long term debt - see Note 7. The costs are amortized over the term of the respective financing arrangement.

Vacation pay and fringe benefits
Vacation pay is accrued and charged to programs when earned by the employee. Fringe benefits are allocated to the appropriate program expense based on the percentage of actual time spent on programs.

Fair value measurements and financial instruments
The Organization adopted FASB ASC 820, Fair Value Measurements and Disclosures, for assets and liabilities measured at fair value on a recurring basis. The codification established a common definition for fair value to be applied to existing generally accepted accounting principles that requires the use of fair value measurements, establishes a framework for measuring fair value, and expands disclosure about such fair value measurements.

FASB ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Additionally, FASB ASC 820 requires the use of valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. These inputs are prioritized as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

The Organization's financial instruments consist primarily of cash, accounts receivables, accounts payable and accrued expenses. The carrying amount of the Organization's financial instruments approximates their fair value due to the short-term nature of such instruments. The carrying value of long-term debt approximates fair value due to their bearing interest at rates that approximate current market rates for notes with similar maturities and credit quality.

The Organization's interest rate swap agreements are classified as level 2 in the hierarchy, as all significant inputs to the fair value measurement are directly observable, such as the underlying interest rate assumptions.

Third-party contractual arrangements
A significant portion of revenue is derived from services to patients insured by third-party payers. Reimbursements from Medicare, Medicaid, and other commercial payers are at defined service rates for services rendered to patients covered by these programs. The difference between the established billing rates and the actual rate of reimbursement is recorded as an allowance when received. A provision for estimated contractual allowances is provided on outstanding patient receivables at the statement of financial position date.

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Note 2. Basis of accounting and summary of significant accounting policies (continued)

Advertising expenses

The Organization expenses advertising costs as they are incurred.

Expense allocation

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Contributions

Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Contributed property and equipment are recorded at fair value at the date of donation. Contributions with donor-imposed stipulations regarding how long the contributed assets must be used are recorded as net assets with donor restrictions; otherwise, the contributions are recorded as net assets without donor restrictions.

Interest rate swap

The Organization uses an interest rate swap to effectively convert the variable rate on its State Authority Bond to a fixed rate, as described in Note 11. The change in the fair value of the swap agreement and the payments to or receipts from the counterparty to the swap are netted with the interest expense on the bonds. Cash flows from interest rate swap contracts are classified as a financing activity on the statement of cash flows.

Income taxes

The Organization is a non-profit organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization has also been classified as an entity that is not a private foundation within the meaning of 509(a) and qualifies for deductible contributions.

The Foundation is a non-profit organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. It is an organization that is organized and operated exclusively for the benefit of the Organization.

These financial statements follow FASB ASC, *Accounting for Uncertain Income Taxes*, which clarifies the accounting for uncertainty in income taxes and prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return.

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Note 2. Basis of accounting and summary of significant accounting policies (continued)

Accounting for Uncertain Income Taxes did not have a material impact on these financial statements as the Organization believes it has taken no uncertain tax positions that could have an effect on its financial statements.

Federal Form 990 (Return of an Organization Exempt from Income Tax) for fiscal years 2017, 2018 and 2019 are subject to examination by the IRS, generally for three years after filing.

New Accounting Pronouncement
In June 2018, the FASB issued ASU 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made.* ASU 2018-08 improves and clarifies the guidance in GAAP for the recognition of contributions by providing (1) a more robust framework for determining whether a transaction is a contribution or an exchange transaction and (2) additional guidance for distinguishing between conditional and unconditional contributions. The ASU has been applied retrospectively to all periods presented, however, there were no significant modifications required.

Subsequent events
The Organization has evaluated all subsequent events through December 16, 2020, the date the financial statements were available to be issued.

Note 3. Accounts receivable, net

Accounts receivable consist of the following at June 30,:

	2020			2019		
Accounts receivable	Receivable	Receivable Allowance	Net	Receivable	Receivable Allowance	Net
Clients	$ 217,938	$ (149,684)	$ 68,254	$ 319,858	$ (192,955)	$ 126,903
Insurance companies	167,288	(6,511)	160,777	190,094	(4,389)	185,705
Medicaid	546,959	(43,602)	503,357	620,780	(43,187)	577,593
Medicare	124,224	(7,961)	116,263	55,207	(2,227)	52,980
	$1,056,409	$ (207,758)	$ 848,651	$1,185,939	$ (242,758)	$ 943,181

Other receivables	2020	2019
Towns	$ 32,500	$ 28,000
NH Division of Mental Health	157,555	125,889
Unemployment tax refund	-	12,881
Contractual services	3,158	118,159
	$ 193,213	$ 284,929

Note 4. Prepaids

Prepaids consists of the following at June 30:

	2020	2019
Prepaid insurance	$ 47,145	$ 37,268
Prepaid rents	74,311	56,500
	$ 121,456	$ 93,768

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Note 5. Concentrations of credit risk

Financial instruments that potentially subject the Organization to concentrations of credit risk consist of the following:

	2020	2019
Receivables primarily for services provided to individuals and entities located in southern New Hampshire	$ 848,651	$ 943,181
Other receivables due from entities located in New Hampshire	$ 193,213	$ 284,929

Bank balances are insured by the Federal Deposit Insurance Corporation ("FDIC") for up to the prevailing FDIC limit. At June 30, 2020 and 2019, the Organization had approximately $3,537,000 and $1,287,000 in uninsured cash balances.

Note 6. Property and equipment

Property and equipment consists of the following at June 30:

	2020	2019
Land	$ 565,000	$ 565,000
Buildings and improvements	4,065,775	4,036,993
Automobiles	18,800	18,800
Equipment	1,602,233	1,630,644
	6,251,808	6,251,437
Less: accumulated depreciation	(2,630,477)	(2,535,968)
Property and equipment, net	$ 3,621,331	$ 3,715,469

Note 7. Long term debt

Long term debt consists of the following as of June 30,:

	2020	2019
Series 2015 New Hampshire Health and Education Facilities Bond - Payable through 2036, original principal of $3,042,730, remarketed and sold to People's United Bank at a variable rate, with an effective rate of 1.79538% and 3.5866% at June 30, 2020 and 2019, respectively. Secured by land, building, equipment, and certain revenues, and is subject to certain financial covenants. The note matures August 2025. The Organization has entered into an interest rate swap agreement to effectively fix the interest rate on the note. See Note 11.	2,535,230	2,647,730
Less: unamortized finance costs	(320,013)	(338,942)
Long term debt, less unamortized finance costs	2,215,217	2,308,788
Less: current portion of long term debt	(98,538)	(93,538)
Long term debt, less current portion	$ 2,116,679	$ 2,215,250

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Note 7. Long term debt (continued)

In 2017, the Organization retroactively adopted the requirements of FASB ASC 835-30 to present debt issuance costs as a reduction of the carrying amount of debt rather than as an asset.

Amortization of $18,930 is reported as interest expense in the consolidated statement of activities for the years ended June 30, 2020 and 2019, respectively.

Future maturities to long term debt are as follows:

Year ending June 30,	Long Term Debt Principal	Unamortized Finance Costs	Net
2021	$ 117,500	$ (18,962)	$ 98,538
2022	122,500	(18,962)	103,538
2023	127,500	(18,962)	108,538
2024	132,500	(18,962)	113,538
2025	137,500	(18,962)	118,538
Thereafter	1,897,730	(225,203)	1,672,527
Total	$ 2,535,230	$ (320,013)	$ 2,215,217

Note 8. Net assets with donor restrictions

Net assets with donor restrictions were as follows at June 30,:

	2020	2019
Space plan analysis for Derry location	$ 10,000	$ -
Technology	10,900	-
Housing support	30,000	-
	$ 50,900	$ -

Note 9. Paycheck protection program

On April 17, 2020, the Organization received $2,212,100 in loan proceeds under the Paycheck Protection Program ("PPP"). The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business.

The loans and accrued interest are forgivable after eight or twenty-four weeks (the "Covered Period") as long as the borrower uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities, and maintains its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the eight or twenty-four week period. The unforgiven portion of the PPP loan is payable over two years at an interest rate of 1%, with a deferral of payments for the first six months.

The Organization intends to use the proceeds for purposes consistent with the PPP, however, the amount forgiven will not be determined until the completion of the respective Covered Period. As such, the entire balance is presented as a long term liabilities.

Note 9. Paycheck protection program (continued)

While the Organization currently believes that its use of the loan proceeds will meet the conditions for forgiveness of the loan, however, there are risks that the certain items paid under the proceeds may be considered ineligible for forgiveness of the loan, in whole or in part.

Note 10. Line of credit

As of June 30, 2020 and 2019, the Organization had a demand line of credit with People's United Bank with a borrowing capacity of $850,000, which is available through March 29, 2021. Interest accrued on the outstanding principal balance is payable monthly at the Wall Street Journal Prime plus .50% (an effective rate of 3.75% and 6.00% at June 30, 2020 and 2019). The outstanding balance on the line at June 30, 2020 and 2019 was $0. respectively. The line of credit is secured by all business assets and real estate.

Note 11. Interest rate swap

During 2016, the Organization entered into an interest rate swap agreement with People's United Bank that effectively fixes the interest rate on the outstanding principal of the Bank's term note at 3.045%.

Under the arrangement, the notional principal amount is the balance of the note, with the Organization receiving floating payments of one month London InterBank Offered rate ("LIBOR") plus .69% and paying a fixed rate of 3.045%.

The agreement matures August 2025 and has a notional amount of $2,535,230 and $2,647,730 at June 30, 2020 and 2019, respectively.

In accordance with generally accepted accounting principles, the interest rate swap agreement is recorded at its fair value as an asset or liability, with the changes in fair value being reported as a component of the change in net assets without donor restrictions. For the years ended June 30, 2020 and 2019, the Organization reported an interest rate swap liability of $163,783 and $58,030 on the statement of financial position and a fair value gain / (loss) on the interest rate swap of $(105,753) and $(106,563) on the statement of activities, respectively. The fair value gain / (loss) is reported as a non-operating expense of the Organization and is a non-cash transaction.

Note 12. Employee benefit plan

Discretionary matching contributions to a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code are contingent upon financial condition. This program covers eligible regular full-time and part-time employees who have successfully completed at least one year of employment and work at least 20 hours per week. Eligible employees may make contributions to the plan up to the maximum amount allowed by the Internal Revenue Code if they wish. Employer contributions totaled $120,073 and $109,592 for the years ended June 30, 2020 and 2019, respectively.

Note 13. Concentrations

For the years ended June 30, 2020 and 2019, the Organization received approximately 73% and 68%, respectively, of its total revenue in the form of Medicaid reimbursements. Being a State of New Hampshire designated Community Mental Health Center affords the Organization Medicaid provider status. Annual contracting with New Hampshire Department of Health and Human Services-Bureau of Behavioral Health provides a base allocation of state general funds are taken as grant funds which are drawn as related expenses are incurred. Medicaid is comprised of 50% Federal funds and 50% New Hampshire State matching funds.

Note 14. Lease commitments

The Organization leases facilities and multiple copier agreements under various operating leases. Rent expense recorded under these arrangements was approximately $212,500 and $196,000 for the years ended June 30, 2020 and 2019, respectively.

The following details the future minimum lease payments on leases with an initial or remaining term of greater than one year as of June 30, 2020:

Years ending June 30,	
2021	$ 211,111
2022	215,325
2023	219,539
2024	223,753
2025	54,185
Total	$ 923,913

Note 15. Availability and liquidity

The following represents the Organization's financial assets at June 30,:

	2020	2019
Financial assets at year end:		
Cash and cash equivalents	$3,980,700	$1,662,875
Accounts receivable	848,651	943,181
Other receivable	193,213	284,929
Security deposit	11,087	11,087
Total financial assets	5,033,651	2,902,072
Less amounts not available within one year:		
Security deposit	(11,087)	(11,087)
Financial assets available to meet general Expenditures over the next twelve months	$5,022,564	$2,890,985

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

Note 15. Availability and liquidity (continued)

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

The Organization's primary source of liquidity is its cash and cash equivalents.

In addition to financial assets available to meet general expenditures within one year, the Organization operates with a budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

Note 16. Subsequent events

The COVID-19 outbreak in the United States and other countries has caused business disruption through mandated and voluntary closings, travel restrictions, quarantine requirements, and other disruptions to general business operations. While the disruptions are currently expected to be temporary, there is uncertainty around the duration of the various mandated and voluntary restrictions in place, and what, if any, negative financial impact it will have on the Organization. As of the date of this report, the related financial impact and duration cannot be reasonably estimated at this time.

Note 17. Restatement

During the year ending June 30, 2020, the Organization noted the interest rate swap agreement was recorded incorrectly. Accordingly, the following items for the year ending June 30, 2019 have been restated to properly reflect the adjustment:

	Previously Reported	Adjustment	Restated
Balance Sheet:			
Interest rate swap agreement	$ 58,030	$ (116,060)	$ (58,030)
Net Assets	3,353,113	(116,060)	3,237,053
Income Statement:			
Fair value gain (loss)	9,497	(116,060)	(106,563)
Net income (loss)	194,214	(116,060)	78,154
Cash Flow:			
Change in fair value (gain) loss	(9,497)	(116,060)	106,563

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SUPPLEMENTARY INFORMATION

THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES
Consolidating Statement of Position
June 30, 2020

	Center for Life Management	CLM Foundation	Total	Eliminations	Consolidated
ASSETS					
Current assets:					
Cash and cash equivalents	$ 3,762,816	$ 196,548	$ 3,959,364	$ 21,336	$ 3,980,700
Accounts receivable, net	848,651	-	848,651		848,651
Other receivables	214,549	-	214,549	(21,336)	193,213
Prepaid expenses	121,456	-	121,456	-	121,456
Security deposit	11,087	-	11,087	-	11,087
Total current assets	4,958,559	196,548	5,155,107	-	5,155,107
Property and equipment, net	3,621,331	-	3,621,331	-	3,621,331
Total assets	$ 8,579,890	$ 196,548	$ 8,776,438	$ -	$ 8,776,438
LIABILITIES AND NET ASSETS					
Current liabilities:					
Current portion of long-term debt	$ 98,538	$ -	$ 98,538	$ -	$ 98,538
Accounts payable	47,019	-	47,019	-	47,019
Accrued payroll and payroll liabilities	641,109	-	641,109	-	641,109
Accrued vacation	383,284	-	383,284	-	383,284
Accrued expenses	41,576	-	41,576	-	41,576
Deferred revenue	8,000	-	8,000	-	8,000
Total current liabilities	1,219,526	-	1,219,526	-	1,219,526
Long term liabilities:					
Interest rate swap agreement	163,783	-	163,783	-	163,783
PMPM reserve	210,687	-	210,687	-	210,687
Paycheck protection program note payable	2,212,100	-	2,212,100	-	2,212,100
Long-term-debt less current portion	2,116,679	-	2,116,679	-	2,116,679
Total long term liabilities	4,703,249	-	4,703,249	-	4,703,249
Total liabilities	5,922,775	-	5,922,775	-	5,922,775
Net assets:					
Without donor restrictions	2,657,115	145,648	2,802,763	-	2,802,763
With donor restrictions	-	50,900	50,900	-	50,900
Total net assets	2,657,115	196,548	2,853,663	-	2,853,663
Total liabilities and net assets	$ 8,579,890	$ 196,548	$ 8,776,438	$ -	$ 8,776,438

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES
Consolidating Statement of Position
June 30, 2019

	Center for Life Management	CLM Foundation	Total	Eliminations	Consolidated
ASSETS					
Current assets:					
Cash and cash equivalents	$ 1,451,648	$ 211,227	$ 1,662,875	$ -	$ 1,662,875
Accounts receivable, net	943,181	-	943,181	-	943,181
Other receivables	284,929	-	284,929	-	284,929
Prepaid expenses	93,768	-	93,768	-	93,768
Security deposit	11,087	-	11,087	-	11,087
Total current assets	2,784,613	211,227	2,995,840	-	2,995,840
Property and equipment, net	3,715,469	-	3,715,469	-	3,715,469
Total assets	$ 6,500,082	$ 211,227	$ 6,711,309	$ -	$ 6,711,309
LIABILITIES AND NET ASSETS					
Current liabilities:					
Current portion of long-term debt	$ 93,538	$ -	$ 93,538	$ -	$ 93,538
Accounts payable	76,558	-	76,558	-	76,558
Accrued payroll and payroll liabilities	402,801	-	402,801	-	402,801
Accrued vacation	372,138	-	372,138	-	372,138
Accrued expenses	18,961	-	18,961	-	18,961
Deferred revenue	11,980	-	11,980	-	11,980
Total current liabilities	975,976	-	975,976	-	975,976
Long term liabilities					
Interest rate swap agreement	58,030	-	58,030	-	58,030
PMPM reserve	225,000	-	225,000	-	225,000
Long-term-debt less current portion	2,215,250	-	2,215,250	-	2,215,250
Total long term liabilities	2,440,250	-	2,440,250	-	2,440,250
Total liabilities	3,474,256	-	3,474,256	-	3,474,256
Net assets without donor restrictions	3,025,826	211,227	3,237,053	-	3,237,053
Total liabilities and net assets	$ 6,500,082	$ 211,227	$ 6,711,309	$ -	$ 6,711,309

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES
Consolidating Statement of Activities
For the Year Ended June 30, 2020

	Center for Life Management	CLM Foundation Without Donor Restrictions	CLM Foundation With Donor Restrictions	CLM Foundation Total	Total	Eliminations	Consolidated
Public support and revenues:							
Public support:							
Federal	$ 1,143,039	$ -	$ -	$ -	$ 1,143,039	$ -	$ 1,143,039
State of New Hampshire - BBH	380,896	-	-	-	380,896	-	380,896
State and local funding	44,102	-	-	-	44,102	-	44,102
Other public support	117,714	56,199	50,900	107,099	224,813	(57,000)	167,813
Total public support	1,685,751	56,199	50,900	107,099	1,792,850	(57,000)	1,735,850
Revenues:							
Program service fees, net	13,759,719	-	-	-	13,759,719	-	13,759,719
Other service income	584,033	-	-	-	584,033	-	584,033
Rental income	5,288	-	-	-	5,288	-	5,288
Other	286,347	-	-	-	286,347	(58,322)	228,025
Total revenues	14,635,387	-	-	-	14,635,387	(58,322)	14,577,065
Total public support and revenues	16,321,138	56,199	50,900	107,099	16,428,237	(115,322)	16,312,915
Operating expenses:							
BBH funded programs:							
Children	5,269,747	-	-	-	5,269,747	-	5,269,747
Elders	580,123	-	-	-	580,123	-	580,123
Vocational	321,661	-	-	-	321,661	-	321,661
Multi-Service	3,148,577	-	-	-	3,148,577	-	3,148,577
Acute Care	1,183,032	-	-	-	1,183,032	-	1,183,032
Independent Living	2,688,824	-	-	-	2,688,824	-	2,688,824
Assertive Community Treatment	799,937	-	-	-	799,937	-	799,937
Non-Specialized Outpatient	986,629	-	-	-	986,629	-	986,629
Non-BBH funded program services	577,697	121,778	-	121,778	699,475	(115,322)	584,153
Total program expenses	15,556,227	121,778	-	121,778	15,678,005	(115,322)	15,562,683
Administrative expenses	1,027,869	-	-	-	1,027,869	-	1,027,869
Total expenses	16,584,096	121,778	-	121,778	16,705,874	(115,322)	16,590,552
Change in net assets from operations	(262,958)	(65,579)	50,900	(14,679)	(277,637)	-	(277,637)
Non-operating expenses:							
Fair value gain on interest rate swap	(105,753)	-	-	-	(105,753)	-	(105,753)
Change in net assets	(368,711)	(65,579)	50,900	(14,679)	(383,390)	-	(383,390)
Net assets, beginning of year	3,025,826	211,227	-	211,227	3,237,053	-	3,237,053
Net assets, end of year	$ 2,657,115	$ 145,648	$ 50,900	$ 196,548	$ 2,853,663	$ -	$ 2,853,663

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES
Consolidating Statement of Activities
For the Year Ended June 30, 2019

	Center for Life Management	CLM Foundation Without Donor Restrictions	CLM Foundation With Donor Restrictions	CLM Foundation Total	Total	Eliminations	Consolidated
Public support and revenues:							
Public support:							
Federal	$ 893,941	$ -	$ -	$ -	$ 893,941	$ -	$ 893,941
State of New Hampshire - BBH	258,681	-	-	-	258,681	-	258,681
State and local funding	43,601	-	-	-	43,601	-	43,601
Other public support	171,448	53,389	-	53,389	224,837	-	224,837
Total public support	1,367,671	53,389	-	53,389	1,421,060	-	1,421,060
Revenues:							
Program service fees, net	13,076,818	-	-	-	13,076,818	-	13,076,818
Other service income	647,329	-	-	-	647,329	-	647,329
Rental income	5,188	-	-	-	5,188	-	5,188
Other	158,841	-	-	-	158,841	-	158,841
Gain on sale of assets	10,000	-	-	-	10,000	-	10,000
Total revenues	13,898,176	-	-	-	13,898,176	-	13,898,176
Total public support and revenues	15,265,847	53,389	-	53,389	15,319,236	-	15,319,236
Operating expenses:							
BBH funded programs:							
Children	5,157,438	-	-	-	5,157,438	-	5,157,438
Elders	501,342	-	-	-	501,342	-	501,342
Vocational	266,091	-	-	-	266,091	-	266,091
Multi-Service	2,971,434	-	-	-	2,971,434	-	2,971,434
Acute Care	932,421	-	-	-	932,421	-	932,421
Independent Living	2,334,134	-	-	-	2,334,134	-	2,334,134
Assertive Community Treatment	734,195	-	-	-	734,195	-	734,195
Non-Specialized Outpatient	1,063,655	-	-	-	1,063,655	-	1,063,655
Non-BBH funded program services	160,482	52,939	-	52,939	213,421	-	213,421
Total program expenses	14,121,192	52,939	-	52,939	14,174,131	-	14,174,131
Administrative expenses	960,388	-	-	-	960,388	-	960,388
Total expenses	15,081,580	52,939	-	52,939	15,134,519	-	15,134,519
Change in net assets from operations	184,267	450	-	450	184,717	-	184,717
Non-operating expenses:							
Fair value gain (loss) on interest rate swap	(106,563)	-	-	-	(106,563)	-	(106,563)
Change in net assets	77,704	450	-	450	78,154	-	78,154
Net assets, beginning of year	2,948,122	210,777	-	210,777	3,158,899	-	3,158,899
Net assets, end of year	$ 3,025,826	$ 211,227	$ -	$ 211,227	$ 3,237,053	$ -	$ 3,237,053

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT AND AFFILIATES
Analysis of Accounts Receivable
For the Year Ended June 30, 2020

	Accounts Receivable Beginning of Year	Gross Fees	Contractual Allowances and Other Discounts Given	Cash Receipts	Change in Allowance	Accounts Receivable End of Year
Clients	$ 319,858	$ 1,332,907	$ (650,309)	$ (784,518)	$ -	$ 217,938
Insurance companies	190,904	2,357,019	(1,109,816)	(1,270,819)	-	167,288
Medicaid	620,780	12,906,347	(1,473,721)	(11,506,447)	-	546,959
Medicare	55,207	600,041	(202,749)	(328,275)	-	124,224
Allowance	(242,758)	-	-	-	35,000	(207,758)
Total	$ 943,991	$ 17,196,314	$ (3,436,595)	$ (13,890,059)	$ 35,000	$ 848,651

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT
Schedule of Program Revenues and Expenses
For the Year Ended June 30, 2020

	Children	Elders	Vocational	Multi-Service	Acute Care	Independent Living	Assertive Community Treatment	Non-Specialized Outpatient	Other Non-BBH	Total Program Services	Admin-istrative	Total Agency
Public support and revenues:												
Public support:												
Federal	$ 120,000	$ -	$ -	$ -	$ 121,846	$ 838,292	$ 62,901	$ -	$ -	$ 1,143,039	$ -	$ 1,143,039
State of New Hampshire - BBH	23,580	529	192	15,800	8,190	128,315	187,589	2,989	12,861	380,045	851	380,896
State and local funding	14,638	-	-	-	-	-	-	14,838	14,626	44,102	-	44,102
Other public support	23,596	1,808	1,194	13,958	-	5,252	716	56,392	12,410	115,326	2,388	117,714
Total public support	181,814	2,337	1,386	29,758	130,036	971,859	251,206	74,219	39,897	1,682,512	3,239	1,685,751
Revenues:												
Program service fees, net	5,766,211	644,722	225,406	4,002,947	652,855	1,311,655	600,148	182,947	372,828	13,759,719	-	13,759,719
Other service income	55,032	39,410	-	-	225,837	50	-	106,160	157,018	583,507	526	584,033
Rental income	906	-	-	1,664	906	906	-	906	-	5,288	-	5,288
Other	71,951	8,128	13,555	32,724	19,050	55,062	17,965	47,680	7,451	273,566	12,781	286,347
Total revenues	5,894,100	692,260	238,961	4,037,335	898,648	1,367,673	618,113	337,693	537,297	14,622,080	13,307	14,635,387
Total public support and revenues	6,075,914	694,597	240,347	4,067,093	1,028,684	2,339,532	869,319	411,912	577,194	16,304,592	16,546	16,321,138
Total expenses	5,613,571	618,887	342,785	3,359,015	1,261,635	2,867,626	853,017	1,051,468	616,092	16,584,096	-	16,584,096
Change in net assets from operations	462,343	75,710	(102,438)	708,078	(232,951)	(528,094)	16,302	(639,556)	(38,898)	(279,504)	16,546	(262,958)
Non-operating expenses:												
Fair value gain on interest rate swap	(39,034)	(4,865)	(1,766)	(21,151)	(6,356)	(11,898)	(4,516)	(4,494)	(3,754)	(97,834)	(7,920)	(105,754)
Change in net assets	$ 423,309	$ 70,845	$ (104,204)	$ 686,927	$ (239,307)	$ (539,992)	$ 11,786	$ (644,050)	$ (42,652)	$ (377,338)	$ 8,626	$ (368,712)

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THE MENTAL HEALTH CENTER FOR SOUTHERN NEW HAMPSHIRE
D/B/A CLM CENTER FOR LIFE MANAGEMENT
Schedule of Program Expenses
For the Year Ended June 30, 2020

	Children	Elders	Vocational	Multi-Service	Acute Care	Independent Living	Assertive Community Treatment	Non-Specialized Outpatient	Other Non-BBH	Total Program Services	Admin-istrative	Total Agency
Personnel costs:												
Salaries and wages	$ 3,517,174	$ 394,680	$ 198,892	$ 2,186,043	$ 864,616	$ 1,224,471	$ 503,184	$ 714,464	$ 364,766	$ 9,968,290	$ 673,659	$ 10,641,949
Employee benefits	767,602	94,734	76,817	489,456	159,571	332,811	162,504	88,175	86,411	2,258,081	105,781	2,363,862
Payroll taxes	238,239	26,975	13,246	146,770	60,509	78,185	31,431	47,888	24,332	667,575	45,825	713,400
Accounting/audit fees	21,784	2,696	983	11,975	3,545	6,685	2,532	2,452	2,177	54,829	4,365	59,194
Advertising	15,926	1,795	766	8,540	2,687	5,254	2,019	2,377	1,468	40,832	3,685	44,517
Conferences, conventions and meetings	4,532	338	310	3,546	2,456	1,307	1,676	1,804	1,736	17,705	10,694	28,399
Depreciation	83,381	10,376	3,767	44,961	13,557	25,223	9,631	9,586	8,211	208,693	16,692	225,385
Equipment maintenance	6,544	747	290	3,478	1,035	2,050	777	865	573	16,359	1,288	17,647
Equipment rental	18,809	1,755	601	8,006	4,103	4,059	1,540	3,429	1,518	43,820	2,661	46,481
Insurance	28,848	3,596	1,304	17,662	4,696	8,792	3,338	3,322	2,844	74,402	5,783	80,185
Interest expense	40,338	5,022	1,825	21,839	6,561	12,285	4,661	4,654	3,972	101,157	8,077	109,234
Legal fees	11,586	1,444	524	6,277	1,886	3,531	3,125	1,334	1,141	30,848	2,323	33,171
Membership dues	9,295	629	266	3,908	1,582	2,832	1,212	919	4,411	25,054	32,385	57,439
Occupancy expenses	183,078	7,141	2,031	44,771	7,279	835,189	5,285	52,857	7,643	1,145,274	9,002	1,154,276
Office expenses	90,266	7,033	4,392	40,017	14,290	30,381	22,046	19,429	7,342	235,196	22,695	257,891
Other expenses	8,103	906	547	5,179	2,800	3,207	1,591	1,514	3,173	27,020	11,862	38,882
Other professional fees	123,288	14,948	5,566	70,966	23,690	42,589	16,633	14,666	15,050	327,396	56,650	384,046
Program supplies	47,978	2,639	4,300	26,929	7,167	16,629	7,173	14,428	40,122	167,365	13,395	180,760
Travel	52,976	2,669	5,234	8,254	1,002	53,344	19,579	2,466	807	146,331	1,047	147,378
	5,269,747	580,123	321,661	3,148,577	1,183,032	2,688,824	799,937	986,629	577,697	15,556,227	1,027,869	16,584,096
Administrative allocation	343,824	38,764	21,124	210,438	78,603	178,802	53,080	64,839	38,395	1,027,869	(1,027,869)	-
Total program expenses	$ 5,613,571	$ 618,887	$ 342,785	$ 3,359,015	$ 1,261,635	$ 2,867,626	$ 853,017	$ 1,051,468	$ 616,092	$ 16,584,096	$ -	$ 16,584,096

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BOARD OF DIRECTORS FY2021

Name/Position	*Home Address*	*Day Phone/E-mail Address*
David Hebert Chairperson		
Maria Gudinas Vice Chair		
Susan Davis Secretary		
Ron Lague Treasurer		
Elizabeth Roth		
Judi Ryan		
Jeffrey Rind, MD		
Gail Corcoran		
Vic Topo President & CEO		
Vernon Thomas		
Christopher Peterson, MD		
Joseph Crawford		

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VICTOR TOPO

President/Chief Executive Officer

Successful 32-year career as clinician, manager and CEO in community mental health organizations located in Ohio and New Hampshire. Proven ability to lead board and staff with a persistent focus on mission and achieving results. Talent for exploring new and innovative approaches to delivering traditional and non-traditional behavioral health care. Possess wide range of knowledge and experience with all service populations, especially vulnerable persons at high risk. Strengths include:

- Operations
- Reorganization and reinvention
- Team building and leadership
- Strategic planning
- Collaboration
- Strategic partnerships
- Strong relationship with funders
- Community building
- Innovation

Professional Experience

Center for Life Management – Derry, NH **1999 – Present**
President/Chief Executive Officer

Recruited to manage 501(c) 3 comprehensive community mental health center and its title holding 501(c) 2 corporation, entitled West Rock Endowment Association including two residential facilities.

Key results:

- Restructured senior management increasing direct reports from three to six.
- Revenues increased from 6.5 million to 13 million.
- Established closer connection with surrounding community utilizing aggressive public relations strategy while also rebranding CLM in 2004.
- Guided Board of Directors towards more accountability including higher expectation from management and individual board members.
- Initiated and implemented Corporate Compliance Program, including selection of corporate compliance officer
- Increased year after year number of persons served starting with 3,400 to nearly 6,000.
- Created and implemented strategy to integrate behavioral health care with physician healthcare. Integrated behavioral health services into two Primary Care/Pediatric Practices and two Specialty Practices in Southern New Hampshire.
- Consolidated outpatient offices toward design and construction of new state of the art 26,000 square foot facility. Received national awards for design and use of new facility.
- Provided leadership and vision to oversee the development and implementation of an Electronic Health Record (EHR) called webAISCE. Software now includes e-prescribing and has begun acquiring Meaningful Use dollars with regular upgrades over course of fifteen years.
- Adopted Neurostar Transcranial Magnetic Stimulation (TMS) in 2010 as newest neuro tech treatment for treatment resistant Major Depressive Disorder. First free standing community mental health center in the U.S. to offer it.
-

Pathways, Inc. – Mentor, OH **1988 - 1999**
Chief Executive Officer/Executive Director

Started with managing a small single purpose case management agency with revenues of $486,000 and over 11 years grew revenues to 4 million by expanding services to chronically mentally ill consumers. Created senior management team and strengthened Board of Directors utilizing shared vision approach.

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Key results:

- In collaboration with mental health board designed one of Ohio's first 24 hour 7 days a week in-home crisis stabilization program called C.B.S. (Community Based Stabilization).
- Assumed leadership role in transitioning 32 long-term patients back to our community.
- Positioned organization every year to competitively bid on ever/service provided and be awarded the service contract. Expanded wide range of services that include psychiatry, counseling, emergency services and housing.
- Created county's only Atypical Neuroleptic Medication Program (e.g. Clozaril).
- Pathways' first long range strategic plan in 1992.
- Increased Medicaid revenue from $38,000 in 1989 to $431,210 in 1997.

Community Counseling Center – Ashtabula, OH **1983-1988**
Case Management Supervisor/Case Manager

Provided direct services and supervision for services to severely mentally disabled persons in the community. Partnered with local private hospital as well as state hospital.

Key results:

- Transitioned consumers back into supervised and independent living.
- Recruited, trained and managed staff of five case managers.
- Designed and implemented agency's first case management program.

EDUCATION

Master of Social Work (MSW)
West Virginia University, Morgantown, WV

Bachelor of Arts (BA)
Siena College, Londonville, NY

Associate of Applied Science (AAS)
Fulton-Montgomery Community College, Johnstown, NY

BOARD/LEADERSHIP POSITIONS

Heritage United Way – Board of Directors

Mental Health Commission – Co-Chair
Consumers and Families Work Group

Statewide Evidenced Based Practice Committee – Co-Chair

Greater Salem Chamber of Commerce – Board of Directors

Behavioral Health Network – Board of Directors

Greater Derry/Londonderry Chamber of Commerce – Board of Directors

Greater Derry/Salem Regional Transportation Council (RTC) -
Chairman, Board of Directors, Derry, NH

Greater Salem Leadership Program – Graduate, Class of 2001

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Steve Arnault

Objective

To obtain a position where I can maximize my multilayer of management skills, quality assurance, program development, experience as an educator, customer service, and a successful track record in the health care environment.

Professional Experience

Lead | **Healthcare Systems Align, LLC** Nottingham, NH | 1/2010 – Present

Healthcare Systems Align.com

- Provide consultation to agencies, medical practices and practitioners to establish systems of integrated healthcare that includes practice patterns, billing strategies, quality and compliance strategy, policy development, outcome measurement and supervision.

VP of Quality, Compliance | **Center for Life Management**, Derry, NH | 1/2009 - Present

www.centerforlifemanagement.org

- Senior management position in mental health center serving 6000 consumers Responsibilities include development, implementation and monitoring of strategies and systems to continuously improve the quality of services to consumers. Assure compliance to state and federal regulations.
- Develop and maintain systems to assure fidelity to evidence based practices.
- Continuous development of EMR and associated staff training.
- Establish and maintain outcome measures and their incorporation into QI/UR initiatives.
- Develop and implement projects to improve the quality of care.
- Chair of agency Safety Committee.

Director, Behavioral Health Services | **Portsmouth Regional Hospital** Portsmouth, NH | 1/2006 - 12/2009

- Responsible for clinical, administrative and fiscal management of service line which includes 22 bed inpatient psychiatric unit, Psychiatric Assessment and Referral Service and interdepartmental service. Supervision of an Assistant Director and Coordinator, Responsible for 85 staff. Oversee the integration of behavioral health into primary care. Manage annual budget of 10. 5 million dollars.
- Chair Directors Operations Meeting. Coordinate monthly meeting of hospital departmental directors.
- Co-chair of Patient Flow Committee. Analysis and development of data systems to monitor patient throughput. Develop and implement strategies to improve the efficiency of care.

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Steve Arnault

Assistant Director of Behavioral Health Services — **Portsmouth Regional Hospital**, Portsmouth, NH — 4/2005 – 1/2006

- Responsible for the clinical and administrative functioning of the Psychiatric assessment and Referral Service (PARS). Manage annual budget of 600K.
- Supervision of 22 clinicians who provide psychiatric crisis assessments, admissions, intake and referral 24 hours a day.
- Supervision, oversight and development of the Interdepartmental Service: 3 clinicians who provide psychiatric assessment, consultation and therapy to patients admitted medically to the hospital.

Director of Adult Services — **Community Partners**; Dover, NH — 11/2001 – 4/2005

- Responsible for the clinical, administrative and financial operations of the Adult Outpatient Therapy, EAP, Admissions, Emergency Services, Geriatric and Acute Service programs (PHP/IOP) serving Strafford County. Supervised 4 mangers responsible for 26 staff. Manage annual budget of 3 million dollars.

Clinical Director of Community Support Prog. — **Riverbend Community Mental Health Ctr**, Concord, NH — 9/2000 – 11/2001

- Responsible for the clinical, administrative and fiscal operations of programs serving 554 consumers with severe and persistent mental illness. Directly supervise 5 managers responsible for 60 staff. Development and oversight of annual budget of 4 million dollars.

Treatment Team Coordinator — **Riverbend Community Mental Health Ctr**, Concord, NH — 8/1996 – 9/2000

- Clinical and administrative supervision of a multidisciplinary team of 12 direct care staff. Serving an average of 100 individuals with severe and persistent mental illness.

Team Leader — **Strafford Guidance Center**; Dover, NH — 1/1993 – 8/1996

- Clinical and administrative supervision of 8 direct care staff. Serving an average of 80 individuals with severe and persistent mental illness.
- Developed the first interagency treatment team to serve individuals with severe and persistent mental illness and developmental disabilities in NH.

Clinical Case Manager — **Strafford Guidance Center**; Dover, NH — 1/1992 – 12/1993

- Provided psychotherapy and case management services to individuals with severe and persistent mental illness and substance abuse issues as part of The Continuous Treatment Team study through Dartmouth College.

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Steve Arnault

Assistant Director / Behavioral Specialist — **Residential Resources**; Keene, NH — 1/1989 – 1/1992

- Directed all administrative, fiscal and clinical activities for 5 group homes and 3 supported living arrangements serving people with developmental disabilities. Provide behavioral consultation to individuals with behavioral/functional challenges.

Behavioral Specialist / Clinical Supervisor — **The Center for Humanistic Change**, Manchester, NH — 8/1986 – 1/1989

- Provide behavioral consultation to individuals facing behavioral/functional challenges in group homes, day programs, vocational and family settings. Supervised 2 clinicians.

House Manager — **Greater Lawrence Psychological Center**, Lawrence, MA — 6/1984 – 8/1986

- Administrative, clinical and financial management of a group home serving 4 men with severe and persistent mental illness.

Teaching & Educational Experience

Adjunct Faculty — **New England College**; Henniker, NH, www.nec.edu — 9/1994 - Present

- Teach graduate and undergraduate courses in psychology, counseling., program development and evaluation

Director of Masters Degree Program in Mental Health Counseling — **New England College**; Henniker, NH — 1/1998 – 3/2002

- Developed and implemented curriculum for degree program.
- Oversight of curriculum to insure quality, academic standards and student retention.
- Development and execution of marketing plan.
- Provided academic advising and mentoring to students.
- Faculty recruitment, supervision and monitoring of academic quality

Curriculum Consultant — **New England College**; Henniker, NH — Fall 2012 - Present

- Developed curricula for a certificate and C.A.G.S. in the integration of behavioral health into primary medicine.

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KENNETH M. BROWN, M.D.,M.P.H.

EDUCATION

1994-1996 Child and Adolescent Psychiatry Fellowship
University of Miami/ Jackson Memorial Hospital

1991-1994 Psychiatry Residency
Medical University of South Carolina
Institute of Psychiatry
Charleston, South Carolina

1987-1992 Doctor of Medicine
Tulane University School of Medicine
Tulane Medical Center
Charity Hospital
New Orleans, Louisiana

1987-1991 Masters of Public Health
Tulane University School of Tropical Medicine and Public Health
New Orleans, Louisiana

1983-1987 Bachelor of Science Engineering
Major: Biomedical Engineering
Tulane University School of Engineering

1985-1986 Tulane University Honor Scholar Junior Year Abroad
Major: Engineering
University of Southampton
Southampton, England

EMPLOYMENT

2000-Present Medical Director
Hampstead Hospital
Hampstead, New Hampshire

1996-2000 Chief, Child and Adolescent Psychiatrist
Hampstead Hospital
Hampstead, New Hampshire

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EMPLOYMENT (cont.)

1996-Present Solo Private Practice (Inpatient and Outpatient)
Child, Adolescent and Adult Psychotherapy and Psychopharmacology
Hampstead Hospital
218 East Road
Hampstead, New Hampshire

1997-2000 Child and Adolescent Psychiatrist
Center for Life Management
Community Mental Health Center
Derry, New Hampshire

1991-1994 Court Appointed Expert Witness
Court Appointed Designated Examiner
Charleston County Court

1993-1994 Treating Psychiatrist
South Carolina Department of Mental Health
Dual Diagnoses Community Mental Health Clinic
Charleston, South Carolina

ACADEMIC AFFILIATIONS

1999-Present Adjunct Professor in Clinical Research
Dartmouth University
Hanover, New Hampshire

RESEARCH

2001-2003 Sub-investigator
Access Clinical Trials

A Three- Week, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Safety and Efficacy Study of Extended-Release Carbamazepine in Patients with Bipolar Disorder.
Shire Laboratories

A Three- Week, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Safety and Efficacy Study of Extended-Release Carbamazepine in Lithium Failure Patients with Bipolar Disorder.
Shire Laboratories

A Double-Blind, Parallel Study of the Safety, Tolerability and Preliminary Efficacy of Flutamide Compared to Placebo in Patients with Anorexia.
Nervosa
Vela Pharmaceuticals Inc.

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RESEARCH (cont.)

A Phase III, Randomized, Double-Blind, Placebo-Controlled Study of Safety and Efficacy of C-1073 (Mifepristone) in Patients with Major Depressive Disorder with Psychotic Features Who are not Receiving Antidepressants or Antipsychotics.
Corcept Therapeutics, Inc.

Olanzapine Versus Ziprasidone in the Treatment of Schizophrenia
Eli Lilly and Company

A Multicenter, Randomized, Double-Blind, Study of Aripiprazole Versus Placebo in the Treatment of Acutely Manic Patients with Bipolar Disorder.
Bristol-Myers Squibb Pharmaceutical Research Institute

PUBLICATIONS and POSTER PRESENTATIONS

Bupropion Sustained Release in Adolescents With Comorbid Attention-Deficit/ Hyperactivity Disorder and Depression
Daviss, Bentivoglio, Racusin, Brown, et al.,
J. Am. Acad. Child Adolescent Psychiatry, 40:3, March 2001

A Retrospective Study of Citalopram in Adolescents with Depression
Bostic J.Q., Prince J., Brown K., Place S.
Journal of Child and Adolescent Psychopharmacology 2001; 11; 159-166.

Citalopram for the Treatment of Adolescent Anxiety Disorders: A Pilot Study.
Prince J., Bostic J.Q., Monuteaux M., Brown K., Place S.
Psychopharmacoogy Bulletin 2002; 36: 100-107

2001 Citalopram in Adolescents with Mood and Anxiety Disorders: A Chart Review.
Presented at the Annual Meeting of the American Psychiatric Association, New Orleans, LA 5/9/2001

2001 Citalopram in Adolescents with Mood and Anxiety Disorders.
Presented at the Annual Meeting of NCDEU,
Phoenix, AZ 5/29/2001

2001 Citalopram in Adolescents with Mood, Anxiety, and Comorbid Conditions.
Presented at the Annual Meeting of the American Psychiatric Association 2001 Institute on Psychiatric Services,
Orlando, FL 10/11/2001

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HONORS AND OFFICES HELD

ACADEMIC AWARDS AND OFFICES
--Golden Apple Award for Excellence in teaching medical students
--Residency Education Committee representative
--Vice President Tulane Medical School Class of 1991
--President Jewish Medical Student Organization

ACADEMIC AWARDS AND OFFICES (cont.)
--Tau Beta Pi (engineering honor society)
--Alpha Eta Mu Beta (biomedical engineering honor society)
--Alpha Epsilon Delta (premedical honor society)
--Honor Scholar Junior Year Abroad Program

SOCIETY MEMBERSHIPS
--American Medical Association
--American Psychiatry Association
--American Academy of Child and Adolescent Psychiatry
--New Hampshire Medical Association
--New Hampshire Psychiatry Association
--New England Society of Child and Adolescent Psychiatry

CERTIFICATIONS
--Board Certified General Psychiatry
American Board of Psychiatry and Neurology, #43597
--Board Eligible, Child and Adolescent Psychiatry

LICENSES
--New Hampshire, Maine, South Carolina, Florida, Louisiana

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DIANA LACHAPELLE, CPA

Strategically focused leader with extensive operations, accounting and financial management experience. Possesses keen business acumen and decision making skill. Proven track record of working collaboratively and driving change to optimize profitability.

Core Qualifications

- Strategic Planning
- Revenue Cycle Management
- Financial Reporting & Analysis
- SOX Compliance
- Budgeting & Forecasting
- Contract Negotiations
- Internal Controls
- Audit
- Labor Management

PROFESSIONAL EXPERIENCE

VICE PRESIDENT – CHIEF FINANCIAL OFFICER

The Mental Health Center for Southern New Hampshire d.b.a. Center for Life Management, Derry, NH March 2020 to present
Provide leadership and direction in the areas of finance, revenue cycle and cash management. Develop, implement and evaluate strategic plans to improve operating performance.

CHIEF EXECUTIVE OFFICER

Encompass Health Rehabilitation Hospital (formerly HealthSouth), Concord, NH February 2018 to February 2020

Leader of this for profit, 50-bed, acute care rehabilitation hospital and outpatient treatment center reporting directly to the Regional President. Hospital is part of a publicly traded healthcare system comprised of 133 inpatient rehabilitation hospitals, 245 home health agencies and 82 hospice locations.

Key contributions and results:

- Strategic leadership to achieve discharge growth of 15% year over year for two consecutive years in an industry where 3% growth is the norm.
- Financial leadership to realize EBITDA growth year over year of 24% and 19% for 2018 and 2019, respectively.
- Organizational and change management to improve employee engagement results by 16 basis points.
- Process improvement leadership to improve patient outcomes and satisfaction.

CONTROLLER/CHIEF FINANCIAL OFFICER

Encompass Health Rehabilitation Hospital (formerly HealthSouth), Concord, NH January 2012 to January 2018
Responsible for all financial aspects of the hospital including the development of the annual operating plan, monthly analysis of results and execution of corrective actions as needed to ensure achievement of planned results. Chief liaison between corporate finance and the hospital.

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Key contributions and results:

- Implemented cost reduction initiatives to improve profitability by 7%.
- Restructured outpatient operation to create a viable business unit, improving net income by 34%.
- Developed and executed a labor management plan to improve operational efficiency and reduce full time equivalents by 7%.
- Preceptor for newly hired Controllers.

CPA SERVICES
Diana C. Lachapelle, CPA, Bedford, NH 2003-2011
Provided accounting leadership and business solutions to clients including cash management, forecasting, budgeting, financial statement preparation, tax preparation, and development of internal controls.

DIRECTOR OF WORLDWIDE FOOTWEAR COST & FINANCIAL PLANNING
Timberland Corporation, Stratham, NH 1996-1999

- Responsible for all financial aspects of this $550 million manufacturing and sourcing operation including accounting, forecasting, budgeting, reporting, product costing and audit.
- Partnered with the VP of Operations to achieve key cost reductions, as well as, improved reliability and quality resulting in actual performance exceeding budget by $6.9 million.

FINANCIAL MANAGER, CONSUMER PRODUCTS GROUP
Nashua Corporation, Nashua, NH 1993-1996

AUDITOR
Ernst & Young, Manchester, NH 1989-1992

EDUCATION & CERTIFICATION

Bachelor of Science in Business Administration, University of New Hampshire, Durham
Certified Public Accountant, State of New Hampshire
Member of the American College of Healthcare Executives and Healthcare Financial Management Association

SYSTEM EXPERIENCE

Oracle Enterprise Performance Management System, Oracle PeopleSoft, Hyperion, Cerner EMR and reporting, E-Time, Attendance Enterprise, Microsoft Office Suite, Ariba Contract Management, Maven, Beacon, Tableau

CLM CENTER FOR LIFE MANAGEMENT

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Vic Topo	President & CEO	$186,485	32%	$59,675
Diana Lachapelle	Vice President & CFO	$146,958	32%	$47,026
Steve Arnault	Vice President Operations, Quality & Compliance	$149,378	32%	$47,801
Kenneth Brown	Medical Director	$326,400	32%	$104,448

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Lori A. Shibinette
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

February 3, 2020

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend an existing agreement with the vendor listed in **bold** below to provide non-Medicaid community mental health services, by increasing the total price limitation by $148,085 from $27,704,816 to $27,852,901 with no change to the completion date of June 30, 2021, effective upon Governor and Executive Council approval. 89% Federal Funds, 11% General Funds.

The Governor and Executive Council approved the original agreements on June 21st, 2017 (Late Item A), which were subsequently amended as approved by the Governor and Executive Council as indicated in the table below.

Vendor	Current Budget	Increase / (Decrease) Budget	Total Budget	Contract History
Northern Human Services	**$2,206,346**	**$148,085**	**$2,354,431**	**O: 6/21/17, Late Item A A1: 6/19/19, #29**
West Central Services DBA West Central Behavioral Health	$1,401,218	$0	$1,401,218	O: 6/21/17, Late Item A A1: 6/19/19, #29
The Lakes Region Mental Health Center, Inc. DBA Genesis Behavioral Health	$1,447,650	$0	$1,447,650	O: 6/21/17, Late Item A A1: 6/19/19, #29
Riverbend Community Mental Health, Inc.	$1,810,770	$0	$1,810,770	O: 6/21/17, Late Item A A1: 6/19/19, #29
Monadnock Family Services	$1,702,040	$0	$1,702,040	O: 6/21/17, Late Item A A1: 6/19/19, #29
Community Council of Nashua, NH DBA Greater Nashua Mental Health Center at Community Council	$5,262,612	$0	$5,262,612	O: 6/21/17, Late Item A A1: 9/13/17, #15 A2: 12/19/18, #19 A3: 6/19/19, #29
The Mental Health Center of Greater Manchester, Inc.	$6,897,278	$0	$6,897,278	O: 6/21/17, Late Item A A1: 6/19/19, #29
Seacoast Mental Health Center, Inc.	$3,668,718	$0	$3,668,718	O: 6/21/17, Late Item A A1: 6/19/19, #29
Behavioral Health & Developmental Svs of Strafford County, Inc., DBA Community Partners of Strafford County	$1,389,362	$0	$1,389,362	O: 6/21/17, Late Item A A1: 6/19/19, #29
The Mental Health Center for Southern New Hampshire DBA CLM Center for Life Management	$1,918,822	$0	$1,918,822	O: 6/21/17, Late Item A A1: 9/20/18, #21 A2: 6/19/19, #29
Total	**$27,704,816**	**$148,085**	**$27,852,901**	

1

Funds are available in the following account(s) for State Fiscal Year 2020 and 2021, with authority to adjust amounts within the price limitation and adjust encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The agreements are **sole source** because community mental health services are not subject to the competitive bidding requirement of NH Administrative Rule ADM 601.03. The Department contracts for services through the community mental health centers, which are designated by the Department to serve the towns and cities within a designated geographic region, as outlined in NH Revised Statutes Annotated (RSA) 135-C, and NH Administrative Rule He-M 403. This request, if approved, will allow the Department to provide in-reach liaison services that will facilitate collaboration between individuals residing in the Glencliff Home and the statewide network of community mental health centers.

The purpose of this request is to add an In-Reach liaison to the Northern Human Services community mental health center team to provide in-reach services that include meeting with Glencliff Home residents and staff, and applicable community mental health center staff, to support and facilitate resident transitions back to the community. The liaison will help residents explore options for community living and will support transition planning. The Glencliff Home is within the Northern Human Services community mental health region. The In-Reach liaison will serve as the designated liaison to all ten (10) community mental health centers.

The Glencliff In-Reach liaison will provide in-reach services to approximately 100 individuals from March 1, 2020 through June 30, 2021. Approximately 45,000 adults, children and families statewide are served by the community mental health centers.

The community mental health center contracts provide mental health services required per NH RSA 135-C and in accordance with State regulations applicable to the State mental health system, including NH Administrative Rules He-M 401 Eligibility Determination and Individual Service Planning, He-M 403 Approval and Operation of Community Mental Health Programs, He-M 408 Clinical Records, and He-M 426 Community Mental Health Services. These contracts and services also support compliance with the Community Mental Health Agreement.

Community Mental Health Agreement services build resiliency, promote recovery, reduce inpatient hospital utilization and improve community tenure. The In-Reach liaison supports transitions for identified residents by providing services including, but not limited to: engaging in shared learning with Glencliff Home residents regarding the values of integrated community-based living; addressing residents' regional and cultural preferences, special medical needs, behavioral health-related issues and similar concerns; collaborating with residents, guardians, Glencliff Home staff, and community providers to achieve resident transition plan goals; meeting with residents to discuss their living preferences and assist with submitting applications for those options; and developing working relationships with community providers, property management entities, and other community resources to identify community-based living options that meet residents' transition needs. These services are within the scope authorized under the Community Mental Health Agreement.

The Department effectiveness in delivering services will be measured through the monitoring of the following performance measures:

- Glencliff Home residents have a better awareness of the benefits of community-based living;
- Glencliff Home residents are better prepared to return to community-based living; and
- Community stakeholders, including providers, are better prepared to participate and collaborate in transition planning activities, and to provide needed community-based services and housing opportunities to Glencliff Home residents seeking transition.

Should the Governor and Executive Council not authorize this request, Glencliff Home residents will not have access to an important pathway of information and supports needed to help them transition from the Glencliff Home to community-based living, and compliance with this requirement within the CMHA will not be achieved.

Area served: Statewide

Source of Funds: 89% Federal Funds from Centers for Medicare and Medicaid Services. CFDA# 93.778/FAIN# 05-1505NHBIPP and 11% General Funds.

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

Respectfully submitted,

Lori A. Shibinette
Commissioner

Fiscal Details

05-95-92-922010-4117 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEATLH DIV, BUREAU OF MENTAL HEALTH SERVICES,CMH PROGRAM SUPPORT (100% General Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$379,249	$0	$379,249
2019	102-500731	Contracts for program services	92204117	$469,249	$0	$469,249
2020	102-500731	Contracts for program services	92204117	$645,304	$0	$645,304
2021	102-500731	Contracts for program services	92204117	$645,304	$15,962	$661,266
			Subtotal	$2,139,106	$15,962	$2,155,068

West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$322,191	$0	$322,191
2019	102-500731	Contracts for program services	92204117	$412,191	$0	$412,191
2020	102-500731	Contracts for program services	92204117	$312,878	$0	$312,878
2021	102-500731	Contracts for program services	92204117	$312,878	$0	$312,878
			Subtotal	$1,360,138	$0	$1,360,138

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$328,115	$0	$328,115
2019	102-500731	Contracts for program services	92204117	$418,115	$0	$418,115
2020	102-500731	Contracts for program services	92204117	$324,170	$0	$324,170
2021	102-500731	Contracts for program services	92204117	$324,170	$0	$324,170
			Subtotal	$1,394,570	$0	$1,394,570

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$381,653	$0	$381,653
2019	102-500731	Contracts for program services	92204117	$471,653	$0	$471,653
2020	102-500731	Contracts for program services	92204117	$237,708	$0	$237,708
2021	102-500731	Contracts for program services	92204117	$237,708	$0	$237,708
			Subtotal	$1,328,722	$0	$1,328,722

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$357,590	$0	$357,590
2019	102-500731	Contracts for program services	92204117	$447,590	$0	$447,590
2020	102-500731	Contracts for program services	92204117	$357,590	$0	$357,590
2021	102-500731	Contracts for program services	92204117	$357,590	$0	$357,590
			Subtotal	$1,520,360	$0	$1,520,360

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$1,183,799	$0	$1,183,799
2019	102-500731	Contracts for program services	92204117	$1,273,799	$0	$1,273,799
2020	102-500731	Contracts for program services	92204117	$1,039,854	$0	$1,039,854
2021	102-500731	Contracts for program services	92204117	$1,039,854	$0	$1,039,854
			Subtotal	$4,537,306	$0	$4,537,306

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$1,646,829	$0	$1,646,829
2019	102-500731	Contracts for program services	92204117	$1,736,829	$0	$1,736,829
2020	102-500731	Contracts for program services	92204117	$1,642,884	$0	$1,642,884
2021	102-500731	Contracts for program services	92204117	$1,642,884	$0	$1,642,884
			Subtotal	$6,669,426	$0	$6,669,426

Fiscal Details

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$746,765	$0	$746,765
2019	102-500731	Contracts for program services	92204117	$836,765	$0	$836,765
2020	102-500731	Contracts for program services	92204117	$742,820	$0	$742,820
2021	102-500731	Contracts for program services	92204117	$742,820	$0	$742,820
			Subtotal	$3,069,170	$0	$3,069,170

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$313,543	$0	$313,543
2019	102-500731	Contracts for program services	92204117	$403,543	$0	$403,543
2020	102-500731	Contracts for program services	92204117	$309,598	$0	$309,598
2021	102-500731	Contracts for program services	92204117	$309,598	$0	$309,598
			Subtotal	$1,336,282	$0	$1,336,282

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$350,791	$0	$350,791
2019	102-500731	Contracts for program services	92204117	$440,791	$0	$440,791
2020	102-500731	Contracts for program services	92204117	$346,846	$0	$346,846
2021	102-500731	Contracts for program services	92204117	$346,846	$0	$346,846
			Subtotal	$1,485,274	$0	$1,485,274
		Total CMH Program Support		$24,840,354	$16,962	$24,856,316

05-95-92-922010-4120 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH BLOCK GRANT (100% Federal Funds)

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92224120	$84,000	$0	$84,000
2019	102-500731	Contracts for program services	92224120	$21,500	$0	$21,500
2020	102-500731	Contracts for program services	92224120	$61,162	$0	$61,162
2021	102-500731	Contracts for program services	92224120	$61,162	$0	$61,162
			Subtotal	$227,824	$0	$227,824
		Total Mental Health Block Grant		$227,824	$0	$227,824

05-95-92-922010-4121 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH DATA COLLECTION (100% Federal Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
			Subtotal	$20,000	$0	$20,000

West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
			Subtotal	$20,000	$0	$20,000

Fiscal Details

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
			Subtotal	$20,000	$0	$20,000

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
			Subtotal	$20,000	$0	$20,000

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
			Subtotal	$20,000	$0	$20,000

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
			Subtotal	$20,000	$0	$20,000

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
			Subtotal	$20,000	$0	$20,000

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5 000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
			Subtotal	$20,000	$0	$20,000

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
			Subtotal	$20,000	$0	$20,000

Fiscal Details

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
			Subtotal	$20,000	$0	$20,000
		Total CMH Program Support		$200,000	$0	$200,000

05-95-92-921010-2053 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUR FOR CHILDRENS BEHAVRL HLTH, SYSTEM OF CARE (100% General Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2021	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
			Subtotal	$26,000	$0	$26,000

West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
			Subtotal	$14,000	$0	$14,000

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2021	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
			Subtotal	$26,000	$0	$26,000

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$151,000	$0	$151,000
2021	102-500731	Contracts for program services	92102053	$151,000	$0	$151,000
			Subtotal	$306,000	$0	$306,000

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
2021	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
			Subtotal	$14,000	$0	$14,000

Fiscal Details

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$151,000	$0	$151,000
2021	102-500731	Contracts for program services	92102053	$151,000	$0	$151,000
			Subtotal	$302,000	$0	$302,000

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2021	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
			Subtotal	$26,000	$0	$26,000

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2021	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
			Subtotal	$26,000	$0	$26,000

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
2021	102-500731	Contracts for program services	92102053	$11,000	$0	$11,000
			Subtotal	$26,000	$0	$26,000

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92102053	$131,000	$0	$131,000
2021	102-500731	Contracts for program services	92102053	$131,000	$0	$131,000
			Subtotal	$271,000	$0	$271,000
		Total System of Care		$1,037,000	$0	$1,037,000

05-95-42-421010-2958 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES (100% General Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$5,310	$0	$5,310
2019	550-500398	Assessment and Counseling	42105824	$5,310	$0	$5,310
2020	550-500398	Assessment and Counseling	42105824	$5,310	$0	$5,310
2021	550-500398	Assessment and Counseling	42105824	$5,310	$0	$5,310
			Subtotal	$21,240	$0	$21,240

Fiscal Details

West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
			Subtotal	$7,080	$0	$7,080

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
			Subtotal	$7,080	$0	$7,080

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
			Subtotal	$7,080	$0	$7,080

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
			Subtotal	$7,080	$0	$7,080

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
			Subtotal	$7,080	$0	$7,080

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824-	$3,540	$0	$3,540
2019	550-500398	Assessment and Counseling	42105824	$3,540	$0	$3,540
2020	550-500398	Assessment and Counseling	42105824	$3,540	$0	$3,540
2021	550-500398	Assessment and Counseling	42105824	$3,540	$0	$3,540
			Subtotal	$14,160	$0	$14,160

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
			Subtotal	$7,080	$0	$7,080

Fiscal Details

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
			Subtotal	$7,080	$0	$7,080

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2021	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
			Subtotal	$7,080	$0	$7,080
		Total Child - Family Services		$92,040	$0	$92,040

05-95-42-423010-7926 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES DIV, HOMELESS & HOUSING, PATH GRANT (100% Federal Funds)

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$36,250	$0	$36,250
2019	102-500731	Contracts for program services	42307150	$36,250	$0	$36,250
2020	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
2021	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
			Subtotal	$148,968	$0	$148,968

Monadnock Family Services (Vendor Code 177510-B005) P.O #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$37,000	$0	$37,000
2019	102-500731	Contracts for program services	42307150	$37,000	$0	$37,000
2020	102-500731	Contracts for program services	42307150	$33,300	$0	$33,300
2021	102-500731	Contracts for program services	42307150	$33,300	$0	$33,300
			Subtotal	$140,600	$0	$140,600

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$40,300	$0	$40,300
2019	102-500731	Contracts for program services	42307150	$40,300	$0	$40,300
2020	102-500731	Contracts for program services	42307150	$43,901	$0	$43,901
2021	102-500731	Contracts for program services	42307150	$43,901	$0	$43,901
			Subtotal	$168,402	$0	$168,402

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$40,121	$0	$40,121
2019	102-500731	Contracts for program services	42307150	$40,121	$0	$40,121
2020	102-500731	Contracts for program services	42307150	$43,725	$0	$43,725
2021	102-500731	Contracts for program services	42307150	$43,725	$0	$43,725
			Subtotal	$167,692	$0	$167,692

Fiscal Details

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$25,000	$0	$25,000
2019	102-500731	Contracts for program services	42307150	$25,000	$0	$25,000
2020	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
2021	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
			Subtotal	$126,468	$0	$126,468

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$29,500	$0	$29,500
2019	102-500731	Contracts for program services	42307150	$29,500	$0	$29,500
2020	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
2021	102-500731	Contracts for program services	42307150	$38,234	$0	$38,234
			Subtotal	$135,468	$0	$135,468
		Total Child - Family Services		$887,598	$0	$887,598

05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SVCS, PREVENTION SERVICES (97% Federal Funds, 3% General Funsd)

Seacoast Mental Health Center (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92056502	$70,000	$0	$70,000
2019	102-500731	Contracts for program services	92056502	$70,000	$0	$70,000
2020	102-500731	Contracts for program services	92057502	$70,000	$0	$70,000
2021	102-500731	Contracts for program services	92057502	$70,000	$0	$70,000
			Subtotal	$280,000	$0	$280,000
		Total Mental Health Block Grant		$280,000	$0	$280,000

05-95-48-481010-8917 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY & ADULT SVCS DIV, GRANTS TO LOCALS, HEALTH PROMOTION CONTRACTS (100% Federal Funds)

Seacoast Mental Health Center (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	48108462	$35,000	$0	$35,000
2019	102-500731	Contracts for program services	48108462	$35,000	$0	$35,000
2020	102-500731	Contracts for program services	48108462	$35,000	$0	$35,000
2021	102-500731	Contracts for program services	48108462	$35,000	$0	$35,000
			Subtotal	$140,000	$0	$140,000
		Total Mental Health Block Grant		$140,000	$0	$140,000

05-95-49-490510-2985 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: COMM-BASED CARE SVCS DIV, COMMUNITY BASED CARE SERVICES, BALANCE INCENTIVE PROGRAM BIP (100% Federal Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services		$0	$0	$0
2019	102-500731	Contracts for program services		$0	$0	$0
2020	102-500731	Contracts for program services	49053316	$0	$132,123	$132,123
2021	102-500731	Contracts for program services		$0	$0	$0
			Subtotal	$0	$132,123	$132,123
		Total Mental Health Block Grant		$0	$132,123	$132,123

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Mental Health Services Contract

This 2nd Amendment to the Mental Health Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Northern Human Services, (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 87 Washington Street, Conway, NH 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017, (Late Item A), as amended on June 19, 2019, (Item #29), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

WHEREAS, all terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect; 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 1.8, Price Limitation, to read:

   $2,354,431.

2. Add Exhibit A-1 – Amendment #2, Glencliff Home In-Reach Services.
3. Modify Exhibit B, Methods and Conditions Precedent to Payment by replacing in its entirety with Exhibit B – Amendment #2, Methods and Conditions Precedent to Payment, hereby incorporated by referenced and incorporated herein.

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

1/31/20
Date

Name: Katja S. Fox
Title: Director

Northern Human Services

1.29.20
Date

Name: Eric Johnson
Title: CEO

Acknowledgement of Contractor's signature:

State of NH, County of Carroll on January 29, 2020 before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Susan Wiggin, Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires: 9.27.22

New Hampshire Department of Health and Human Services
Mental Health Services

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

OFFICE OF THE ATTORNEY GENERAL

1/31/20
Date

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:

Glencliff Home In-Reach Services

1. **Glencliff Home In-Reach Liaison**

1.1. The Contractor shall ensure In-Reach services are available to residents at the Glencliff Home through an In-Reach Liaison who:

1.1.1. Assists residents with exploring options for living in the community.

1.1.2. Provides information to residents relative to community-based opportunities.

1.1.3. Assists residents with acquiring skills to be active members of the community.

1.1.4. Offers support to enable individuals to venture out and participate in community-based re-engagement opportunities.

1.2. The Contractor shall ensure the In-Reach Liaison coordinates access to Glencliff Home residents; scheduling and transportation; and other services with the Department-designated Glencliff Home staff.

1.3. The Contractor shall ensure the In-Reach Liaison abides by Glencliff Home policies and practices identified as applicable to the In-Reach Liaison by the Department.

1.4. The Contractor shall ensure the In-Reach Liaison prioritizes In-Reach service delivery to those residents identified by Department-designated Glencliff Home staff, as most appropriate and in need of in-reach services.

1.5. The Contractor shall ensure the In-Reach Liaison collaborates with the resident, Glencliff Home staff, and community providers to achieve the goals identified in the resident's transition plan.

1.6. The Contractor shall ensure the In-Reach Liaison works in partnership with residents and staff at Glencliff Home, as well as guardians, if applicable, and community-based providers and agencies to assist residents with their planning and transition process.

1.7. The Contractor shall ensure the In-Reach Liaison:

1.7.1. Supports case coordination and transition planning efforts currently in place at Glencliff Home.

1.7.2. Engages in shared learning with Glencliff Home residents regarding the values of integrated community-based living.

1.7.3. Provides information, testimonials, and resources, though group educational sessions and individual consultations, on the array of services and supports available to assist residents successfully return to community-based living.

1.7.4. Addresses residents' regional and cultural preferences; special medical needs; behavioral health-related issues; and similar concerns that may arise.

1.7.5. Collaborates with the resident, Glencliff Home staff, and community providers to achieve the goals identified in the resident's transition plan.

1.8. The Contractor shall ensure the In-Reach Liaison provides an array of support services that may include, but are not limited to:

1.8.1. Meeting with residents to discuss placement options and assist with application submissions, which include follow-ups, as necessary, to facilitate timely placements that meet residents' goals, needs, and preferences.

1.8.2. Developing working relationships with community providers, property management entities, realtors, and other community resources as needed, to identify additional community placement partners interested in creating residential options to meet residents' transition needs.

1.8.3. Participating in transition planning meetings and working with the applicable team to identify opportunities and resolve barriers in order to facilitate timely and successful transitions.

1.8.4. Arranging, facilitating, and transporting residents to engage in community-based opportunities that may include, but are not limited to visiting community providers and agencies as well as housing options.

2. Performance Outcomes and Reporting

2.1. The Contractor shall submit monthly reports that include information to determine the achievement of anticipated performance outcomes associated with the In-Reach services provided during the previous month:

2.2. The Contractor shall ensure monthly reporting demonstrates:

2.2.1. Residents have a better awareness of the benefits of community-based living, as evidenced by:

2.2.1.1. Attending group presentations provided or facilitated by the In-Reach Liaison that include information, testimonials, and resources about the broad array of services and supports available to help residents successfully return to community-based living.

2.2.1.2. Meeting with the In-Reach Liaison to discuss the service array of community mental health services for which the resident may benefit from receiving if the resident transitioned to community living, which may include, but are not limited to:

2.2.1.2.1. Assertive Community Treatment (ACT).

2.2.1.2.2. Supported Housing.

2.2.1.2.3. Supported Employment.

2.2.1.2.4. Residential placement options.

2.2.2. Residents are better prepared to return to community-based living, as evidenced by:

2.2.2.1. Engaging in shared learning activities with the In-Reach Liaison around the values of integrated community-based living.

2.2.2.2. Meeting with the In-Reach Liaison and, when applicable, family members, guardian, Glencliff Home staff, and other specified supports to identify concerns or reservations regarding community-based living and developing strategies to address or resolve such concerns and reservations.

2.2.3. Community stakeholders, who are potential service and housing providers for Glencliff Home residents upon re-entry to the community, are better prepared to participate and collaborate in transition planning activities and to provide needed community-based services as well as housing opportunities to residents, as evidenced by:

2.2.3.1. Participating in resident-specific transition discussions, with the In-Reach Liaison, to identify the potential appropriateness and ability of stakeholders to provide services to the resident upon return to community-based living and, when applicable, identify barriers that need to be addressed.

2.2.3.2. Meeting with the In-Reach Liaison, the resident, and applicable family members or guardian, as applicable, to introduce and orient the resident to the potential service provision or placement site opportunities the stakeholder may be able to provide to the resident should the resident return to community-based living.

2.3. The Contractor shall, within thirty (30) days of hiring the In-Reach Liaison, collaborate with the Department to finalize the data elements to be captured and reported on a monthly basis to demonstrate the degree to which performance outcomes specified in 2.2. are achieved. All reporting is subject to Department approval.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement, Form P-37, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

2. Services are funded with New Hampshire General Funds and with federal funds made available by the United States Department of Health and Human Services under:

   CFDA #: N/A
   Federal Agency: U.S. Department of Health and Human Services
   Program Title: Behavioral Health Services Information System (BHSIS)
   FAIN: N/A

   CFDA #: 93.778
   Federal Agency: US Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS)
   Program Title: Medical Assistance Program
   FAIN: 1705NH5MAP

   CFDA #: 93.778
   Federal Agency: U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS)
   Program Title: Balancing Incentive Program (BIP)
   FAIN: 05-1505NHBIPP

3. The Contractor agrees to provide the services in Exhibit A Scope of Services and Exhibit A-1, Glencliff Home In-Reach Services, in compliance with funding requirements.

4. The Contractor shall provide a Revenue and Expense Budget, a template for which is included in Exhibit B, Appendix 1 , within twenty (20) business days from the effective date of the contract, for DHHS approval

5. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.

6. DHHS reserves the right to recover any program funds not used, in whole or in part, for the purposes stated in this Agreement from the Contractor within one hundred and twenty (120) days of the Completion Date.

7. Mental Health Services provided by the Contractor shall be paid by the New Hampshire Department of Health and Human Services as follows:

   7.1. For Medicaid enrolled individuals:

   7.1.1. Medicaid Care Management: If enrolled with a Managed Care Organization (MCO), the Contractor shall be paid in accordance with its contract with the MCO.

   7.1.2. Medicaid Fee for Service: The Contractor shall bill Medicaid for services on the Fee for Service (FFS) schedule.

   7.2. For individuals with other insurance or payors:

   7.2.1. The Contractor shall directly bill the other insurance or payors.

8. All Medicaid/MCO invoicing shall follow billing and coding requirements outlined by the Department when appropriate. For the purpose of Medicaid billing and all other reporting requirements, a Unit of Service is defined as fifteen (15) minutes. The Contractor shall report and bill in whole units. The intervals of time in the below table define how many units to report or bill.

Direct Service Time Intervals	Unit Equivalent
0-7 minutes	0 units
8-22 minutes	1 unit
23-37 minutes	2 units
38-52 minutes	3 units
53-60 minutes	4 units

9. Other Contract Programs:

9.1. The table below summarizes the other contract programs and their maximum allowable amounts.

Program To Be Funded	SFY 19 Amount	SFY20 Amount	SFY21 Amount
Div. for Children Youth and Families (DCYF) Consultation	$5,310	$5,310	$5,310
Emergency Services	$98,304	$98,304	$98,304
Assertive Community Treatment Team (ACT) - Adults	$255,000	$480,000	$480,000
ACT Enhancement Payment - Adults	$25,000		
Behavioral Health Services Information System (BHSIS)	$5,000	$5,000	$5,000
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)	$0	$5,000	$5,000
Rehabilitation for Empowerment, Education and Work (RENEW)	$3,945	$6,000	$6,000
Housing Bridge Start Up Funding	$25,000	$0	$0
Specialty Residential Services Funding	$0	$45,000	$45,000
Alternative and Crisis Housing Subsidy	$22,000	$22,000	$22,000
General Training Funding	$10,000	$0	$0
System Upgrade Funding	$30,000	$0	$0
Glencliff Home In-Reach Services		$132,122	$15,963
Total	$479,559	$798,736	$682,577

9.2. Payment for each contracted service in the above table shall be made on a cost reimbursement basis only, for allowable expenses and in accordance with the Department approved individual program budgets.

9.2.1. The Contractor shall provide invoices on Department supplied forms.

9.2.2. The Contractor shall provide supporting documentation to support evidence of actual expenditures, in accordance with the DHHS approved Revenue and Expense budgets.

9.2.3. Allowable costs and expenses shall be determined by the Department in accordance with applicable state and federal laws and regulations.

9.3. Failure to expend Program funds as directed may, at the discretion of DHHS, result in financial penalties not greater than the amount of the directed expenditure. The Contractor shall submit an invoice for each program above by the tenth (10th) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.

The State shall make payment to the Contractor within thirty (30) days of receipt of each DHHS approved invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:

Financial Manager
Bureau of Behavioral Health
Department of Health and Human Services
105 Pleasant Street, Main Building
Concord, NH 03301

9.4. Division for Children, Youth, and Families (DCYF) Consultation: The Contractor shall be reimbursed at a rate of $73.75 per hour for a maximum of two (2) hours per month for each of the twelve (12) months in the fiscal year for services outlines in Exhibit A, Division for Children, Youth, and Families (DCYF).

9.5. Emergency Services: DHHS shall reimburse the Contractor only for those Emergency Services provided to clients defined in Exhibit A, Provision of Care In Emergency Departments and Emergency Services.

9.6. Assertive Community Treatment Team (ACT) Adults): The Contractor shall be paid based on an activity and general payment as outlined below. Funds support programming and staffing defined in Exhibit A, Adult Assertive Community Treatment (ACT) Teams.

ACT Costs	INVOICE TYPE	TOTAL COST
Invoice based payments on invoice	Programmatic costs as outlined on invoice by month	$480,000
ACT Enhancements	Agencies may choose one of the following for a total of five (5) one (1) time payments of $5,000.00. Each item may only be reported on one (1) time for payment. 1. Agency employs a minimum of .5 Physiatrist on Team based on SFY 19 and 20 Fidelity Review. 2. Agency receives a four (4) or higher score on their SFY 19 and 20 Fidelity Review for Consumer on Team, Nurse on Team, SAS on Team, SE on Team, or Responsibility for crisis services.	$25,000

9.7. Behavioral Health Services Information System (BHSIS): Funds to be used for items outlined in Exhibit A.

9.8. MATCH: Funds to be used to support services and trainings outlined in Exhibit A. The breakdown of this funding is outlined below.

SFY	TRAC COSTS	CERTIFICATION/RECERTIFICATION	TOTAL COST
2020	$2,500	$250/Person X 10 People = $2,500	$5,000
2021	$2,500	$250/Person X 10 People = $2,500	$5,000

9.9 RENEW Sustainability Continuation: DHHS shall reimburse the Contractor for RENEW Activities Outlines in Exhibit A RENEW Sustainability. RENEW costs will be billed on green sheets and will have detailed information regarding the expense associated with each of the

following items, not to exceed 6,000.00 annually. Funding can be used for training of new Facilitators; training for an Internal Coach; coaching IOD for Facilitators, Coach, and Implementation Teams; and Travel costs.

9.10 Housing Support Services including Bridge: The contractor shall be paid based on an activity and general payment as outlined below. Funds to be used for the provision of services as outlined in Exhibit A, beginning May 1, 2019.

Housing Services Costs	INVOICE TYPE	TOTAL COST
Hire of a designated housing support staff	One-time payment	$15,000
Direct contact with each individual receiving supported housing services in catchment area as defined in Exhibit A – Amendment #1	One-time payment	$10,000

9.11. Specialty Residential Funding: Funding to support housing services as outlined in Exhibit A, Section 22.

9.12. Alternative and Crisis Housing Subsidy: Funding to support staffing and building maintenance as outlined in Exhibit A.

9.13. General Training Funding: Funds are available in SFY 2019 to support any general training needs for staff. Focus should be on trainings needed to retain current staff or trainings needed to obtain staff for vacant positions.

9.14. System Upgrade Funding: One time funds available in SFY 2019 to support software, hardware, and data upgrades to support items outlined in Exhibit A, Data Reporting. Funds may also be used to support system upgrades to ensure accurate insurance billing occurs as outlined in Exhibit B. Invoice for funds should outline activity it has supported.

9.15. Glencliff Home In-Reach Services: Funding to support staffing and services as outlined in Exhibit A-1.

10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to the adjustment of the amounts between budget line items and/or State Fiscal Years, related items, and amendments of related budget exhibits, and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.

29 mac

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

May 13, 2019

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into **sole source** amendments with the ten (10) vendors identified in the table below to provide non-Medicaid community mental health services, by increasing the price limitation by $14,764,904 from $12,939,912 to an amount not to exceed $27,704,816 in the aggregate, effective July 1, 2019 or upon the date of approval from the Governor and Executive Council, whichever is later, through June 30, 2021. 6% Federal Funds and 94% General Funds.

Vendor	Vendor Code	New Hampshire Locations	Current Budget	Increase/ (Decrease)	Revised Budget
Northern Human Services	177222-B001	Conway	$783,118	$1,423,228	$2,206,346
West Central Services DBA West Central Behavioral Health	177654-B001	Lebanon	$661,922	$739,296	$1,401,218
The Lakes Region Mental Health Center, Inc. DBA Genesis Behavioral Health	154480-B001	Laconia	$673,770	$773,880	$1,447,650
Riverbend Community Mental Health, Inc.	177192-R001	Concord	$853,346	$957,424	$1,810,770
Monadnock Family Services	177510-B005	Keene	$806,720	$895,320	$1,702,040
Community Council of Nashua, NH DBA Greater Nashua Mental Health Center at Community Council	154112-B001	Nashua	$2,567,238	$2,695,374	$5,262,612

The Mental Health Center of Greater Manchester, Inc.	177184-B001	Manchester	$3,394,980	$3,502,298	$6,897,278
Seacoast Mental Health Center, Inc.	174089-R001	Portsmouth	$1,771,070	$1,897,648	$3,668,718
Behavioral Health & Developmental Svs of Strafford County, Inc., DBA Community Partners of Strafford County	177278-B002	Dover	$644,626	$744,736	$1,389,362
The Mental Health Center for Southern New Hampshire DBA CLM Center for Life Management	174116-R001	Derry	$783,122	$1,135,700	$1,918,822
TOTAL			$12,939,912	$14,764,904	$27,704,816

Funds are available in the following accounts for State Fiscal Year 2019, and are anticipated to be available in State Fiscal Years 2020 and 2021, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

Please see attached financial detail.

EXPLANATION

These ten (10) contracts are **sole source** because community mental health services are not subject to the competitive bidding requirement of NH Administrative Rule ADM 601.03. The Department contracts for services through the community mental health centers, which are designated by the Department to serve the towns and cities within a designated geographic region, as outlined in NH Revised Statutes Annotated (RSA) 135-C, and NH Administrative Rule He-M 403This request, if approved, will allow the Department to provide community mental health services to approximately 45,000 adults, children and families, statewide in New Hampshire.

The ten (10) contracts include provisions for:

- Mental health services required per NH RSA 135-C and in accordance with State regulations applicable to the State mental health system, including NH Administrative Rules He-M 401 Eligibility Determination and Individual Service Planning, He-M 403 Approval and Operation of Community Mental Health Programs, He-M 408 Clinical Records, and He-M 426 Community Mental Health Services; and
- Compliance with and funding for the Community Mental Health Agreement (CMHA)

The Contractors will provide community-based mental health services as identified above to adults, children, and families to build resiliency, promote recovery, reduce inpatient hospital utilization, and improve community tenure.Services include Emergency Services, Individual and Group Psychotherapy, Targeted Case Management, Medication Services, Functional Support Services, and Illness Management and Recovery, Evidence Based Supported Employment, Assertive Community Treatment (ACT), Projects for Assistance in Transition from Homelessness,

wraparound services for children, and Community Residential Services. These agreements also include delivery of acute care services to individuals experiencing psychiatric emergencies in a hospital emergency department and awaiting admission to a designated receiving facility. These services are within the scope authorized under NH Administrative Rule He-M 426, are consistent with the goals of the NH Building Capacity for Transformation, Section 1115 Waiver, and focus significantly on care coordination and collaborative relationship building with the State's acute care hospitals.

Community Mental Health Services will be provided to individuals enrolled in the State Medicaid plan as well as non-Medicaid clients for related services, including Emergency Services for adults, children and families without insurance. The Contractors will seek reimbursement for Medicaid services through an agreement with the contracted Managed Care Organizations for clients enrolled in managed care, through Medicaid fee-for-service for clients enrolled as a fee-for-service client, and from third party insurance payers. The contracts do not include funding for Medicaid reimbursement, which is paid outside of these contracts.

In accordance with NH RSA 135-C:7, performance standards are included in the contracts. Those performance standards include individual outcome measures and fiscal integrity measures. The effectiveness of services is measured using the Child and Adolescent Needs and Strengths Assessment and the Adult Needs and Strengths Assessment, or other approved Evidence Based assessment. These individual level outcome tools measure improvement over time, inform the development of the treatment plan, and engage the individual and family in monitoring the effectiveness of services. Effectiveness and quality of services is also measured through annual Fidelity Reviews for Assertive Community Treatment and Supported Employment. Program-wide annual Quality Service Reviews also take place for adult services. Fidelity and Quality Service Reviews reports are published and each contractor develops quality improvement plans for ongoing program improvement. In addition, follow-up in the community after discharge from New Hampshire Hospital will be measured with a focus on timely access to appointments, services, and supports.

The fiscal integrity measures include generally accepted performance standards to monitor the financial health of non-profit corporations on a monthly basis. Each contractor is required to provide a corrective action plan in the event of deviation from a standard. Failure to maintain fiscal integrity, or to make services available, could result in the termination of the contract and the selection of an alternate provider.

Should the Governor and Executive Council determine not to approve this request, approximately 45,000 adults, children and families in the state may not receive community mental health services as required by NH RSA 135-C:13. Individuals may experience a relapse of symptoms, seek costly services at hospital emergency departments due to the risk of harm to themselves or others, and may also have increased contact with local law enforcement, county correctional programs and primary care physicians, none of which will have the services or supports available to provide assistance.

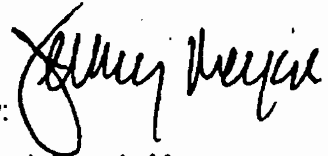
Area served: Statewide.

Source of funds: 6% Federal Funds from the US Department of Health and Human Services, Projects for Assistance in Transition from Homelessness, Title IIID: Preventative Health Money from the Administration for Community Living, Substance Abuse Prevention and Treatment Block Grant and the Behavioral Health Services Information System and 94% General Funds.

In the event that the Federal or Other Funds become no longer available, additional General

Funds shall not be requested to support these programs.

Respectfully submitted

Approved by: 

Jeffrey A. Meyers

Commissioner

Fiscal Details

05-95-92-922010-4117 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEATLH DIV, BUREAU OF MENTAL HEALTH SERVICES,CMH PROGRAM SUPPORT (100% General Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$379,249	$0	$379,249
2019	102-500731	Contracts for program services	92204117	$379,249	$90,000	$469,249
2020	102-500731	Contracts for program services	92204117	$0	$645,304	$645,304
2021	102-500731	Contracts for program services	92204117	$0	$645,304	$645,304
			Subtotal	$758,498	$1,380,608	$2,139,106

West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$322,191	$0	$322,191
2019	102-500731	Contracts for program services	92204117	$322,191	$90,000	$412,191
2020	102-500731	Contracts for program services	92204117	$0	$312,878	$312,878
2021	102-500731	Contracts for program services	92204117	$0	$312,878	$312,878
			Subtotal	$644,382	$715,756	$1,360,138

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$328,115	$0	$328,115
2019	102-500731	Contracts for program services	92204117	$328,115	$90,000	$418,115
2020	102-500731	Contracts for program services	92204117	$0	$324,170	$324,170
2021	102-500731	Contracts for program services	92204117	$0	$324,170	$324,170
			Subtotal	$656,230	$738,340	$1,394,570

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$381,653	$0	$381,653
2019	102-500731	Contracts for program services	92204117	$381,653	$90,000	$471,653
2020	102-500731	Contracts for program services	92204117	$0	$237,708	$237,708
2021	102-500731	Contracts for program services	92204117	$0	$237,708	$237,708
			Subtotal	$763,306	$565,416	$1,328,722

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$357,590	$0	$357,590
2019	102-500731	Contracts for program services	92204117	$357,590	$90,000	$447,590
2020	102-500731	Contracts for program services	92204117	$0	$357,590	$357,590
2021	102-500731	Contracts for program services	92204117	$0	$357,590	$357,590
			Subtotal	$715,180	$805,180	$1,520,360

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$1,183,799	$0	$1,183,799
2019	102-500731	Contracts for program services	92204117	$1,183,799	$90,000	$1,273,799
2020	102-500731	Contracts for program services	92204117	$0	$1,039,854	$1,039,854
2021	102-500731	Contracts for program services	92204117	$0	$1,039,854	$1,039,854
			Subtotal	$2,367,598	$2,169,708	$4,537,306

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$1,646,829	$0	$1,646,829
2019	102-500731	Contracts for program services	92204117	$1,646,829	$90,000	$1,736,829
2020	102-500731	Contracts for program services	92204117	$0	$1,642,884	$1,642,884
2021	102-500731	Contracts for program services	92204117	$0	$1,642,884	$1,642,884
			Subtotal	$3,293,658	$3,375,768	$6,669,426

Fiscal Details

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$746,765	$0	$746,765
2019	102-500731	Contracts for program services	92204117	$746,765	$90,000	$836,765
2020	102-500731	Contracts for program services	92204117	$0	$742,820	$742,820
2021	102-500731	Contracts for program services	92204117	$0	$742,820	$742,820
			Subtotal	$1,493,530	$1,575,640	$3,069,170

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$313,543	$0	$313,543
2019	102-500731	Contracts for program services	92204117	$313,543	$90,000	$403,543
2020	102-500731	Contracts for program services	92204117	$0	$309,598	$309,598
2021	102-500731	Contracts for program services	92204117	$0	$309,598	$309,598
			Subtotal	$627,086	$709,196	$1,336,282

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204117	$350,791	$0	$350,791
2019	102-500731	Contracts for program services	92204117	$350,791	$90,000	$440,791
2020	102-500731	Contracts for program services	92204117	$0	$346,846	$346,846
2021	102-500731	Contracts for program services	92204117	$0	$346,846	$346,846
			Subtotal	$701,582	$783,692	$1,485,274
Total CMH Program Support				**$12,021,050**	**$12,819,304**	**$24,840,354**

05-95-92-922010-4120 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH BLOCK GRANT (100% Federal Funds)

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92224120	$84,000	$0	$84,000
2019	102-500731	Contracts for program services	92224120	$21,500	$0	$21,500
2020	102-500731	Contracts for program services	92224120	$0	$61,162	$61,162
2021	102-500731	Contracts for program services	92224120	$0	$61,162	$61,162
			Subtotal	$105,500	$122,324	$227,824
Total Mental Health Block Grant				**$105,500**	**$122,324**	**$227,824**

05-95-92-922010-4121 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH DATA COLLECTION (100% Federal Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
			Subtotal	$10,000	$10,000	$20,000

West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
			Subtotal	$10,000	$10,000	$20,000

Fiscal Details

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
			Subtotal	$10,000	$10,000	$20,000

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
			Subtotal	$10,000	$10,000	$20,000

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731.	Contracts for program services	92204121	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
			Subtotal	$10,000	$10,000	$20,000

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
			Subtotal	$10,000	$10,000	$20,000

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
			Subtotal	$10,000	$10,000	$20,000

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
			Subtotal	$10,000	$10,000	$20,000

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
			Subtotal	$10,000	$10,000	$20,000

Fiscal Details

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2019	102-500731	Contracts for program services	92204121	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92204121	$0	$5,000	$5,000
			Subtotal	$10,000	$10,000	$20,000
		Total CMH Program Support		$100,000	$100,000	$200,000

05-95-92-921010-2053 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUR FOR CHILDRENS BEHAVRL HLTH, SYSTEM OF CARE (100% General Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$0	$11,000	$11,000
2021	102-500731	Contracts for program services	92102053	$0	$11,000	$11,000
			Subtotal	$4,000	$22,000	$26,000

West Central Services, Inc (Vendor Code 177854-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92102053	$0	$5,000	$5,000
			Subtotal	$4,000	$10,000	$14,000

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$0	$11,000	$11,000
2021	102-500731	Contracts for program services	92102053	$0	$11,000	$11,000
			Subtotal	$4,000	$22,000	$26,000

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$0	$151,000	$151,000
2021	102-500731	Contracts for program services	92102053	$0	$151,000	$151,000
			Subtotal	$4,000	$302,000	$306,000

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$0	$5,000	$5,000
2021	102-500731	Contracts for program services	92102053	$0	$5,000	$5,000
			Subtotal	$4,000	$10,000	$14,000

Fiscal Details

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$0	$151,000	$151,000
2021	102-500731	Contracts for program services	92102053	$0	$151,000	$151,000
			Subtotal	$0	$302,000	$302,000

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$0	$11,000	$11,000
2021	102-500731	Contracts for program services	92102053	$0	$11,000	$11,000
			Subtotal	$4,000	$22,000	$26,000

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$0	$0	$0
2020	102-500731	Contracts for program services	92102053	$0	$11,000	$11,000
2021	102-500731	Contracts for program services	92102053	$0	$11,000	$11,000
			Subtotal	$4,000	$22,000	$26,000

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$0	$0	$0
2019	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2020	102-500731	Contracts for program services	92102053	$0	$11,000	$11,000
2021	102-500731	Contracts for program services	92102053	$0	$11,000	$11,000
			Subtotal	$4,000	$22,000	$26,000

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92102053	$4,000	$0	$4,000
2019	102-500731	Contracts for program services	92102053	$5,000	$0	$5,000
2020	102-500731	Contracts for program services	92102053	$0	$131,000	$131,000
2021	102-500731	Contracts for program services	92102053	$0	$131,000	$131,000
			Subtotal	$9,000	$262,000	$271,000
		Total System of Care		$41,000	$996,000	$1,037,000

05-95-42-421010-2958 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES (100% General Funds)

Northern Human Services (Vendor Code 177222-B004) PO #1056762

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$5,310	$0	$5,310
2019	550-500398	Assessment and Counseling	42105824	$5,310	$0	$5,310
2020	550-500398	Assessment and Counseling	42105824	$0	$5,310	$5,310
2021	550-500398	Assessment and Counseling	42105824	$0	$5,310	$5,310
			Subtotal	$10,620	$10,620	$21,240

Fiscal Details

West Central Services, Inc (Vendor Code 177654-B001) PO #1056774

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
2021	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
			Subtotal	$3,540	$3,540	$7,080

The Lakes Region Mental Health Center (Vendor Code 154480-B001) PO #1056775

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
2021	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
			Subtotal	$3,540	$3,540	$7,080

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
2021	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
			Subtotal	$3,540	$3,540	$7,080

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
2021	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
			Subtotal	$3,540	$3,540	$7,080

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
2021	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
			Subtotal	$3,540	$3,540	$7,080

The Mental Health Center of Greater Manchester (Vendor Code 177184-B001) PO #1056784

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$3,540	$0	$3,540
2019	550-500398	Assessment and Counseling	42105824	$3,540	$0	$3,540
2020	550-500398	Assessment and Counseling	42105824	$0	$3,540	$3,540
2021	550-500398	Assessment and Counseling	42105824	$0	$3,540	$3,540
			Subtotal	$7,080	$7,080	$14,160

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
2021	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
			Subtotal	$3,540	$3,540	$7,080

Fiscal Details

Behavioral Health & Developmental Services of Strafford County, Inc. (Vendor Code 177278-B002) PO #1056787

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
2021	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
			Subtotal	$3,540	$3,540	$7,080

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2019	550-500398	Assessment and Counseling	42105824	$1,770	$0	$1,770
2020	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
2021	550-500398	Assessment and Counseling	42105824	$0	$1,770	$1,770
			Subtotal	$3,540	$3,540	$7,080
		Total Child - Family Services		$46,020	$46,020	$92,040

05-95-42-423010-7926 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES DIV, HOMELESS & HOUSING, PATH GRANT (100% Federal Funds)

Riverbend Community Mental Health, Inc. (Vendor Code 177192-R001) PO #1056778

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$38,250	$0	$38,250
2019	102-500731	Contracts for program services	42307150	$38,250	$0	$38,250
2020	102-500731	Contracts for program services	42307150	$0	$38,234	$38,234
2021	102-500731	Contracts for program services	42307150	$0	$38,234	$38,234
			Subtotal	$72,500	$76,468	$148,968

Monadnock Family Services (Vendor Code 177510-B005) PO #1056779

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$37,000	$0	$37,000
2019	102-500731	Contracts for program services	42307150	$37,000	$0	$37,000
2020	102-500731	Contracts for program services	42307150	$0	$33,300	$33,300
2021	102-500731	Contracts for program services	42307150	$0	$33,300	$33,300
			Subtotal	$74,000	$66,600	$140,600

Community Council of Nashua, NH (Vendor Code 154112-B001) PO #1056782

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$40,300	$0	$40,300
2019	102-500731	Contracts for program services	42307150	$40,300	$0	$40,300
2020	102-500731	Contracts for program services	42307150	$0	$43,901	$43,901
2021	102-500731	Contracts for program services	42307150	$0	$43,901	$43,901
			Subtotal	$80,600	$87,802	$168,402

The Mental Health Center of Greater Manchester (Vendor Code [illegible]) PO #[illegible]

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$40,121	$0	$40,121
2019	102-500731	Contracts for program services	42307150	$40,121	$0	$40,121
2020	102-500731	Contracts for program services	42307150	$0	$43,725	$43,725
2021	102-500731	Contracts for program services	42307150	$0	$43,725	$43,725
			Subtotal	$80,242	$87,450	$167,692

Fiscal Details

Seacoast Mental Health Center, Inc. (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$25,000	$0	$25,000
2019	102-500731	Contracts for program services	42307150	$25,000	$0	$25,000
2020	102-500731	Contracts for program services	42307150	$0	$38,234	$38,234
2021	102-500731	Contracts for program services	42307150	$0	$38,234	$38,234
			Subtotal	$50,000	$76,468	$126,468

The Mental Health Center for Southern New Hampshire (Vendor Code 174116-R001) PO #1056788

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	42307150	$29,500	$0	$29,500
2019	102-500731	Contracts for program services	42307150	$29,500	$0	$29,500
2020	102-500731	Contracts for program services	42307150	$0	$38,234	$38,234
2021	102-500731	Contracts for program services	42307150	$0	$38,234	$38,234
			Subtotal	$59,000	$76,468	$135,468
		Total Child - Family Services		$416,342	$471,256	$887,598

05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SVCS, PREVENTION SERVICES (97% Federal Funds, 3% General Funsd)

Seacoast Mental Health Center (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	92058502	$70,000	$0	$70,000
2019	102-500731	Contracts for program services	92058502	$70,000	$0	$70,000
2020	102-500731	Contracts for program services	92057502	$0	$70,000	$70,000
2021	102-500731	Contracts for program services	92057502	$0	$70,000	$70,000
			Subtotal	$140,000	$140,000	$280,000
		Total Mental Health Block Grant		$140,000	$140,000	$280,000

05-95-48-481010-8917 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY & ADULT SVCS DIV, GRANTS TO LOCALS, HEALTH PROMOTION CONTRACTS (100% Federal Funds)

Seacoast Mental Health Center (Vendor Code 174089-R001) PO #1056785

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase/ Decrease	Revised Modified Budget
2018	102-500731	Contracts for program services	48108462	$35,000	$0	$35,000
2019	102-500731	Contracts for program services	48108462	$35,000	$0	$35,000
2020	102-500731	Contracts for program services	48108462	$0	$35,000	$35,000
2021	102-500731	Contracts for program services	48108462	$0	$35,000	$35,000
			Subtotal	$70,000	$70,000	$140,000
		Total Mental Health Block Grant		$70,000	$70,000	$140,000

Amendment Total Price for All Vendors $12,939,912 $14,764,904 $27,704,816

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

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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June 9, 2017

G&C Approved
Date 6/21/17
Item # Late Item # A

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Bureau of Mental Health Services, to enter into sole source Contracts with the ten (10) vendors identified in the table below to provide non-Medicaid community mental health services, in an amount not to exceed $12,829,412 in the aggregate, effective July 1, 2017, or date of Governor and Council approval through June 30, 2019. Funds are 15.51% Federal Funds, .14% Other Funds, and 84.35% General Funds.

Summary of contracted amounts by vendor:

Vendor	New Hampshire Locations	State Fiscal Year 2018	State Fiscal Year 2019	Total Amount
Northern Human Services	Conway	$ 393,559	$ 389,559	$ 783,118
West Central Services DBA West Central Behavioral Health	Lebanon	$ 328,961	$ 332,961	$ 661,922
The Lakes Region Mental Health Center, Inc. DBA Genesis Behavioral Health	Laconia	$ 334,885	$ 338,885	$ 673,770
Riverbend Community Mental Health, Inc.	Concord	$ 424,673	$ 428,673	$ 853,346
Monadnock Family Services	Keene	$ 401,360	$ 405,360	$ 806,720
Community Council of Nashua, NH DBA Greater Nashua Mental Health Center at Community Council	Nashua	$1,230,869	$1,230,869	$ 2,461,738
The Mental Health Center of Greater Manchester, Inc.	Manchester	$1,699,490	$1,695,490	$ 3,394,980
Seacoast Mental Health Center, Inc.	Portsmouth	$ 887,535	$ 883,535	$ 1,771,070
Behavioral Health & Developmental Svs of Strafford County, Inc., DBA Community Partners of Strafford County	Dover	$ 320,313	$ 324,313	$ 644,626
The Mental Health Center for Southern New Hampshire DBA CLM Center for Life Management	Derry	$ 391,061	$ 387,061	$ 778,122
TOTAL		**$6,412,706**	**$6,416,706**	**$12,829,412**

Please see attached financial detail.

Funds are anticipated to be available in State Fiscal Years 2018 and 2019 upon the availability and continued appropriation of funds in the future operating budget

EXPLANATION

These ten (10) agreements are sole source because community mental health services are not subject to the competitive bidding requirement of NH Administrative Rule ADM 601.03. The Bureau of Mental Health Services contracts for services through the community mental health centers which are designated by the Bureau to serve the towns and cities within a designated geographic region as outlined in NH RSA 135-C and NH Administrative Rule He-M 403.

These ten (10) agreements Include provisions for:

- Mental health services required per NH RSA 135-C and in accordance with State regulations applicable to the State mental health system, including NH Administrative Rules He-M 401 Eligibility Determination and Individual Service Planning, He-M 403 Approval and Operation of Community Mental Health Programs, He-M 408 Clinical Records, and He-M 426 Community Mental Health Services; and
- Compliance with and funding for the Community Mental Health Agreement (CMHA)

Approval of these ten (10) contracts will allow the Department to continue to provide community mental health services for approximately 45,000 adults, children and families in New Hampshire. The Contractors will provide community mental health services as identified above and additional services such as Emergency Services, Individual and Group Psychotherapy, Targeted Case Management, Medication Services, Functional Support Services, and Evidence Based Practices including Illness Management and Recovery, Evidence Based Supported Employment, Trauma Focused Cognitive Behavioral Therapy, and Community Residential Services.

Community mental health services are designed to build resiliency, promote recovery within a person-centered approach, promote successful access to competitive employment, reduce inpatient hospital utilization, improve community tenure, and assist individuals and families in managing the symptoms of mental illness. These agreements include new provisions to ensure individuals experiencing a psychiatric emergency in a hospital emergency department setting receive mental health services to address their acute needs while waiting for admission to a designated receiving facility. The services are within the scope of those authorized under NH Administrative Rule He-M 426, are consistent with the goals of the NH Building Capacity for Transformation, Section 1115 Waiver, and focus significantly on care coordination and collaborative relationship building with the state's acute care hospitals.

Community Mental Health Services will be provided to Medicaid clients and non-Medicaid clients for related services, including Emergency Services to adults, children and families without insurance. The Contractors will seek reimbursement for Medicaid services through an agreement with the Managed Care contractors when a client is enrolled in managed care, through Medicaid fee-for-service when a client is enrolled as a fee-for-service client, and from third party insurance payers. The Contracts do not include funding for the Medicaid dollars as they are not paid for through these contracts. The Contracts include funding for the other non-Medicaid billable community mental health services, such as Adult and Children Assertive Community Treatment teams, Projects for Assistance in Transition from Homelessness, rental housing subsidies, and emergency services.

Should Governor and Executive Council determine not to approve this Request, approximately 45,000 adults, children and families in the state may not receive community mental health services as required by NH RSA 135-C:13. Many of these individuals may experience a relapse of symptoms. They may seek costly services at hospital emergency departments due to the risk of harm to themselves or others and may be at significant risk without treatment or interventions. These individuals may also have increased contact with local law enforcement, county correctional programs and primary care physicians, none of which will have the services or supports available to provide assistance.

In conformance with RSA 135-C:7, performance standards have been included in this contract. Those standards include individual outcome measures and fiscal integrity measures. The effectiveness of services will be measured through the use of the Child and Adolescent Needs and Strengths Assessment and the Adult Needs and Strengths Assessment. The individual level outcomes tools are designed to measure improvement over time, inform the development of the treatment plan, and engage the individual and family in monitoring the effectiveness of services. In addition, follow-up in the community after discharge from New Hampshire Hospital will be measured.

The fiscal integrity measures include generally accepted performance standards to monitor the financial health of non-profit corporations on a monthly basis. Each contractor is required to provide a corrective action plan in the event of deviation from a standard. Failure to maintain fiscal integrity, or to make services available, could result in the termination of the contract and the selection of an alternate provider.

All residential and partial hospital programs are licensed/certified when required by State laws and regulations in order to provide for the life safety of the persons served in these programs. Copies of all applicable licenses/certifications are on file with the Department of Health and Human Services.

Area served: Statewide.

Source of funds: 15.51% Federal Funds from the US Department of Health and Human Services, Projects for Assistance in Transition from Homelessness, Balancing Incentive Program, Title IIID: Preventative Health Money from the Administration for Community Living, and Substance Abuse Prevention and Treatment Block Grant, .14% Other Funds from Behavioral Health Services Information System, and 84.35% General Funds.

In the event that the Federal or Other Funds become no longer available, General Funds shall not be requested to support these programs.

Respectfully submitted

Katja S. Fox
Director

Approved by:

Jeffrey A. Meyers
Commissioner

NH DHHS COMMUNITY MENTAL HEALTH CENTER CONTRACTS
SFY 2018-2019 FINANCIAL DETAIL

05-95-92-922010-4117, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, CMH PROGRAM SUPPORT
88.2% General Funds; 11.65% Federal Funds; .15% Other **CFDA # 93.778**
FAIN 1705NH5MAP

Northern Human Services — Vendor # 177222

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	TBD	379,249
2019	102/500731	Contracts for Program Services	TBD	379,249
		Sub Total		758,498

West Central Svcs, Inc., DBA West Behavioral Health — Vendor # 177654

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	TBD	322,191
2019	102/500731	Contracts for Program Services	TBD	322,191
		Sub Total		644,382

The Lakes Region Mental Health Center., Inc. DBA Genesis Behavioral Health — Vendor # 154480

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	TBD	328,115
2019	102/500731	Contracts for Program Services	TBD	328,115
		Sub Total		656,230

Riverbend Community Mental Health, Inc. — Vendor # 177192

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	TBD	381,653
2019	102/500731	Contracts for Program Services	TBD	381,653
		Sub Total		763,306

Monadnock Family Services — Vendor # 177510

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	TBD	357,590
2019	102/500731	Contracts for Program Services	TBD	357,590
		Sub Total		715,180

Community Council of Nashua, NH DBA Greater Nashua Mental Health Center at — Vendor # 154112

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	TBD	1,183,799
2019	102/500731	Contracts for Program Services	TBD	1,183,799
		Sub Total		2,367,598

The Mental Health Center of Greater Manchester, Inc. — Vendor # 177184

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	TBD	1,646,829
2019	102/500731	Contracts for Program Services	TBD	1,646,829
		Sub Total		3,293,658

Seacoast Mental Health Center, Inc. — Vendor # 174089

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	TBD	746,765
2019	102/500731	Contracts for Program Services	TBD	746,765
		Sub Total		1,493,530

NH DHHS COMMUNITY MENTAL HEALTH CENTER CONTRACTS
SFY 2018-2019 FINANCIAL DETAIL

Behavioral Health & Developmental Services of Strafford County, Inc. DBA Community — Vendor # 177278

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	TBD	313,543
2019	102/500731	Contracts for Program Services	TBD	313,543
		Sub Total		627,086

The Mental Health Center for Southern New Hampshire DBA CLM Center for Life — Vendor # 174116

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	TBD	350,791
2019	102/500731	Contracts for Program Services	TBD	350,791
		Sub Total		701,582
		SUB TOTAL		12,021,050

05-95-92-922010-4121-102-500731, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH DATA COLLECTION

100% Federal Funds — **CFDA #** **N/A**

FAIN **N/A**

Northern Human Services — Vendor # 177222

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92204121	5,000
2019	102/500731	Contracts for Program Services	92204121	5,000
		Sub Total		10,000

West Central Svcs, Inc., DBA West Behavioral Health — Vendor # 177654

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92204121	5,000
2019	102/500731	Contracts for Program Services	92204121	5,000
		Sub Total		10,000

The Lakes Region Mental Health Center., Inc. DBA Genesis Behavioral Health — Vendor # 154480

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92204121	5,000
2019	102/500731	Contracts for Program Services	92204121	5,000
		Sub Total		10,000

Riverbend Community Mental Health, Inc. — Vendor # 177192

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92204121	5,000
2019	102/500731	Contracts for Program Services	92204121	5,000
		Sub Total		10,000

Monadnock Family Services — Vendor # 177510

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92204121	5,000
2019	102/500731	Contracts for Program Services	92204121	5,000
		Sub Total		10,000

Community Council of Nashua, NH DBA Greater Nashua Mental Health Center at — Vendor # 154112

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92204121	5,000
2019	102/500731	Contracts for Program Services	92204121	5,000
		Sub Total		10,000

NH DHHS COMMUNITY MENTAL HEALTH CENTER CONTRACTS
SFY 2018-2019 FINANCIAL DETAIL

The Mental Health Center of Greater Manchester, Inc. — Vendor # 177184

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92204121	5,000
2019	102/500731	Contracts for Program Services	92204121	5,000
		Sub Total		10,000

Seacoast Mental Health Center, Inc. — Vendor # 174089

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92204121	5,000
2019	102/500731	Contracts for Program Services	92204121	5,000
		Sub Total		10,000

Behavioral Health & Developmental Services of Strafford County, Inc. DBA Community — Vendor # 177278

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92204121	5,000
2019	102/500731	Contracts for Program Services	92204121	5,000
		Sub Total		10,000

The Mental Health Center for Southern New Hampshire DBA CLM Center for Life — Vendor # 174116

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92204121	5,000
2019	102/500731	Contracts for Program Services	92204121	5,000
		Sub Total		10,000
		SUB TOTAL		100,000

NH DHHS COMMUNITY MENTAL HEALTH CENTER CONTRACTS
SFY 2018-2019 FINANCIAL DETAIL

05-95-92-921010-2053-102-500731, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV ,BUR FOR CHILDRENS BEHAVRL HLTH, SYSTEM OF CARE
100% General Funds — **CFDA #** N/A — **FAIN** N/A

Northern Human Services — Vendor # 177222

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92102053	4,000
2019	102/500731	Contracts for Program Services	92102053	-
		Sub Total		4,000

West Central Svcs, Inc., DBA West Behavioral Health — Vendor # 177654

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92102053	-
2019	102/500731	Contracts for Program Services	92102053	4,000
		Sub Total		4,000

The Lakes Region Mental Health Center., Inc. DBA Genesis Behavioral Health — Vendor # 154480

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92102053	-
2019	102/500731	Contracts for Program Services	92102053	4,000
		Sub Total		4,000

Riverbend Community Mental Health, Inc. — Vendor # 177192

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92102053	-
2019	102/500731	Contracts for Program Services	92102053	4,000
		Sub Total		4,000

Monadnock Family Services — Vendor # 177510

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92102053	-
2019	102/500731	Contracts for Program Services	92102053	4,000
		Sub Total		4,000

The Mental Health Center of Greater Manchester, Inc. — Vendor # 177184

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92102053	4,000
2019	102/500731	Contracts for Program Services	92102053	-
		Sub Total		4,000

Seacoast Mental Health Center, Inc. — Vendor # 174089

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92102053	4,000
2019	102/500731	Contracts for Program Services	92102053	-
		Sub Total		4,000

Behavioral Health & Developmental Services of Strafford County, Inc. DBA Community — Vendor # 177278

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92102053	-
2019	102/500731	Contracts for Program Services	92102053	4,000
		Sub Total		4,000

NH DHHS COMMUNITY MENTAL HEALTH CENTER CONTRACTS
SFY 2018-2019 FINANCIAL DETAIL

The Mental Health Center for Southern New Hampshire DBA CLM Center for Life — Vendor # 174116

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget
2018	102/500731	Contracts for Program Services	92102053	4,000
2019	102/500731	Contracts for Program Services	92102053	-
		Sub Total		4,000
		SUB TOTAL		36,000

05-95-42-421010-2958, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES
100% General Funds — **CFDA # N/A** — **FAIN N/A**

Northern Human Services — Vendor # 177222

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	550/500398	Contracts for Program Services	42105824	5,310
2019	550/500398	Contracts for Program Services	42105824	5,310
		Sub Total		10,620

West Central Svcs, Inc., DBA West Behavioral Health — Vendor # 177654

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	550/500398	Contracts for Program Services	42105824	1,770
2019	550/500398	Contracts for Program Services	42105824	1,770
		Sub Total		3,540

The Lakes Region Mental Health Center., Inc. DBA Genesis Behavioral Health — Vendor # 154480

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	550/500398	Contracts for Program Services	42105824	1,770
2019	550/500398	Contracts for Program Services	42105824	1,770
		Sub Total		3,540

Riverbend Community Mental Health, Inc. — Vendor # 177192

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	550/500398	Contracts for Program Services	42105824	1,770
2019	550/500398	Contracts for Program Services	42105824	1,770
		Sub Total		3,540

Monadnock Family Services — Vendor # 177510

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	550/500398	Contracts for Program Services	42105824	1,770
2019	550/500398	Contracts for Program Services	42105824	1,770
		Sub Total		3,540

Community Council of Nashua, NH DBA Greater Nashua Mental Health Center at — Vendor # 154112

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	550/500398	Contracts for Program Services	42105824	1,770
2019	550/500398	Contracts for Program Services	42105824	1,770
		Sub Total		3,540

The Mental Health Center of Greater Manchester, Inc. — Vendor # 177184

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	550/500398	Contracts for Program Services	42105824	3,540
2019	550/500398	Contracts for Program Services	42105824	3,540
		Sub Total		7,080

NH DHHS COMMUNITY MENTAL HEALTH CENTER CONTRACTS
SFY 2018-2019 FINANCIAL DETAIL

Seacoast Mental Health Center, Inc. — Vendor # 174089

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	550/500398	Contracts for Program Services	42105824	1,770
2019	550/500398	Contracts for Program Services	42105824	1,770
		Sub Total		3,540

Behavioral Health & Developmental Services of Strafford County, Inc. DBA Community — Vendor # 177278

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	550/500398	Contracts for Program Services	42105824	1,770
2019	550/500398	Contracts for Program Services	42105824	1,770
		Sub Total		3,540

The Mental Health Center for Southern New Hampshire DBA CLM Center for Life — Vendor # 174116

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	550/500398	Contracts for Program Services	42105824	1,770
2019	550/500398	Contracts for Program Services	42105824	1,770
		Sub Total		3,540
		SUB TOTAL		**46,020**

05-95-42-423010-7926, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: HUMAN SERVICES DIV, HOMELESS & HOUSING, PATH GRANT
100% Federal Funds — **CFDA # 93.150**
FAIN SM016030-14

Riverbend Community Mental Health, Inc. — Vendor # 177192

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	42307150	36,250
2019	102/500731	Contracts for Program Services	42307150	36,250
		Sub Total		72,500

Monadnock Family Services — Vendor # 177510

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	42307150	37,000
2019	102/500731	Contracts for Program Services	42307150	37,000
		Sub Total		74,000

Community Council of Nashua, NH DBA Greater Nashua Mental Health Center at — Vendor # 154112

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	42307150	40,300
2019	102/500731	Contracts for Program Services	42307150	40,300
		Sub Total		80,600

The Mental Health Center of Greater Manchester, Inc. — Vendor # 177184

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	42307150	40,121
2019	102/500731	Contracts for Program Services	42307150	40,121
		Sub Total		80,242

NH DHHS COMMUNITY MENTAL HEALTH CENTER CONTRACTS
SFY 2018-2019 FINANCIAL DETAIL

Seacoast Mental Health Center, Inc. — Vendor # 174089

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	42307150	25,000
2019	102/500731	Contracts for Program Services	42307150	25,000
		Sub Total		50,000

The Mental Health Center for Southern New Hampshire DBA CLM Center for Life — Vendor # 174116

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	42307150	29,500
2019	102/500731	Contracts for Program Services	42307150	29,500
		Sub Total		59,000
		SUB TOTAL		416,342

05-95-92-920510-3380, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SVCS, PREVENTION SERVICES

2% General Funds, 98% Federal Funds — **CFDA # 93.959** — **FAIN T1010035**

Seacoast Mental Health Center, Inc. — Vendor # 174089

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	92056502	70,000
2019	102/500731	Contracts for Program Services	92056502	70,000
		SUB TOTAL		140,000

05-95-48-481010-8917 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: ELDERLY & ADULT SVCS DIV, GRANTS TO LOCALS, HEALTH PROMOTION CONTRACTS

100% Federal Funds — **CFDA # 93.043** — **FAIN 17AANHT3PH**

Seacoast Mental Health Center, Inc. — Vendor # 174089

Fiscal Year	Class / Account	Class Title	Job Number	Amount
2018	102/500731	Contracts for Program Services	48108462	35,000
2019	102/500731	Contracts for Program Services	48108462	35,000
		SUB TOTAL		70,000
		TOTAL		12,829,412