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

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
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January 31, 2023

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 of Public Health Services, to amend an existing contract with Amoskeag Health (VC#157274), Manchester, NH for the delivery of primary care health clinics and mental health services in school based settings by exercising a contract renewal option by extending the completion date from June 30, 2023 to June 30, 2024, effective July 1, 2023, upon Governor and Council approval with no change to the price limitation of \$1,010,000.

The original contract was approved by Governor and Council on August 17, 2022, item #19.

EXPLANATION

The purpose of this request is to extend the current contract to allow for the continuation of school-based primary care and mental health services. There are sufficient funds remaining to cover the extended contract period. Due to workforce constraints, the Contractor has had delays hiring positions, resulting in an remain vacant that they had planned to utilize this funding for, thus will likely have a significant unobligated balance at the end of the current contract period.

The Contractor will continue to provide services in partnership with the local school district and are provided to students on a voluntary basis, and only after consent is obtained by the student's parent or guardian. Criminal background checks, Bureau of Elderly and Adult Services State Registry Check and Division for Children Youth and Families Central Registry Check will occur prior to any of the Contractor's staff working within a school-based setting.

The Contractor will continue to:

- Expand and improve academic performance, behavioral health and physical health services at existing and new school-based sites within the Manchester School District, by increasing access to healthcare and other needed services.
- Provide medical telehealth service for acute care in partnership with the nurses in two (2) Manchester elementary schools. These services assist school nurses in assessing acute medical needs and determine a course of action.
- Link students and their families with appropriate resources in the community, as needed.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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The Department will continue to monitor services by ensuring the Contractor:

- Completes the quarterly Performance Measures Table.
- Completes the biannual Work Plan, and
- Manages other key data metrics, including client –level demographic, performance and service data, as requested by the Department.

As referenced in Exhibit A, of the original agreement of the original agreement, the parties have the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the two (2) years available.

Should the Governor and Council not authorize this request, the Department may be unable to provide access to school based health clinics for primary care and mental health services which are vital to students K-12 overall health.

Area served: Manchester and Greater Manchester Area.

Respectfully submitted,



Lori A. Weaver
Interim Commissioner

**State of New Hampshire
Department of Health and Human Services
Amendment #1**

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

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on August 17, 2022, (Item #19), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17 and Exhibit A, Revisions to Standard Agreement Provisions, 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 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, 2024

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2023, upon Governor and 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

2/6/2023

Date

DocuSigned by:
Patricia M. Tilley
848E938E58ED4C8

Name: Patricia M. Tilley

Title: Director

Amoskeag Health

02/06/2023

Date

Kris McCracken

Name: Kris McCracken
Title: President/CEO

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that AMOSKEAG HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 07, 1992. 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: 175115

Certificate Number: 0005780173



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of May A.D. 2022.

A handwritten signature in black ink, appearing to read "D. Scanlan".

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, David Crespo, 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 Amoskeag 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 January 24, 2023, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Kris McCracken, President/CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Amoskeag 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 was **valid thirty (30) days prior to and 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: 1-24-2023


Signature of Elected Officer

Name: David Crespo
Title: Board Secretary, Amoskeag Health

CONTACT INFO

Mailing Address: 145 Hollis Street, Manchester, NH 03101

Office Locations:

145 Hollis Street, Manchester, NH

1245 Elm Street, Manchester, NH

184 Tarrytown Road, Manchester, NH

88 McGregor Street, Manchester, NH

Telephone: 603-626-9500

Website: <https://www.amoskeaghealth.org/>

Twitter: @AmoskeagHealth

Facebook: @amoskeaghealth

LinkedIn: AmoskeagHealth

STAFF COUNT (01/31/2022)

205 Full-Time

16 Part-Time

23 Per Diem

MISSION

To improve the health and well-being of our patients and the communities we serve by providing exceptional care and services that are accessible to all.

VISION

We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed.

CORE VALUES

We believe in:

- Promoting wellness and empowering patients through education
- Fostering an environment of respect, integrity and caring where all people are treated equally with dignity and courtesy
- Providing exceptional, evidence-based and patient-centered care
- Removing barriers so that our patients achieve and maintain their best possible health

Where quality and compassion meet family and community

TWO-SENTENCE OVERVIEW

Amoskeag Health provides primary health care for pediatrics, adolescents, adults, and elders; nutrition counseling; prenatal and birthing care, family support programs; and behavioral and mental health services in a culturally sensitive setting. As a mission-driven non-profit, Amoskeag Health accepts most insurance and serves everyone regardless of ability to pay.

500 Character Mission

Amoskeag Health is a 501c3 nonprofit community healthcare center serving over 15,000 area residents annually. Our mission is to improve the health and well-being of our patients and the communities we serve by providing exceptional physical and mental health care and social services that are accessible to all. We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed. We promote wellness and empower patients through education, respect, and integrity delivered with dignity, cultural sensitivity, and courtesy, using evidence-based patient-centered model of care.

300 Character Mission

Our mission is to improve the health and well-being of our patients and the communities we serve by providing exceptional physical and mental health care and social services that are accessible to all. We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed.

SERVICES

Amoskeag Health (formerly Manchester Community Health Center, Child Health Services and West Side Neighborhood Health Center) is a 501c(3) registered nonprofit located in Manchester, NH. Established in 1993 as a federally qualified health center, Amoskeag Health provides family-oriented primary health care services to over 15,000 people residing in Manchester and surrounding communities. Amoskeag Health promotes wellness, provides exceptional care, and offers outstanding primary and preventive services so that patients achieve and maintain their best possible health.

Amoskeag Health delivers high-quality, comprehensive health care. Our care assists the needs of our low-income and underserved populations experiencing significant barriers to care.

As a community health center, we work across 5 physical locations, in 60+ languages, delivering integrated care for physical, mental and behavioral health, taking an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, homebound patients, and children exposed to trauma. We achieve our mission by providing quality comprehensive health care in a participatory environment designed to empower our clients, staff and volunteers and by developing partnerships with other organizations to ensure **accessibility, availability, and affordability** for all needs of our clients.

We provide services on a discount fee scale based upon the patient's income and family size in order to meet the patient's medical and social needs. Basic services offered include: primary family medicine, perinatal care, nutrition counseling, language interpretation, health education, preventative screening, medical case management, social services coordination, mental health counseling, and reproductive health referrals.

Amoskeag Health has five physical locations from which it provides primary health care for pediatrics, adolescents, adults, and elders; nutrition counseling; prenatal and birthing care, family support programs; and behavioral health services in a culturally sensitive setting delivered in 62 languages. Amoskeag Health administers NH's state-wide Title V program to children aged birth to 21 years who have special needs

with a chronic medical condition or disability. We also operate a medication-assisted treatment (MAT) program in combination with evidence-based therapy for the treatment of addiction. In collaboration with Manchester Police and Health Departments, YWCA, and Easter Seals, Amoskeag Health provides comprehensive care to children and teens, at home and in schools. In partnership with Manchester School District, Amoskeag Health Behavioral Health Clinicians provide mental health counseling, assessments, and treatment plans for students. Through a community-wide Youth Enrichment Program, Amoskeag Health brings behavioral health counseling to afterschool programs to reach middle and high school students with services for overall physical, emotional, and educational well-being. With a team of interpreters and community partners, Amoskeag Health removes the barriers to health care by addressing the whole patient and their social determinants of health – access to food, clothing, housing, and safety at school, home and workplace. Amoskeag Health received the 2021 Advancing HIT for Quality Award and the 2021 Health Center Quality Leader Award from the Human Resources and Services Administration, an agency of the U.S. Department of Health and Human Services. Amoskeag Health has achieved recognition as a Patient Centered Medical Home organization.

500 Character Services Description

Amoskeag Health operates five offices to provide primary health care for pediatrics, adolescents, adults, and elders; nutrition counseling; prenatal and birthing care, family support programs; and behavioral health services in a culturally sensitive setting. We administer the state's Title V program to children aged 0 - 21 years with special needs and a chronic medical condition or disability. We also operate a medication-assisted treatment (MAT) program and evidence-based therapy for the treatment of addiction. With our interpreters and community partners, we address the whole patient and their social determinants of health.

2,000 Character Organizational Description

Amoskeag Health is a 501c(3) federally qualified community health center with five physical locations from which it provides primary health care for pediatrics, adolescents, adults, and elders; nutrition counseling; prenatal and birthing care, family support programs; and behavioral health services in a culturally sensitive setting. Working within a culturally diverse population, serving over 15,000 people annually of all ages in 60+ languages, Amoskeag Health delivers integrated care for physical, mental, and behavioral health, taking an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, homebound patients, and children exposed to trauma. Amoskeag Health administers NH's state-wide Title V program to children aged birth to 21 years who have special needs with a chronic medical condition or disability. We also operate a medication-assisted treatment (MAT) program in combination with evidence-based therapy for the treatment of addiction. In collaboration with Manchester Police and Health Departments, YWCA, and Easter Seals, Amoskeag Health provides comprehensive care to children and teens, at home and in schools. With a team of interpreters and community partners, Amoskeag Health strategically removes the barriers to health care by addressing the whole patient and their social determinants of health – access to food, clothing, housing, and safety at school, home and workplace. Amoskeag Health received the 2021 Advancing HIT for Quality Award and the 2021 Health Center Quality Leader Award from the Human Resources and Services Administration, an agency of the U.S. Department of Health and Human Services. Amoskeag Health maintains recognition as a Patient Centered Medical Home organization.

The 18-member volunteer Board of Directors is currently in the strategic planning process, delayed during 2020.

300 word Organizational Overview

Established in 1993 as a federally-qualified non-profit community health center, Amoskeag Health provides family-oriented, high-quality, comprehensive, primary health care services to over 15,000 people residing in Manchester and surrounding communities. Amoskeag Health promotes wellness, provides exceptional care, and offers outstanding primary and preventive services so that patients achieve and maintain their best possible health. Our delivery of care model assists the needs of low-income and underserved populations experiencing significant barriers to care.

Amoskeag Health works across five physical locations to deliver integrated health care for pediatrics, adolescents, adults, and elders in a culturally sensitive setting, with interpretation services in 60+ languages. We achieve our mission by providing quality comprehensive health care in a participatory environment designed to empower our clients, staff and volunteers. We build strong partnerships with other organizations to ensure accessibility, availability, and affordability to the services clients need to remove barriers to health care and to address social determinants of health – access to food, clothing, housing, and safety at school, home and workplace.

We provide services on a discount fee scale based upon the patient's income and family size in order to meet the patient's medical and social needs. Basic services offered include: primary family medicine, prenatal and birthing care, nutrition counseling, language interpretation, health education, preventative screening, medical case management, social services coordination, family support programs, mental health counseling, and reproductive health referrals. Our integrated care for physical, mental, and behavioral health takes an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, homebound patients, and children exposed to trauma. Additionally, Amoskeag Health administers NH's state-wide Title V program to children aged birth to 21 years who have special needs with a chronic medical condition or disability.

In 2021, Amoskeag Health received the National Quality Leader Award from USDHHS.

2,000 Character Historical Description

Established in 1993, Amoskeag Health is a 501c(3) federally qualified community health center with five physical locations from which it provides primary health care for pediatrics, adolescents, adults, and elders; nutrition education, substance use counseling; prenatal and birthing care, family support programs; and behavioral health services in a culturally sensitive setting. Serving over 15,000 people annually in 62 languages, Amoskeag Health delivers integrated care for physical, mental, and behavioral health, taking an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, homebound patients, and children exposed to trauma. Since 1980, Amoskeag Health's Child Development Clinic administers NH's state-wide Title V program to children aged birth to 21 years who have special needs with a chronic medical condition or disability. We also operate a medication-assisted treatment (MAT) program in combination with evidence-based therapy for the treatment of addiction. In collaboration with Manchester's police, health department, and school district, Amoskeag Health provides comprehensive care to children and teens, at home and in schools.

With a team of interpreters and community partners, Amoskeag Health strategically removes the barriers to health care by addressing the whole patient and their social determinants of health – access to food, clothing, housing, and safety at school, home and workplace. Amoskeag Health received the 2021 Advancing HIT for Quality Award and the 2021 Health Center Quality Leader Award from the Human Resources and Services Administration, an agency of the U.S. Department of Health and Human Services. Amoskeag Health maintains recognition as a Patient Centered Medical Home organization through 2021.

DEMOGRAPHICS

In 2021 during a global pandemic, Amoskeag Health provided direct services to 15,490 people, 85% of whom live in Manchester and neighboring towns and 15% live in various surrounding counties. Approximately 76.5% of Amoskeag Health patients are known to live at 200% of the Federal poverty level or below. Patient insurance status include 22% uninsured, 52% by Medicaid, 5% covered by Medicare, and 21% by private insurance, including Medicaid Expansion products.

Approximately 43.5%, over 6,700, Amoskeag Health patients do not use English as their primary language. The predominant non-English languages are Spanish, Nepali, Arabic, Portuguese, French and Kiswahili.

200 Character Demographics

In 2019, 14,686 patients (6,412 male; 8,274 female) received care; 81.5% live at 200% Federal poverty or below; 44.5% primary language is not English; 40% are under 19 yrs, 49% 19-59, and 11% 65+ yrs.

In 2019, 14,686 patients (6,412 male; 8,274 female) received care; 81.5% live at 200% of the Federal poverty level or below; 44.5% do not use English as their primary language; 40% are aged ↓ 19, 49% between 19-59, and 11% are over 60 years.

These patients' service fees are covered by: 24% uninsured; 6% Medicare; 50% Medicaid; and 20% private insurance including Medicaid Expansion products.

The predominant non-English languages are Spanish, Arabic, Nepali, French, Portuguese and Kiswahili.

Our patients come from diverse ethnicities:

Asian	1341	10 %
Native Hawaiian/Other Pacific Islander	237	2%
Black/African American	2366	16
American Indian/Alaska Native	66	.5
White Hispanic	3713	25
White Non-Hispanic	5730	39
More than one race	722	5
Unreported/Refused to report race	511	3.5

WELCOME FAMILIES NH WEBSITE

Community Health Center

Mailing Address: 145 Hollis Street, Manchester, NH 03101

Office Locations:

145 Hollis Street, Manchester, NH

1245 Elm Street, Manchester, NH

184 Tarrytown Road, Manchester, NH

88 McGregor Street, Manchester, NH

Telephone: 603-626-9500

Website: <https://www.amoskeaghealth.org/>

What is the basic definition of this resource? (Please summarize in 1-2 sentences or bullet points.)*

Amoskeag Health provides primary health care for pediatrics, adolescents, adults, and elders; nutrition counseling; prenatal and birthing care, family support programs; and behavioral and mental health

services in a culturally sensitive setting. As a mission-driven non-profit, Amoskeag Health accepts most insurance and serves everyone regardless of ability to pay.

Provide a description of the services this resource offers. (Please summarize in 1-2 short paragraphs)

Amoskeag Health promotes wellness, provides exceptional care, and offers outstanding primary and preventive services so that patients achieve and maintain their best possible health. Amoskeag Health delivers integrated care for physical, mental and behavioral health, taking an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, homebound patients, and children exposed to trauma. Amoskeag Health administers NH's state-wide Title V program to children aged birth to 21 years who have special needs with a chronic medical condition or disability. We also operate a medication-assisted treatment (MAT) program in combination with evidence-based therapy for the treatment of addiction.

Amoskeag Health removes the barriers to health care by addressing the whole patient and their social determinants of health – access to food, clothing, housing, and safety at school, home and workplace. Amoskeag Health received the 2019 Health Center Quality Leader Award from the U.S. Human Resources and Services Administration. Amoskeag Health maintains recognition as a Patient Centered Medical Home organization.

Provide all pertinent logistical details that a potential user would need to know about this resource (e.g. 24/7 support available, event calendars, office hours, schedules).*

Accepting new patients by calling 603-626-9500. In-person appointments are available Monday - Friday 8:00 AM - 5:00 PM; Virtual appointments are available Monday - Saturday with some evening appointments.

IN-KIND SUPPORT

Amoskeag Health receives generous in-kind support from the community. Non-perishable food, diapers and wipes, and gently-used baby clothes are the most frequently donated items to our emergency pantry shelves. At the onset of the global pandemic, the outpouring of donated hand-sewn face masks in adult and pediatric sizes allowed us to remain open and provide added safety measures for staff and patients. Donors of in-kind gifts are not provided with a valuation of their gift, per IRS regulations. Internally, if we had to purchase these in-kind items, we estimate that it would have cost us \$28,951 last fiscal year.



FINANCIAL STATEMENTS

June 30, 2021 and 2020

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Amoskeag Health

We have audited the accompanying financial statements of Amoskeag Health, which comprise the balance sheets as of June 30, 2021 and 2020, and the related statements of operations, functional expenses, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the 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.

Board of Directors
Amoskeag Health
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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Amoskeag Health as of June 30, 2021 and 2020, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, during the year ended June 30, 2021, Amoskeag Health adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance. Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 2, 2021

AMOSKEAG HEALTH**Balance Sheets****June 30, 2021 and 2020****ASSETS**

	<u>2021</u>	<u>2020</u>
Current assets		
Cash and cash equivalents	\$ 4,731,957	\$ 3,848,925
Patient accounts receivable	1,806,238	1,650,543
Grants and other receivables	880,300	985,801
Other current assets	<u>300,180</u>	<u>114,920</u>
Total current assets	7,718,675	6,600,189
Property and equipment, net	<u>4,152,995</u>	<u>4,249,451</u>
Total assets	<u>\$11,871,670</u>	<u>\$10,849,640</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Line of credit	\$ -	\$ 450,000
Accounts payable and accrued expenses	754,413	526,311
Accrued payroll and related expenses	1,723,122	1,473,665
Paycheck Protection Program refundable advance	-	1,467,800
Current maturities of long-term debt	<u>52,072</u>	<u>42,505</u>
Total current liabilities	2,529,607	3,960,281
Long-term debt, less current maturities	<u>1,503,059</u>	<u>1,556,661</u>
Total liabilities	<u>4,032,666</u>	<u>5,516,942</u>
Net assets		
Without donor restrictions	7,054,282	4,711,819
With donor restrictions	<u>784,722</u>	<u>620,879</u>
Total net assets	<u>7,839,004</u>	<u>5,332,698</u>
Total liabilities and net assets	<u>\$11,871,670</u>	<u>\$10,849,640</u>

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

AMOSKEAG HEALTH**Statements of Operations****Years Ended June 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Operating revenue		
Net patient service revenue	\$11,123,864	\$10,792,094
Grants, contracts and support	9,926,932	8,334,383
Paycheck Protection Program loan forgiveness	1,467,800	-
Other operating revenue	110,480	264,523
Net assets released from restriction for operations	<u>1,026,327</u>	<u>1,014,296</u>
Total operating revenue	<u>23,655,403</u>	<u>20,405,296</u>
Operating expenses		
Salaries and wages	13,238,880	12,918,995
Employee benefits	2,551,855	2,423,466
Program supplies	536,720	519,960
Contracted services	2,724,436	2,211,397
Occupancy	829,588	725,333
Other	868,512	789,982
Depreciation and amortization	500,368	426,791
Interest	<u>62,581</u>	<u>86,838</u>
Total operating expenses	<u>21,312,940</u>	<u>20,102,762</u>
Excess of revenue over expenses and increase in net assets without donor restrictions	<u>\$ 2,342,463</u>	<u>\$ 302,534</u>

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

AMOSKEAG HEALTH

Statements of Functional Expenses

Years Ended June 30, 2021 and 2020

	2021							2020				
	Healthcare Services							Administrative and Support Services				
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	\$ 1,443,105	\$ 572,404	\$ 2,179,922	\$ 69,028	\$ 5,916,509	\$ 832,105	\$ 275,664	\$11,288,737	\$ 132,793	\$ 165,591	\$ 1,651,759	\$13,238,880
Employee benefits	279,237	115,773	463,013	17,219	1,018,387	149,979	57,331	2,100,939	23,902	31,089	395,925	2,551,855
Program supplies	1,030	2,259	46,502	181,901	253,478	10,685	28,469	524,324	110	6,004	6,282	536,720
Contracted services	206,814	280,152	122,384	311,761	762,194	347,396	351,447	2,382,148	-	16,018	326,270	2,724,436
Occupancy	105,110	14,372	92,022	3,700	587,893	100,856	-	903,953	(530,075)	14,926	440,784	829,588
Other	78,320	8,310	68,944	-	160,715	18,080	20,064	354,433	72,395	39,600	402,084	868,512
Depreciation and amortization	566	-	14,276	-	95,931	569	1,573	112,915	242,975	504	143,974	500,368
Interest	-	-	-	-	-	-	-	-	58,146	-	4,435	62,581
Total	\$ 2,114,182	\$ 993,270	\$ 2,987,063	\$ 583,609	\$ 8,795,107	\$ 1,459,670	\$ 734,548	\$17,667,449	\$ 246	\$ 273,732	\$ 3,371,513	\$21,312,940
	2021							2020				
	Healthcare Services							Administrative and Support Services				
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	\$ 1,718,516	\$ 526,822	\$ 1,927,974	\$ 79,500	\$ 5,631,705	\$ 842,162	\$ 236,825	\$10,963,504	\$ 125,802	\$ 158,008	\$ 1,671,681	\$12,918,995
Employee benefits	323,122	98,862	360,012	14,705	984,467	154,645	42,814	1,978,627	23,506	28,852	392,481	2,423,466
Program supplies	1,308	2,966	58,720	197,339	231,140	7,369	8,622	507,464	1,419	-	11,077	519,960
Contracted services	152,425	265,070	197,932	338,328	474,948	361,030	166,451	1,956,184	14,136	14,036	227,041	2,211,397
Occupancy	114,192	15,814	99,973	4,020	635,524	109,571	-	979,094	(524,235)	16,216	254,258	725,333
Other	69,816	5,692	87,212	435	101,999	20,137	42,731	328,022	55,165	22,673	384,122	789,982
Depreciation and amortization	205	-	11,358	-	50,809	569	1,224	64,165	241,318	462	120,846	426,791
Interest	-	-	-	-	-	-	-	-	62,889	-	23,949	86,838
Total	\$ 2,379,584	\$ 915,226	\$ 2,743,181	\$ 634,327	\$ 8,110,592	\$ 1,495,483	\$ 498,667	\$16,777,060	\$ -	\$ 240,247	\$ 3,085,455	\$20,102,762

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

AMOSKEAG HEALTH

Statements of Changes in Net Assets

Years Ended June 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Net assets without donor restrictions		
Excess of revenue over expenses and increase in net assets without donor restrictions	\$ <u>2,342,463</u>	\$ <u>302,534</u>
Net assets with donor restrictions		
Contributions	1,190,170	1,028,655
Net assets released from restriction for operations	<u>(1,026,327)</u>	<u>(1,014,296)</u>
Increase in net assets with donor restrictions	<u>163,843</u>	<u>14,359</u>
Change in net assets	2,506,306	316,893
Net assets, beginning of year	<u>5,332,698</u>	<u>5,015,805</u>
Net assets, end of year	<u>\$ 7,839,004</u>	<u>\$ 5,332,698</u>

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

AMOSKEAG HEALTH

Statements of Cash Flows

Years Ended June 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities		
Change in net assets	\$ 2,506,306	\$ 316,893
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	500,368	426,791
Equity in loss from limited liability company	-	6,877
(Increase) decrease in the following assets		
Patient accounts receivable	(155,695)	240,140
Grants and other receivables	105,501	77,662
Other current assets	(185,260)	40,441
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	228,102	(50,312)
Accrued payroll and related expenses	249,457	262,775
Paycheck Protection Program refundable advance	(1,467,800)	1,467,800
Net cash provided by operating activities	<u>1,780,979</u>	<u>2,789,067</u>
Cash flows from investing activities		
Distribution from limited liability company	-	12,223
Capital expenditures	<u>(399,526)</u>	<u>(274,832)</u>
Net cash used by investing activities	<u>(399,526)</u>	<u>(262,609)</u>
Cash flows from financing activities		
Payments on line of credit	(450,000)	-
Payments on long-term debt	<u>(48,421)</u>	<u>(46,368)</u>
Net cash used by financing activities	<u>(498,421)</u>	<u>(46,368)</u>
Net increase in cash and cash equivalents	883,032	2,480,090
Cash and cash equivalents, beginning of year	<u>3,848,925</u>	<u>1,368,835</u>
Cash and cash equivalents, end of year	<u>\$ 4,731,957</u>	<u>\$ 3,848,925</u>
Supplemental disclosures of cash flow information		
Cash paid for interest	<u>\$ 62,581</u>	<u>\$ 86,838</u>

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

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

Organization

Amoskeag Health (the Organization) is a not-for-profit corporation organized in Manchester, New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) providing high-quality, comprehensive, and family-oriented primary health care and support services, which meet the needs of a diverse community, regardless of age, ethnicity or income.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements 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.

Use of Estimates

The preparation of 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 financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

COVID-19

In March 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic and the United States federal government declared COVID-19 a national emergency. The Organization implemented an emergency response to ensure the safety of its patients, staff and the community. In adhering to guidelines issued by the Center for Disease Control and Prevention, the Organization took steps to create safe distances between both staff and patients. Medical and behavioral health patient visits were done through telehealth when appropriate.

The Organization received a loan in the amount of \$1,467,800 in April 2020 pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement (PPHCE) Act. The PPP is subject to forgiveness, upon the Organization's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, rent and utilities, incurred by the Organization during a specific covered period. The Organization is following the conditional contribution model to account for the PPP and determined the conditions for forgiveness were substantially met during the year ended June 30, 2021. The Organization was notified in May 2021 the PPP was fully forgiven by the SBA.

The Organization received a loan in the amount of \$250,000 in July 2020 from the COVID-19 Emergency Healthcare System Relief Fund (Relief Loan), a program implemented by the State of New Hampshire, Department of Health and Human Services. The Relief Loan is unsecured, is interest free, and has a maturity date of 180 days after the expiration of the State of Emergency declared by the Governor, at which time the loan is due in full. The Relief Loan has the potential to be converted to a grant at the discretion of the Governor if certain criteria are met. The Organization submitted an application to convert the Relief Loan to a grant during 2021, which was approved and recognized as revenue.

The CARES Act and the PPHCE Act established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by the U.S. Department of Health and Human Services (HHS). During 2020, the Organization received PRF in the amount of \$214,172. The Organization incurred qualifying revenue losses and recognized the PRF in full during the year ended June 30, 2020.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits, money market funds and petty cash.

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

Revenue Recognition and Patient Accounts Receivable

The Organization has adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which supersedes accounting standards that previously existed under U.S. GAAP and provides a single revenue model to address revenue recognition to be applied by all companies. Under the new standard, organizations recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the organization expects to be entitled in exchange for those goods and services. Topic 606 also requires organizations to disclose additional information, including the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization elected to adopt this ASU retrospectively with the cumulative effect recognized at the date of initial application; therefore, the financial statements and related notes have been presented accordingly.

The adoption of Topic 606 changed how implicit price concessions are presented in the financial statements. Under the previous standards, the estimate for amounts not expected to be collected based upon historical experience was reflected as a provision for doubtful accounts, and presented separately as an offset to net patient service revenue. Under the new standards, the estimate for amounts not expected to be collected based on historical experience will continue to be recognized as a reduction to net revenue, but not reflected separately as provision for doubtful accounts.

The impact of the adoption on the statement of operations for the year ended June 30, 2020 was as follows:

	As Originally <u>Reported</u>	Adjustments due to Topic 606 <u>Adoption</u>	<u>Revised Balance</u>
Patient service revenue	\$ 11,473,557	\$ (681,463)	\$ 10,792,094
Provision for bad debts	<u>(681,463)</u>	<u>681,463</u>	<u>-</u>
Net patient service revenue	<u>\$ 10,792,094</u>	<u>\$ -</u>	<u>\$ 10,792,094</u>

Patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payors (including commercial insurers and governmental programs).

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligation for medical, behavioral health and ancillary services from the commencement of a face-to-face encounter with a patient to the completion of the encounter. Ancillary services provided the same day as the face-to-face encounter are considered to be part of the performance obligation and are not deemed to be separate performance obligations. The Organization measures the performance obligation for contract pharmacy services based on when the prescription is dispensed to the patient. The Organization's performance obligations are satisfied at a point in time.

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Organization's sliding fee discount program, and implicit price concessions provided to uninsured patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience.

Consistent with the Organization's mission and FQHC designation, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and amounts the Organization expects to collect based on its collection history with those patients.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payor. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payor or group of payors will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. payor concentrations are disclosed in Note 7.

The Organization bills the patients and third-party payors several days after the services are performed. A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for medical and ancillary services based on the lesser of actual charges or prospectively set rates for all FQHC services furnished to a Medicare beneficiary on the same day when an FQHC furnishes a face-to-face FQHC visit. Certain other non-FQHC services are reimbursed based on fee-for-service rate schedules.

Medicaid and Other Payors

The Organization has also entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates, which may be less than the Organization's public fee schedule.

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to \$2,662,554 and \$2,432,740 for the years ended June 30, 2021 and 2020, respectively. The Organization is able to provide these services with a component of funds received through local community support and federal grants.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Contract Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with other local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid, and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020**Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and consisted of the following at June 30:

	<u>2021</u>	<u>2020</u>
Medical and dental patient accounts receivable	\$ 1,710,630	\$ 1,532,554
Contract 340B pharmacy program receivables	<u>95,608</u>	<u>117,989</u>
Total patient accounts receivable	<u>\$ 1,806,238</u>	<u>\$ 1,650,543</u>

Accounts receivable at July 1, 2019 were \$1,890,683.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The accounts receivable from patients and third-party payors, net of contractual allowances, were as follows:

	<u>2021</u>	<u>2020</u>
Governmental plans		
Medicare	15 %	20 %
Medicaid	44 %	32 %
Commercial payors	19 %	31 %
Patient	<u>22 %</u>	<u>17 %</u>
Total	<u>100 %</u>	<u>100 %</u>

Grants and Other Receivables

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amount are considered collectible.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue. The Organization has been awarded cost reimbursable grants of \$6,625,746 and \$5,557,242 that have not been recognized at June 30, 2021 and 2020, respectively, because qualifying expenditures have not yet been incurred. The Organization also has been awarded \$3,372,763 in cost-reimbursable grants with a project period beginning July 1, 2019.

The Organization receives a significant amount of grants from HHS. As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2021 and 2020, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 68% and 58%, respectively, of grants, contracts and support revenue.

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than \$1,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, interest, and office and occupancy costs, which are allocated on a square-footage basis, as well as the shared systems technology fees for the Organization's medical records and billing system, which are allocated based on the percentage of patients served by each function.

Reclassifications

Donor restricted contributions of \$308,131 recorded as deferred revenue at June 30, 2020 were reclassified to contributions with donor restrictions for the year ended June 30, 2020 as it was determined there was no requirement to return the contributions. The reclassification resulted in an increase in the change in net asset of \$308,131 for the year ended June 30, 2020.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 2, 2021, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020****2. Availability and Liquidity of Financial Assets**

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a \$1,000,000 line of credit (Note 4).

The Organization had working capital of \$5,189,068 and \$2,639,908 at June 30, 2021 and 2020, respectively. The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash on hand for operations of 30 days. The Organization had average days (based on normal expenditures) cash and cash equivalents on hand of 83 and 71 at June 30, 2021 and 2020, respectively.

Financial assets available for general expenditure within one year were as follows:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 4,731,957	\$ 3,848,925
Patient accounts receivable	1,806,238	1,650,543
Grants and other receivables	<u>880,300</u>	<u>985,801</u>
Financial assets available	7,418,495	6,485,269
Less net assets with donor restrictions	<u>784,722</u>	<u>620,879</u>
Financial assets available for general expenditure	<u>\$ 6,633,773</u>	<u>\$ 5,864,390</u>

3. Property and Equipment

Property and equipment consist of the following as of June 30:

	<u>2021</u>	<u>2020</u>
Land	\$ 81,000	\$ 81,000
Building and leasehold improvements	5,330,228	5,165,754
Furniture and equipment	<u>2,590,248</u>	<u>2,355,196</u>
Total cost	8,001,476	7,601,950
Less accumulated depreciation	<u>3,848,481</u>	<u>3,352,499</u>
Property and equipment, net	<u>\$ 4,152,995</u>	<u>\$ 4,249,451</u>

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020****4. Line of Credit**

The Organization has a \$1,000,000 line of credit demand note with a local banking institution with interest at the LIBOR rate plus 2.75% (3.98% at June 30, 2021). The line of credit is collateralized by all assets. There was an outstanding balance on the line of credit of \$450,000 at June 30, 2020. There was no balance outstanding at June 30, 2021.

The Organization has a 30-day paydown requirement on the line of credit, which was met for the year ended June 30, 2021.

5. Long-Term Debt

Long-term debt consists of the following as of June 30:

	<u>2021</u>	<u>2020</u>
Note payable, with a local bank (see terms below)	\$ 1,555,131	\$ 1,598,648
Note payable, New Hampshire Health and Education Facilities Authority (NHHEFA), paid in full in July 2020	-	518
Total long-term debt	1,555,131	1,599,166
Less current maturities	<u>52,072</u>	<u>42,505</u>
Long-term debt, less current maturities	<u>\$ 1,503,059</u>	<u>\$ 1,556,661</u>

The Organization has a promissory note with Citizens Bank, N. A. (Citizens), collateralized by real estate, for \$1,670,000 with NHHEFA participating in the lending for \$450,000 of the note payable. Monthly payments of \$8,011, including interest fixed at 3.05%, are based on a 25 year amortization schedule and are to be paid through April 2026, at which time a balloon payment will be due for the remaining balance.

Scheduled principal repayments of long-term debt for the next five years follows as of June 30:

2022	\$ 52,072
2023	49,455
2024	50,882
2025	52,602
2026	<u>1,350,120</u>
Total	<u>\$ 1,555,131</u>

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020**

The Organization is required to meet an annual minimum working capital and debt service coverage debt covenants as defined in the loan agreement with Citizens. In the event of default, Citizens has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization was in compliance with all loan covenants at June 30, 2021.

6. Net Assets

Net assets were as follows as of June 30:

	<u>2021</u>	<u>2020</u>
Net assets without donor restrictions		
Undesignated	\$ 6,552,445	\$ 4,209,982
Designated for working capital	<u>501,837</u>	<u>501,837</u>
Total	<u>\$ 7,054,282</u>	<u>\$ 4,711,819</u>
Net assets with donor restrictions for specific purpose		
Temporary in nature		
Healthcare and related program services	\$ 518,180	\$ 389,092
Child health services	<u>165,184</u>	<u>130,429</u>
Total	683,364	519,521
Permanent in nature		
Available to borrow for working capital as needed	<u>101,358</u>	<u>101,358</u>
Total	<u>\$ 784,722</u>	<u>\$ 620,879</u>

7. Patient Service Revenue

Patient service revenue follows for the years ended June 30:

	<u>2021</u>	<u>2020</u>
Gross charges	\$19,234,585	\$18,001,613
Less: Contractual adjustments and implicit price concessions	(7,233,156)	(6,697,617)
Sliding fee discount policy adjustments	<u>(2,266,275)</u>	<u>(2,020,443)</u>
Total net direct patient service revenue	9,735,154	9,283,553
Contract 340B program revenue	<u>1,388,710</u>	<u>1,508,541</u>
Total patient service revenue	<u>\$11,123,864</u>	<u>\$10,792,094</u>

Revenue from Medicaid accounted for approximately 57% and 53% of the Organization's gross patient service revenue for the years ended June 30, 2021 and 2020, respectively. No other individual payor represented more than 10% of the Organization's gross patient service revenue.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020****8. Retirement Plan**

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that covers substantially all employees. The Organization contributed \$304,497 and \$285,796 for the years ended June 30, 2021 and 2020, respectively.

9. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2021, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

10. Lease Commitments

The Organization leases office space under noncancelable operating leases. Future minimum lease payments under these lease agreements are as follows:

2022	\$ 174,782
2023	141,850
2024	124,676
2025	<u>63,929</u>
Total	<u>\$ 505,237</u>

Rent expense amounted to \$274,689 and \$226,805 for the years ended June 30, 2021 and 2020, respectively.

Name	Title	Board Role
David Crespo	Field Consultant	Secretary
Angella Chen-Shadeed	Caregiver	Director
Vanessa Maradiaga	Provider Relations	Director
David Hildenbrand	CFO	Director
Madhab Gurung	Direct Support Professional	Director
Debra (Debbie) Manning	Health Care Consultant Software	Vice Chair
Gail Tudor	Assoc. Dean of Health Professions	Director
Obhed Giri	Home Care Assistant	Director -
Kathleen Davidson	Atty	Director
Richard Elwell	Consultant	Treasurer
Dawn McKinney	Policy Director	Director
Thomas Lavoie	Insurance Broker	Director
Christian Scott	Director of Talent Acquisition	Chair
Jill Bille	CFO	Director
Sonia Stagen	Retired	Director
Oreste "Rusty" Mosca	Managing Director	Director

**Amoskeag Health
NH DHHS School Based Health Services
RFA-2023-DPHS-03-SCHOO**

Resumes and Job Descriptions

Elizabeth (Betsy) Burtis

PROVEN LEADERSHIP

Results-oriented leader with an established record of building and nurturing strong teams and cross-disciplinary relationships. Creative and innovative thinker adept at managing projects from initiation to completion. Highly skilled in the design and implementation of new systems and processes, and managing change efforts to promote organizational effectiveness and efficiency. Resourceful and persuasive self-starter with unquestioned integrity, enthusiasm, excellent judgment and the conviction to act decisively.

AREAS OF EXCELLENCE

Leadership Development & Coaching . . . Collaborative & Strengths-Based Supervision . . . Planning & Project Management
Organizational and Individual Goal Alignment . . . Facilitation, Teaching and Training . . . Orientation and Onboarding

PROFESSIONAL EXPERIENCE

AMOSKEAG HEALTH (formerly known as Manchester Community Health Center, Manchester, New Hampshire)

Chief Officer for Integrated Health Services July 2019 – current

Oversees the development, staff supervision, budget management, and evaluation of programs providing case management, integrated care coordination, behavioral health, health equity and community-based services to a diverse patient population receiving primary care in a community health center.

Practice Transformation Project Manager January 2019 – June 2019

Responsible for the development of organizational processes and systems to support behavioral health and primary care integration under the New Hampshire Delivery System Reform Incentive Payment (DSRIP) / Medicaid 1115 Waiver Program. Ensured completion of required activities for the Integrated Delivery Network (IDN) project plan.

AMERICAN RED CROSS, Concord, New Hampshire

Program Manager, Nurse Assistant Training May 2017 – December 2018

Direct a team of twenty clinical instructors and administrative staff in the provision of high-quality nurse assistant education throughout the states of New Hampshire and Vermont. Market program and establish collaborations with employers and workforce development groups to meet the critical shortage of nursing assistants in the area.

Key Contributions:

- Secured five new contracts and partnerships with hospitals, long-term care facilities and high schools.
- Initiated organization-wide process improvement team for customer tracking procedures in Salesforce.
- Scored 95% manager effectiveness in employee engagement survey, exceeding organizational benchmark by seven points.
- Executed the successful recertification process with state boards of nursing and departments of education.
- Completed People Management Development Program (leadership development) curriculum.

MANCHESTER COMMUNITY COLLEGE, Manchester, New Hampshire

Adjunct Faculty March 2016 – June 2019

Teaching classroom-based, online and hybrid first year seminar course to new students. Developed course content and activities to support first-year student success and retention. Competency in building and maintaining coursework in Blackboard and Canvas online learning software.

ASCENTRIA CARE ALLIANCE, Concord, New Hampshire

Organizational Learning & Development Manager - December 2015 – May 2017

Generated new program for staff and organizational development for a 1300+ employee, multi-state nonprofit human services agency.

Key Contributions:

- Developed first organizational training plan to meet accreditation criteria for Council on Accreditation.
- Collaborated with senior leadership to design the first employee engagement survey and developed action plan for follow up on results.
- Created annual mandatory education process to address safety and compliance training gaps and meet accreditation standards.
- Adopted and implemented an e-learning system for all employees.
- Designed and delivered leadership training sessions.
- Redesigned and standardized new employee orientation and onboarding process.

ASCENTRIA CARE ALLIANCE, Concord, New Hampshire (continued)

Program Manager, Health Profession Opportunity Project - 2011 to 2015

Built new federally-funded healthcare workforce development program from the ground up. Led team of ten professionals in identifying, motivating, training and placing low-income, motivated individuals into health careers.

Key Contributions:

- Managed five-year \$1.9 million federally funded grant and came in under budget each year.
- Directed employment program producing 88% job placement rate.
- Collaborated with State and Federal entities in administration of the federal grant: NH Office of Health Equity, US Department of Labor, NH Workforce Investment Board.
- Analyzed labor market information and trends to guide students in career choices and fill community healthcare employer needs.
- Identified marketing and recruitment opportunities and performed outreach to potential students and employers.

TRAINING CONSULTANT, Self-Employed, Derry, New Hampshire

Independent Consultant - 2009 to 2011

Partnered with organizations and workplaces to impact positive change.

- New Hampshire Technical Institute, Concord, NH - delivered job search strategies and customer service workshops.
- New Hampshire Humanities Council, Concord, NH - facilitated ongoing community conversations about New Hampshire and immigration utilizing the Civic Reflections model of literature based civic dialogues.
- Tufts Medical Center Residency Program, Boston, MA - led cultural effectiveness workshops for new resident orientation.
- Caritas Norwood Hospital, Norwood, MA - consulted with Quality Management to design programming aimed at improving interdisciplinary teamwork and communication.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, Nashua, New Hampshire

Manager, Training and Development, 2002-2009

Designed and delivered comprehensive training and development programs across a 2000+ employee health system. Served as instructional designer, consultant, coach, and facilitator to senior leadership, departments, teams, and committees on topics such as leadership impact, conflict resolution, alignment with strategic organizational goals, effective communication and process improvement. Guided the organizational Cultural Effectiveness, Domestic Violence and Service Recovery Teams.

Key Contributions:

- Increased employee participation at in-house training programs by 30% annually.
- Improved training results and accountability by implementing post-training action plan and follow-up process.
- Implemented and managed annual safety education program resulting in 100% employee participation, exceeding the Joint Commission's requirements for compliance.
- Devised and delivered Process Improvement Studio Course, a hands-on series in which employees applied tools and techniques such as flowcharting, data collection and analysis, lean processes, and root cause analyses to processes in their own departments.
- Created and managed annual Quality Fair to celebrate and inspire broader interest in process improvement. Entries required to show results impacting organizational core values. Approximately 20 entries and 400 visitors each year.

Associate Director, Foundation Medical Partners, 2001-2002

Managed four family practice sites, analyzed and supervised operations of Institute for Health and Wellness (an integrated holistic health center), developed leadership development programs, recruited physicians, and served as project manager for electronic medical record selection process.

Practice Manager, Foundation Medical Partners, 2000-2001

Managed operations for three behavioral health practices. Selected, hired, and led 25 clinical and administrative staff. Developed and administered budgets. Planned and executed merger of two practices, which reduced overhead expenses and allowed the operation to provide a wider range of clinical services.

CENTER FOR LIFE MANAGEMENT, Derry, New Hampshire

Director, Adult Outpatient Program, 1997-2000

Promoted to this position to oversee operations for community behavioral health center serving adults and children. Selected, hired, and led a team of 15 clinical and administrative staff in three sites.

Site Administrator, 1995-1997 & Office Manager, 1994-1995

Directed administrative functions and managed facilities for two outpatient clinics; managed seven administrative staff. Enhanced patient co-pay collections, initiated patient intake and insurance verification process.

EARLY CAREER, CURRY COLLEGE

Higher education administrator managing student-housing program in progressive roles. Supervised professional and student staff, led judicial affairs program, taught first year seminar. Handpicked by senior leadership to head a student retention project.

EDUCATION

LINKAGE INCORPORATED, DEPAUL UNIVERSITY | *Certificate in Organizational Development*
THE UNIVERSITY OF VERMONT | *Master of Education, Higher Education Administration*
BOSTON UNIVERSITY | *Bachelor of Arts, History*

SELECTED TRAINING & CERTIFICATIONS

CORPORATION FOR POSITIVE CHANGE | *Foundations of Appreciative Inquiry (4 days)*
INTERACTION INSTITUTE FOR SOCIAL CHANGE | *The Masterful Trainer (2 days), Essential Facilitation (3 days), Facilitative Leadership (2 days)*
AHA! PROCESS, INC. | *Bridges Out of Poverty (2 days)*

Christina M. Miller, MS, LCMHC

EDUCATION:

MASTERS OF SCIENCE: Community Mental Health/Mental Health Counseling
Southern New Hampshire University Manchester, New Hampshire

BACHELOR OF ARTS: Psychology
Keene State College Keene, New Hampshire

ASSOCIATES OF SCIENCE: Chemical Dependency
Keene State College Keene, New Hampshire

LICENSE

Licensed Clinical Mental Health Counselor
License number-1244 New Hampshire

WORK EXPERIENCE:

AMOSKEAG HEALTH...*Adolescent Behavioral Health Counselor/Manager of Community Behavioral Health
Adolescent Preventive Services Program* Manchester, New Hampshire
September 2013-Present

This position includes two main components; the supervision of ten Master level school programming staff and providing individual counseling services to youth involved in programming. Working in collaboration with the Manchester School District, providing counseling and preventive health services to at-risk adolescents in middle and high schools. Creating opportunities to increase protective factors in adolescents' lives, while reducing barriers to their success.

CHILD & FAMILY SERVICES...*Case Coordinator
Transitional Living Program* Manchester, New Hampshire
April 2004-January 2014

Worked with former homeless youth between the ages of eighteen and twenty-two in a shared living setting, provided extensive life-skills training/education in order to foster self-sufficiency and to reduce the risk of future homelessness. Provided weekly individual counseling, case management, and facilitated educational groups on a variety of topics. Maintained daily contact with clients, created treatment plans, coordinated multiple services with other agencies and individuals, and supervised resident assistants.

CHILD & FAMILY SERVICES...*Case Manager/Tracker
Integrated Home-Based Services* Manchester, New Hampshire
July 2002-April 2004

As a Case Manager, worked with families/foster parents and their children provided family counseling sessions, treatment planning, and connected families to their community resources. As an Adolescent Tracker, I worked closely with adjudicated youth at school, home, and in their communities. Responsible for setting curfews, drug testing, and individual/family counseling.

-----**Ashley R. Roney, M.S.**-----

Skills & Qualities

- Passionate, adaptable, creative, detail-oriented, with a high aptitude to learn & accept feedback
- Proficient in Microsoft Office, database software, scheduling software, & telecommunication
- Excellent customer service, problem-solving, and interpersonal communication skills
- Experience with client management software: CRM, EMR, DocuSign, OneNote, Outlook, ECM
- Advanced documentation and report writing skills
- Interview, assessment, & training skills
- Crisis intervention experience
- Relationship building skills
- Conflict resolution skills

Work Experience

Amoskeag Health

Nov 2019-Present

Community Schools Behavioral Health Counselor

- Clinical assessment, diagnosis, and treatment of children in elementary school, YMCA, & camp settings
- Participate in IEP meetings, wraparound engagement, & collaboration w/ parents & external supports
- Documentation, report writing, scheduling, administrative tasks, team support, & training
- Collaborate with clinical team. Partner with & co-facilitate community events with area agencies
- Case management monitoring & referrals as needed
- Individual, family, and group therapy
- Crisis intervention

Southern New Hampshire University

Aug 2018-April 2019

Academic Advisor I

- Supported students through navigating federal Satisfactory Academic Progress laws
- Guided student success & supported those at risk or considered for Academic Probation
- Supported students in reaching their educational goals via phone and email
- Experience using Salesforce CRM to track student data and progress
- Experience using DocuSign to approve/deny student forms
- Answered student inquiries
- Created course plans

Riverbend Community Mental Health Children's Intervention Program

March 2017-July 2018

Community-Based Child and Family Therapist & Case Manager

- Clinical assessment, eligibility, diagnosis, and treatment of children & families
- IEP meetings, team meetings, and collaboration with external supports
- Individual, family, and group therapy
- Intensive clinical case management
- Co-facilitated parenting classes
- Intensive parent support
- Crisis intervention
- Regional travel

Education

Master of Science in Clinical Mental Health Counseling
New England College - Henniker, NH

Sept 2013 - Dec 2015

Bachelor of Arts in Psychology, Minor in Writing
University of New Hampshire - Durham, NH

Sept 2009 - May 2013

KAITLYN CROTEAU, LICSW

Profile: Highly motivated and responsible individual with strong time management, organizational, dependability, communication and active listening skills. Demonstrated the ability to be self-directed as well as work with others in a productive manner. Personable and reliable individual with the ability to connect and build strong relationships with co-workers. Strong work ethic and commitment to moral and ethical practices.

Education:

University of New Hampshire Durham, NH May 2015

Master of Social Work

- GPA: 3.91

University of New Hampshire Manchester, NH May 2012

B.A, Psychology

- Graduated Summa Cum Laude. GPA: 3.74
- UNH Dean's List (GPA of 3.2 or higher) 2010, 2011, 2012
- Keene State College Keene, NH 2008-2010
- Keene State College's Dean's List (GPA of 3.5 or higher) 2008-2010
- Transferred to University of New Hampshire in the Fall 2010

Professional Experience:

Community Schools Behavioral Health Clinician

Amoskeag Health Manchester, NH Jan. 2022-Present

- Providing mental health assessments and ongoing traditional counseling support to children in an elementary school settings (grades K-5).

Behavioral Health Consultant/BHWET Coordinator

Amoskeag Health Manchester, NH Sept. 2015-Jan. 2022

- Working with at-risk populations, specifically children and teenagers.
- Provide evidence-based brief behavioral health interventions to children and parents through an integrated health care model.
- Provide children and parents with psycho-education about various behavioral health concerns.
- Meet with children and families for traditional counseling visits, providing evidenced based interventions and support.
- Create educational and training materials for masters level students, focused on integrated behavioral health a primary care setting.
- Supervise masters level students for experiential internships.

Former PREP Facilitator at Amoskeag Health Sept. 2015- Jan 2019

- Co-facilitate the PREP program to teenage girls age 15-19 or up to 21 if pregnant or parenting.
- Providing the participants of the PREP program with health education about preventing teen pregnancy and sexually transmitted infections.

Social Work Intern

Catholic Medical Center Manchester, NH Sept. 2014-May 2015

- Completed an internship at the Pregnancy Care Center with pregnant women from a variety of populations.

- Provides support, assistance, and referrals for pregnant women facing housing issues, lack of insurance, substance use, substance use treatment, mental health counseling.
- Conducts intake assessments, discharge inventories, and EPDS post-partum depression screenings.
- Participate in Centering Pregnancy groups meetings.
- Assist social workers on patient floors: conducted assessments on new patients, made VNA referrals, assisted patients in completing advanced directives, provided emotional support to patients.

Social Work Intern

Crotched Mountain Rehabilitation Center

Greenfield, NH Sept. 2012-May 2013

- Worked with students with physical, emotional, and cognitive disabilities. Ages ranging from 6-21.
- Learned appropriate techniques and skills for working with students who are improving on their social skills and life skills.
- Conducted a social skills group for adolescent boys.
- Worked with students on how to deal with and handle major life transitions, in an appropriate and successful manner.
- Learned about different types of communication devices and integrated the use of them in sessions with the students.

Gabrielle McNulty, MSW

Objective

An ambitious and efficient individual who is determined to better the mental and emotional well being of children and their families.

Education

MASTERS | DECEMBER 2019 | SIMMONS UNIVERSITY

- Major: Social Work
- 3.9 GPA

BACHELORS | DECEMBER 2017 | RIVIER UNIVERSITY

- Major: Psychology
- Minor: Criminal Justice
- 3.8 GPA (Graduated Magna Cum Laude)

Skills & Abilities

- Proficient in Microsoft Office

Experience

ADJUNCT PSYCHOLOGY & SOCIAL WORK PROFESSOR | RIVIER UNIVERSITY|

01/2021- PRESENT

- Construct Syllabi
- Plan Weekly Class Material
- Assign and Grade Assignments Accordingly (Quizzes, Tests, Formal Assignments)

SCHOOL BEHAVIORAL HEALTH CLINICIAN | AMOSKEAG HEALTH| 02/2020-PRESENT

- Provide individual & group therapy to elementary school aged children (remotely & in person)
- Write Treatment Plans & Clinical Notes
- Organize and participate in community events for low income families

ADJUNCT DANCE PROFESSOR | NORTHERN ESSEX COMMUNITY COLLEGE|

01/2021- PRESENT

- Construct Syllabi
- Plan Weekly Class Material
- Assign and Grade Assignments Accordingly (Quizzes, Tests, Formal Assignments)

OFFICE ADMIN OPPORTUNITY NETWORKS | 05/2015-02/2020

- Organize client database
- Assist with fundraisers
- Oversee client notes (adjusting notes and goals)

References

Available Upon Request

Heidi Schlenz

SUMMARY OF QUALIFICATIONS

Hardworking, independent, and motivated individual seeking a Clinical Mental Health Counselor position working towards licensure. Experience working with children and adolescents in clinical, school, and community settings. Driven towards supporting youth in navigating challenges and growth.

EDUCATION

Master of Science, Clinical Mental Health Counseling December 2020
Plymouth State University, 4.0 GPA

Associate, iaedp Institute of Eating Disorders October 2020
International Association of Eating Disorders Professionals

Bachelor of Science, Psychology April 2014
Brigham Young University Idaho, 3.63 GPA

EXPERIENCE

Adolescent Behavioral Health Counselor August 2021 – Current
Amoskeag Health

- Provide counseling services to 30 adolescents in a school-based setting
- Collaborate with school counselors to further identify and assess clients' needs
- Utilize counseling techniques, including CBT and play therapy activities
- Independently manage weekly schedule and caseload

Residential Counselor May 2021 – August 2021
Webster House

- Supervised and ensured the safety of 10 residents in the program
- Modeled interpersonal skills through teaching daily living and life skills
- Supported youth in community activities on a regular basis
- Provided support to residents during mental health crises

Behavioral Health Counselor Student Intern May 2020 – December 2020
Amoskeag Health

- Provided counseling to 10 children and adolescents with varying mental health conditions
- Incorporated cognitive behavioral therapy and play therapy interventions
- Utilized telehealth services to provide effective counseling services for clients
- Collaborated with medical providers in an integrative care setting

Residential Youth Mentor August 2019 – May 2020
Texas School for the Blind and Visually Impaired

- Assisted 20 adolescents with daily living and coping skills in a residential capacity
- Encouraged development among students through group and community activities
- Provided supervision and support on and off campus

Counselor Practicum Student Intern August 2019 – December 2019
Catholic Charities of Central Texas

- Provided counseling services to 14 clients, including children, adolescents, and adults
- Counseled clients who have anxiety, depression, trauma, and PTSD
- Utilized therapeutic modalities such as cognitive behavioral therapy and play therapy

Heidi Schlenz

Administrative Assistant

March 2018 – May 2019

Church of the Holy Spirit

- Built and maintained rapport with members of the church and community
- Made bank deposits and used QuickBooks
- Updated and managed weekly websites, bulletins, and e-newsletters

Community Case Manager

March 2017 – June 2017

Lakes Region Mental Health

- Provided support to 10 clients with a rehabilitative focus to foster clients' personal growth
- Promoted independent and productive habits in clients by setting and working towards goals
- Assisted clients in discovering roles within the community through encouraging self-efficacy

Youth Counselor

June 2016 – December 2016

Eva Carlston Academy

- Motivated youth in developing life skills, such as coping, communication, and social skills
- Fostered 20 adolescents' self-concepts and emotional development
- Encouraged youth through role modeling positive behaviors

Special Needs Caretaker

September 2014 – February 2015

Sondra Thorell Residence

- Provided constant supervision of special needs adult with Down Syndrome
- Coordinated various activities among the community, including crafts and library visits
- Managed weekly activity budget by tracking costs and collaborating with supervisor

Psychiatric Technician

June 2014 – January 2015

University Neuropsychiatric Institute

- Fostered a positive atmosphere for 30 individuals with a range of mental health conditions
- Developed rapport with children, adolescents, and adults in a milieu environment
- Participated in group sessions to enhance clients' inpatient counseling experience
- Provided consistent monitoring through behavior management techniques and supervision

VOLUNTEER

English Teacher

August 2015 – December 2015

China Horizons

- Taught weekly lessons to 350 students
- Developed creative and individualized lesson plans for middle-school students
- Built and maintained rapport with children through providing continued support

CASA Volunteer

April 2014 – January 2015

Court Appointed Special Advocates

- Discovered child's needs and informed Guardian ad Litem on a weekly basis
- Planned and engaged in community outings with child, including trips to museums and parks
- Attended court hearings and group treatment meetings

HOLLOWAY A. TESTERMAN

EDUCATION

Masters of Social Work Degree May 2022
University of Minnesota, Saint Paul, MN

Study Abroad: Uganda Studies Program Spring 2020

EXPERIENCE

ADOLESCENT BEHAVIORAL HEALTH COUNSELOR: Amoskeag Health May 2022-Present

- Provide counseling services to 30 adolescents in a school-based setting
- Collaborate with school counselors to further identify and assess clients' needs
- Utilize counseling techniques, including CBT and play therapy activities
- Responsible for diagnosing, treatment planning, and continued therapeutic alliance

INTERN: Jewish Community Action, Minneapolis, MN September 2021 – May 2022

- Worked to increase Jewish engagement in social justice issues in the Twin Cities.
- Conducted grassroots community organizing, educational, and policy initiatives in the areas of housing justice, community safety, and immigration justice.
- Engaged in relational community organizing to develop members into community leaders for justice.
- Wrote grants totaling \$25,000 to sustain JCA's housing campaign budget.

PERMANENCY COACH: Becket Family of Services, Rochester, NH. Sep 2020 – Jul 2021

- Provided community-based services to youth and parents to increase access to permanent supports.
- Provided treatment for sexualized behaviors, emotional regulation, truancy, and family reunification.
- Utilized MI, CBT, DBT, and trauma-informed models of care to facilitate client growth and healing.
- Worked with referral sources to support mental, behavioral, family, and educational goals.
- Advocated for child welfare and safety within the treatment team and within the court system.

INTERN: Compassion International Child Survival Program, Kisoga, Uganda Jan 2020 – Mar 2020

- Provided community-based services to promote reproductive and maternal health in a Ugandan context.
- Provided family and individual counseling to prioritize wellbeing in cases of domestic violence.
- Facilitated group and individual sessions to promote positive parenting skills and infant health.
- Assessed clients for medical referral in event of injury or illness.
- Monitored developmental health of each child with detailed records.
- Utilized cross-cultural skills, self-regulation, and professionalism to adapt to a diverse range of clients.

LEVEL 1 THERAPIST: Behavior Care Specialists, Rock Valley, IA Sep 2017 – Dec 2019

- Provided behavioral therapy to children with autism in order to increase positive coping skills.
- Creatively built relationships with children and coworkers in one-on-one and group settings.
- Utilized creative problem solving, empathy, and self-regulation to diffuse tantrum behaviors.

VOLUNTEER EXPERIENCE

Facilitator: Supporting Parents of Unplanned Pregnancy, Sioux Center, IA April 2019
Student Advisor: Dordt University Internal Review Board, Sioux Center, IA Sep 2018 – Dec 2019
Student Facilitator: Katelyn's Fund, Sioux Center, IA Sep 2018 – Dec 2019

Melissa Berry

Melissa Berry, LICSW

Experience

Amoskeag Health / Behavioral Health Counselor, Adolescent Preventive Services Program

FEBRUARY 2018 - PRESENT, Manchester, NH

- Provide individual counseling services to adolescents and teenagers at local high schools, through Amoskeag Health's community partnership with the Manchester School District
- Engage in mental health assessments, to create and implement treatment plans for students
- Collaborate with families, school staff, school administrators, and clinic staff to coordinate care for students

Amoskeag Health / MSW Intern - Behavioral Health Counselor (clinical rotation)

AUGUST 2017 - DECEMBER 2017, Manchester, NH

- Provided individual counseling services to children and appropriate supports for families
- Created and implemented treatment plans for clients
- Collaborated with a team of pediatricians, case managers, and behavioral health counselors to provide immediate and follow-up behavioral health support for children and families during regular office visits in a clinic setting
- Assisted in facilitating the SHINE group program for high-school students

Southern NH Services - Head Start / MSW Intern - Social Work

MAY 2016 - DECEMBER 2016, Manchester, NH

- Supported three preschool-age children within the classroom setting. Assessed individual children and identified areas of need to assist with the child's functioning in the classroom
- Created and implemented treatment plans for the clients
- Collaborated with families regarding goals to work on, as well as outside services which could be beneficial to the child and/or family
- Organized and facilitated social skills groups, which included smaller groups as well as whole-class group

- Collaborated with team members (LICSW supervisor, center director, classroom teacher, behavioral support coach, etc.) to best support the child's needs

Speech Therapy Solutions / Office Manager

OCTOBER 2010 - AUGUST 2017, Salem, NH

- Implemented electronic medical records system and internal billing system
- Collaborated with therapists and families on scheduling, services needed, insurance authorizations, documentation, and other needs
- Managed and oversaw daily tasks for a small office which included five therapists
- Developed internal processes to streamline client intakes, insurance billing and authorizations, and patient invoicing

Education

University of New England / Masters of Social Work

SEPTEMBER 2013 - DECEMBER 2017, Online campus, Biddeford, ME

Emerson College / Bachelor of Science

SEPTEMBER 1998 - AUGUST 2022, Boston, MA

----- Elyse O'Rourke, M.A. -----

Work Experience

Amoskeag Health-Memorial High School

March 2022-current

Adolescent Behavioral Health Counselor

- brief counseling, support, mentoring for adolescents
- school-based therapy sessions
- preventative care approach
- education/connection to community resources as needed
- mental health assessments, diagnosing, treatment formulation
- safety risk assessment and prevention
- psycho-education, coping skills, communication/conflict resolution training and implementation

Center for Life Management

May 2021 – March 2022

Children's ACT Clinician

- Family Systems Approach
- In-Home therapy for at risk children
- Collaboration/wrap-around care
- Clinical Documentation
- Crisis Prevention
- Family education and Training

Easterseals Residential Campus

July 2020 – May 2021

Clinician

- creation and implementation of trauma informed treatment plans
- staff training
- facilitation of treatment meetings
- individual & family therapy
- group therapy
- crisis intervention and stabilization

Autism Bridges

October 2018 – July 2020

Registered Behavior Technician

- implementation of behavior support plans individualized to client
- ABA therapy implementation 1:1 with children on the spectrum
- discrete trial training
- incidental teaching
- in-vivo and natural environment learning
- task analysis

Education

Master of [arts, clinical mental health counseling]

September, 2016 – May, 2020

Rivier University, Nashua NH

Bachelor of [arts, psychology]

September, 2009 – June, 2013

SNHU, Manchester NH

Skills & Qualities

- Building Rapport/Therapeutic Alliance
- Safety & Risk Assessments
- Patient Evaluation
- Crisis Prevention Intervention
- Program Implementation
- Experience with At-Risk Youth
- Tracking Client Progress
- Maintaining Confidentiality
- Completing Clinical Documentation Accurately and Promptly

Sahira Garcia



Education:

2019-2020 Various conferences on the need for social services and some resources.

2008- 2008 LNA Health Careers

1996-2001 Facultad de Ciencias de la Administracion (Mexico).

1993-1996 Centro de Bachillerato Tecnologico Industrial y de servicios No.97 (Mexico).

1990-1993 Benemerito de las Americas (Mexico).

1984-1990 Tomas Lopez Garcia (Mexico).

Work Experience:

LNA- Maple Leaf (Currently Working)

Community Health Worker- Amoskeag Health former (MCHC)

Front Desk – Manchester Community Health Center

LNA- St. Joseph Residence (Currently Working)

LNA- Holly Cross

LNA- Catholic Charities (Shared Nursing Services Program)

LNA- St. Teresa Rehabilitation and Nursing Center

Dietary Aide- Mount Carmel Rehabilitation and Nursing Center

Cook- St. Teresa Rehabilitation and Nursing Center

Dietary Aide- St. Teresa Rehabilitation and Nursing Center

Teacher Aide- Centro de Desarrollo Infantil No.1 (Mexico)

Dietary Aide & Cook- Arbors Care Center (NJ)

Employee- Mc Donald's (NJ)

Employee- Town and Country (NJ)

Teacher Aide- Centro de Desarrollo Infantil No.1 (Mexico)

PATRICIA TURINI-SYLVESTER

[REDACTED]

[REDACTED]

QUALIFICATIONS:

Strong interpersonal skills

Bilingual. English/Portuguese

Hard working individual

Driven to exceed expectations

Basic conversational Spanish

EXPERIENCE:

Patricia's Cleaning / Self Employed House Cleaner / May 2014 –Present

M&M Cleaning / Commercial Cleaner / 2010 - 2014

HSBC - Bank Products / Marketing Promoter / 2004 - 2004

Aesthetics Post Surgical Procedures / Assistant / 2005 - 2008

Promotional Marketing / Customer Service / 2000 -2003

Personal Care Assistant / 1998-1999

EDUCATION:

*Health Care Community Interpretation Training /Southern New Hampshire Area Health Education Center
/ 2020*

High School class of 2001/ Campinas / Brazil

Nadeige Kabala

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Education

Associates Degree in Science, Human Service, New Hampshire Technical Institute, May 2021

Experience

Amoskeag Health, Community Schools Community Health Worker November 2021 - Present

Support students and families in navigating healthcare, educational and social service systems. Attend school meetings with the family, schedule medical appointments, arrange for transportation, and assist with applying for public assistance if eligible. Coordinate with a broad variety of community-based organizations to remove families' barriers to care and education.

The Courville Assisted Living, Activities Assistant January 2020 – November 2021

Assisted residents with daily living support and care. Provides social and emotional support to individual residents in accordance with established standards, guidelines and regulations in regards to resident safety. Requires the ability to think independently, be self-motivated, organized, and have a positive, upbeat attitude.

New Hampshire Hospital, Internship Practicum September 2020 – May 2021

Under the guidance of an experienced mental health worker, completed 125 hours of observation, practice and delivery of a variety of therapeutic and helping services. Experienced a variety of acute psychiatric care that includes all aspects of mental health worker duties and responsibilities. Demonstrated professional and polite behavior in all interactions and maintained a professional appearance within the therapeutic environment.

Boston Market, Cook July 2018 - July 2019

Prepared meals, handled foods safely, maintained clean preparation area. Set up workstations and ingredients so that food can be prepared according to recipes. Responsible for basic cooking duties, such as reducing sauces and parboiling food. Prepare simple dishes, such as salads and entrees. Maintain a clean and orderly kitchen by washing dishes, sanitizing surfaces, and taking out trash. Ensure that all food and other items are stored properly. Comply with nutrition and sanitation guidelines.

Skills

- Handling food safely
- Maintaining sanitary food preparation area
- Fluent in French and Lingala languages
- Commitment to customer service values in professional conduct and by promoting such values in assigned work area

SARAH BERNYK

I am a motivated college student seeking a position in which I can utilize my interpersonal and organization skills. I am passionate about learning and helping my community. My goals for the future include furthering my education in organic science and gaining on the job experience in a healthcare setting.

work experience

In Home Child Care

August 2021 - Present
Amherst, NH

- Created daily schedules and effective reinforcement/punishment strategies
- Prioritized maintaining a safe and trusting environment
- Assisted with meal preparation and housekeeping duties

CVS Health – Shift Supervisor

June 2020 – August 2021
Nashua, NH

- Collaborated with store crew to assign and complete daily tasks, including photo orders, product placement, and opening/closing procedures
- Assisted customers by addressing questions and complaints with respect and remaining up to date with policies and procedures

Peacock Players – Summer Theater Camp Counselor

July 2019 – August 2019, July 2021 – August 2021
Nashua, NH

- Mentored children (aged 6-14) by providing theater expertise, inspiring creative growth, and promoting a respectful atmosphere

extracurriculars

- Interact Club – Secretary
- International Thespian Society
- National Honor Society
- Spanish National Honor Society
- Yearbook Committee
- Ethics Forum

awards

- Clarkson University Book Award
- New Hampshire Scholar
- Academic Achievement Award

education

Souhegan High School
Class of 2020, 3.78 GPA
Amherst, NH

Nashua Community College
Pursuing associate degree in biology
Nashua, NH

key skills

Customer Service

Interpersonal Skills

Intermediate Spanish

Willingness to Learn

Organization/Delegation

Marisol Acevedo Ortiz Murillo



Work Experience

Toddler Teacher

Wise Owl Academy - Nashua, NH
October 2021 to Present

Cleaner

Jacobs - Hudson, NH
April 2021 to Present

Nanny/Babysitter

it wasn't a company - Nashua, NH
June 2017 to June 2019

I was a nanny for a really long time and I really loved my job but it is time to get a job with a set schedule

Education

Trade school in Medical Assisting

Boston career institution - Lowell, MA
May 2021 to Present

High school diploma in And some college

Nashua High School South - Nashua, NH
August 2016 to June 2020

Skills

- Babysitter
- Pet Sitting
- Meal Preparation
- Childcare
- Cleaning Experience
- Nannying
- Toddler Care
- Cooking
- Animal Care
- Cashiering
- Teaching

Languages

- English and Spanish - Fluent

Certifications and Licenses

CPR Certification

Fawn Francis

SUMMARY OF QUALIFICATIONS:

- Seven (7) years of experience in program coordination
- Managed Google calendar agenda and meetings for staff and supervisors
- Profound experience in delivering job readiness support and services
- Act as a communication link between departments
- Performed census tracking for status reports
- Provide multiple office support clerical tasks in a nonprofit social services agency.
- Facilitated a variety of computer and career training programs.

EDUCATION:

- Manchester Community College
 - Microsoft Computer Application I
Introduction to MS Applications Office Suite.
- Administrative Assistant Certification (NOCTI).
 - Intensive 16-week training program in Administrative Assistant technical and soft skills. Coursework included MS Office computer applications, records management and filing, organization and time management, financial records, business correspondence, reception skills, communication, conflict resolution, customer service skills, and problem-solving.
- Customer Service Training, Certification.
 - Completed customer service training, "Through the Customer's Eyes" including dealing with the difficult customer, meeting customer's needs, and customer satisfaction techniques. Passed International Certification Exam.
- Healthcare Foundations
 - Intensive 4-week training. Coursework included Intro to Medical Terminology, Intro to Medical Abbreviations, HIPAA Awareness, Blood borne Pathogens/Universal Precautions, Healthcare Compliance/Patient Bill of Rights and Introduction to Medical Billing and Coding.
- Medical Seminars
 - Completed two seminars related to healthcare skills; Intro to Medical Terminology and HIPAA Awareness.
- High School Graduate

ADDITIONAL SKILLS AND ABILITIES

- Creative Thinker
- Good communication and interpersonal skills
- Demonstrated ability to work collaboratively
- MS Office Professional Computer Skills including Word, Excel, & Access
- Knowledge of QuickBooks, MS Publisher, & MS PowerPoint
- Efficient Records Management/Filing Skills

EXPERIENCE:

Sanmina

2017 – Present

Receptionist/Switch Board Operator
Office support for Human Resources

AECOM

2017

Customer Service Representative

Monroe Staffing: Maplehurst Bakery/ NH EZPASS

2016-2017

Office Support
Customer Service Representative

Manchester Community Resource Center

2008-2017
Office Clerk/Program Coordinator

MELISSA D. SHESSLER, MSN, APRN, CPNP-PC



PROFESSIONAL SUMMARY

- Board Certified Pediatric Nurse Practitioner in Primary Care
- Actively working as an APRN in Pediatric Primary Care Clinic and Newborn Nursery at Dartmouth Health Children's
- Over 18 years of nursing experience as a registered nurse in neonatal inpatient and pediatric primary care setting. Competencies include pediatric triage, pediatric assessments, in-patient skills, care coordination, discharge planning, teaching, and anticipatory guidance. Interests in maternal child health, pediatric developmental health, and behavioral health. Focus on patient and family centered care. Collaborates and works efficiently in a team-based model, able to work in a high pace environment. Promotes quality improvement and evidence-based practice.

EDUCATION

Aug 2017- June 2020	Post Masters' Pediatric Nurse Practitioner Certificate in Primary Care Maryville University, St. Louis, Missouri
Aug 2001- May 2004	Masters in Science Applied (Nursing), MSN McGill University, Montreal, Quebec, Canada
Aug 1997- June 2001	Bachelors in Science (Biology), BSc McGill University, Montreal, Quebec, Canada

PROFESSIONAL CERTIFICATION

August 11, 2020	Certified Pediatric Nurse Practitioner Primary Care <ul style="list-style-type: none">• Pediatric Nursing Certification Board
March 2021-present	Pediatric Mental Health Certification in Process

PROFESSIONAL EXPERIENCE

- Jan 2022-present Pediatric Nurse Practitioner in General Academic Pediatrics at Dartmouth Children's Health
- Mar 2022-present Pediatric Nurse Practitioner Moonlighting in Newborn Nursery at Dartmouth Children's Health
- Oct 2009-June 2022 Registered Nurse *Dartmouth Hitchcock Clinic, Pediatrics, Manchester NH*
- Triage and Registered Nurse in Primary Care Pediatrics
- Jan 2016-May 2017 Nurse Research Fellow *Dartmouth Hitchcock Medical Center, Lebanon, NH*
- Fellow in Nursing Research Program
- July 2012-Dec 2013 Registered Nurse *Catholic Medical Center, Manchester NH*
- Registered Nurse in Special Care Nursery & Family Care Suites
- Nov 2005-Mar 2009 Registered Nurse *Dartmouth Hitchcock Medical Center, Lebanon NH*
- Registered Nurse in Intensive Care Nursery
- June 2004-Aug 2005 Registered Nurse *Royal Victoria Hospital, Montreal, PQ, Canada*
- Registered Nurse in Neonatal Intensive Care Nursery
- Sept 2002-Sept 2005 Research Assistant/ Research Nurse *Research Institute of McGill University Health Center, Montreal, PQ, Canada*
- 2004-2005 Research Nurse at Department of Nursing Research at the Montreal Children's Hospital on a study to develop a measure to assess psychological distress in children hospitalized in pediatric intensive care units
 - 2003-2004 Research Assistant for the Department of Nursing Research at the Montreal Children's hospital. Worked on various nursing care and quality improvement projects
 - 2002-2003 Research Assistant for the Nurse Research Institute at the Montreal General Hospital. Assessing Catheter-Related Infection Rates in Adult Hematology-Oncology Population

PROFESSIONAL LICENSURE

March 2022-present	Advanced Practice Registered Nurse Vermont Board of Nursing # 101.0135264
Aug 2020-present	Advanced Practice Registered Nurse New Hampshire Board of Nursing # 055486-23
Aug 2005-Present	Registered Nurse New Hampshire State Board of Nursing # 055486-21
July 2004-Present	Registered Nurse College of Nurses of Ontario (Non-Practicing Class) # 0421156
Aug 2004-Mar 2018	(Expired) Registered Nurse Ordre des Infirmiers et Infirmières du Québec # 2040875
Jan 2009-Mar 2014	(Expired) Registered Nurse Michigan State Board of Nursing # 470426953

SUMMARY OF CERTIFICATIONS

Pediatric Advanced Life Support (PALS)
Neonatal Resuscitation Program (NRP)
Basic Life Support (BLS)

PUBLICATIONS

Dell'Api, M. Rennick, J.E., Rosmus, C. (2007). Childhood Chronic Pain and Healthcare Professional Interactions: Shaping the chronic pain experiences of children. *Journal of Child Health Care*, 11(4) 269-286.

Rennick, J.E., McHarg, L.F., Dell'Api, M., Johnston, C.C., Stevens, B. (2008). Developing the Children's Critical Illness Impact Scale: Capturing stories from children, parents and staff. *Pediatric Critical Care Medicine*, 9(3) 252-260.

PRESENTATIONS AND ABSTRACTS

Dell'Api, M & Wasson, J (2017) Development of the How's Your Baby 0-6 Month Assessment to Serve New Parents

- o Poster Presentation at the 1st Annual Dartmouth Hitchcock Nursing Research Symposium to be held in Lebanon, New Hampshire on May 1, 2017

Dell'Api, M. & Harrington, A (2016) Implementation of the Period of PURPLE Crying • Dose 2 in Primary Care Pediatrics.

- o Poster Presentation at the Dartmouth-Hitchcock Patient Safety and Quality Fair in Lebanon, New Hampshire. March 15, 2017
- o Poster Presentation at the 1st Annual Dartmouth-Hitchcock Nursing Quality Conference in Grantham, New Hampshire. November 18, 2016

Beaulieu, M., Winchester, A., Dell'Api, M. (2008). The Development of a Multi-Disciplinary Care Plan for Infants with Epidermolysis Bullosa.

- Poster presentation at the 11th Annual Advanced Practice Forum for Neonatal Nursing in Washington, D.C. June 4-6, 2008.

Rennick, J.E.*, McHarg, L.F., Johnston, C.C., Dell'Api, M., Stevens, B., Rashotte, J. (2007). The Children's Critical Illness Impact Scale: A new measure of psychological distress for children. 5th World Congress on Pediatric Critical Care, Geneva, Switzerland. Pediatric Critical Care Medicine (Supplement), 8(3): A238.

- Oral presentation by Dr. Janet Rennick at the 5th World Congress on Pediatric Critical Care, Geneva, Switzerland, June 24-28, 2007.

Melissa Dell'Api*, Janet Rennick, Christina Rosmus, Joëlle Desparmet (2004) Childhood Chronic Pain and Healthcare Professional Interactions: Shaping the chronic pain experiences of children and families.

- Oral Presentation. November 12, 2004 at the International Paediatric Nursing Research Symposium, Montreal, Quebec.
- Poster Presentation. November 7-10, 2004 at the Canadian Association of Paediatric Health Centres 2004 Annual Conference, Montreal, Quebec.
- Poster Presentation. October 3, 2004 at the "Journée de la douleur de Montreal" Hopital Notre-Dame ABC Douleur Conference, Montreal, Quebec.

Janet E. Rennick*, Linda McHarg, C. Celeste Johnston, Melissa Dell'Api, Robert deB. Johnston, Bonnie Stevens, Lisa Mak, Karen LeGrow, Rebecca Earle, Patrick McGrath, Robert Platt. (2004) Development of a Critical Impact Scale for Children.

- Oral Presentation. November 11, 2004 at the International Paediatric Nursing Research Symposium, Montreal, Quebec by Dr. Janet Rennick.
- Poster Presentation. November 7-10, 2004 at the Canadian Association of Paediatric Health Centres 2004 Annual Conference, Montreal, Quebec.

* Indicates Presenter for Oral Presentations

AWARDS RECEIVED

June 12, 2018 Recipient of the James W. Varnum Award for Education-Nursing Scholarship

May 7, 2008 Recipient of the Levine Continuing Education Award at Dartmouth Hitchcock

October 3, 2003 Second Prize for Poster Presentation 'Journée de la douleur de Montreal' at Hopital Notre-Dame sponsored by ABC Douleur & Allergan

PROFESSIONAL MEMBERSHIPS

Mar 2018- Present National Association of Pediatric Nurse Practitioners

Mar 2018-Present New Hampshire Association of Nurse Practitioners

Mar 2018-Present American Academy of Nurse Practitioners

SUMMARY OF PROFESSIONAL COMPETENCIES, ACCOMPLISHMENTS & INTERESTS

- Education** ○ 2012 Breastfeeding Education Course
- Quality** ○ 2016 Implementation of Period of PURPLE Crying • Dose 2 in Primary Care Pediatrics; A Nurse-Driven Educational Intervention for Parents on the Developmental Phase of Inconsolable Crying in Newborns
- Community** ○ New Hampshire State Volunteer Emergency System For The Advanced Registration Of Volunteer Health Professionals (ESAR-VHP)
- Greater Manchester COVID-19 Vaccination Team
 - State Mass COVID-19 Vaccination Super Site Worker
- Camp Nurse for Camp Bernadette Wolfeboro, NH 2021 and 2022
- November 2016-2018 Child-Family Support Workshop at Hooksett Public Library Volunteer Nursing Professional Discussing Health and Development in Children 0-3 years
- 2010-2011 Postpartum Emotional Support Group Family Night Volunteer
-

Lauren A. Lisembee, MA

Objective

As the new school-based Adolescent Behavioral Clinician at Amoskeag Health, I will facilitate a restorative environment wherein I wholeheartedly provide a compassionate holding space for the students, their families, educators and staff. My critical goals are establishing healthy relationships with students and families by providing trauma-informed interactions including: nonjudgmental listening, acceptance, culturally competent mental health support and unconditional positive regard. I will utilize my resources as a Dance/movement therapist (DMT) to offer movement-based interventions to promote integrated healing. My prominent strengths show up in my ability to connect and build rapport in one-on-one relationships, small groups and communicating among multidisciplinary teams.

Education

2013-2016	Antioch University New England	Keene, NH
M.A. Dance/Movement Therapy (DMT) & M.A. in Clinical Mental Health Counseling		
License Eligible		
2008-2012	University of Houston	Houston, TX
B.A. Communication Sciences & Disorders (i.e. Speech Therapy)		
Minors: Public Health, Dance & Non-Profit Leadership/Management		

Other Experience

2016-2021	Domestic Engineer	Manchester, NH
2012-2022	Written On Your Heart	Houston, TX Keene, NH

Founder/Director

I founded this multi-state non-profit organization and carried out the mission and vision "To engage communities in supporting survivorship" by raising awareness of human trafficking in our communities by planning and hosting card-making events. I presented on the topic of human trafficking at these community events that supported local business. With the support from the Board of Directors, volunteers and community partners, we shipped 500-1,000 cards and letters of encouragement monthly to survivors of human trafficking at 21 safe house partner organizations in 10+ states.

Clinical Experience

8/2021-Present	Saint Benedict Academy [Employed by FEDCO]	Manchester, NH
School Counselor		
<ul style="list-style-type: none"> Funded by a grant through FEDCO/FACTS/Netnet to provide on-site counseling and mental health services to students at Saint Benedict Academy during the school year of 2021-2022. Offered drop-in trauma-informed, mental health sessions for individual students during the school day. Offered bi-weekly and monthly in-classroom counseling groups to every grade in the school from Prek-6th grades. These groups included mental health counseling, guidance lessons and integrated expressive art therapy interventions. Provided proactive, ongoing, direct communication and support to the teachers, staff and administration. On average, provided mental health services to 16-37 students per day and 62 students per week working part-time. 		
1/2017-5/2017	Nini Bambini Maternal Wellness & Boutique	Bedford, NH
Contracted Expressive Music & Movement Group Facilitator (Infants/Toddlers)		
<ul style="list-style-type: none"> Planned and led weekly music and movement groups with infants and toddlers along with their caregivers. 		
8/2015-12/2016	Concord Community Music School (CCMS)	Concord, NH
Dance/Movement Therapist Intern		
<ul style="list-style-type: none"> Co-led and led 20-25 expressive art therapy groups per week (integrated music, art, dance/movement and talk/verbal therapy interventions) under supervision of a Dance/Movement Therapist Population included children from 0-18 years old and caregivers including parents, extended family members, educators Lead groups onsite at CCMS and offsite across the state of NH contracted to sites labeled as low-income including daycares, public elementary schools, Head Start preschools, & 1 high school 		

9/2014-6/2015 Families In Transition [at Family Place Therapeutic Pre-School] Manchester, NH
Clinical Counseling Intern

- Provided therapeutic support in the Head Start pre-school classroom setting alongside children, parents, educators, etc.
- Led therapeutic parent groups for adults with substance abuse disorders implementing expressive art therapy Interventions & teaching the Positive Parenting Solutions Curriculum.
- Led family interventions including reunification therapy sessions with a focus on trauma-informed care & repairing attachments under supervision of a CMHC and LDAC.

1/2014-5/2014 Antioch University New England Keene, NH
Student Practicum

Co-led and led expressive movement groups with infants, toddlers and caregivers during a weekly session held on-campus under supervision of a DMT.

8/2013-12/2013 New Hope New Horizons Keene, NH
Student Practicum

Led and co-led a dance/movement therapy group, serving 15-25 adult clients with developmental disabilities under supervision of a DMT and CMHC.

5/2012-7/2013 The Parish School, Inc. Houston, TX
Paraprofessional Educator & Speech-Therapy Assistant

- Assisted lead teachers and/or Speech-Language Pathologists in a classroom setting with classroom management, teaching, planning, and behavioral modification for children with learning and language differences (ex: autism spectrum disorders, ADD, ADHD, speech and language delays and disorders) ranging from Pre-K to 5th grade.

2012-2012 Houston Aphasia Recovery Center Houston, TX
Volunteer Group Facilitator

- Facilitated conversation groups of 5-10 adult clients with aphasia (post-stroke) by supporting communication between clients and family members with visual supports and other communicative tools.
- Guided/supported clients in group activities (i.e. music, pet therapy, crafts, games, computer lab, meals, etc.).

8/2011-5/2012 Agape Development Ministries Houston, TX
Community Outreach & Development Intern

- Conducted pre-survey research, developed the Community Voice Survey and conducted it (door to door).
- Collected, Analyzed, summarized and presented the survey results.
- Over 200 surveys were collected from the concentrated geographic area requested.

2010-2013 Dia de la Mujer Latina, Inc. Manvel, TX
Community Health Worker Instructor (CHW-I)

- Living La Vida Healthier Program Instructor: Developed curriculum, scheduled classes and taught teens in the community about special health topics and disaster preparedness.
- Assisted in planning, organizing and carrying out community health fairs.

Certifications/Honors & Awards

Certified Non-Profit Professional (CNP); President's Leadership Award Campus Compact New Hampshire (2015); The Antioch University New England Presidential Merit Scholarship (2013-2015); Secretary of the Region VI Health Equity Council National Partnership for Action to End Health Disparities (2012-2013); Presidential Volunteer Service Award (2011); University of Houston Academic Scholarship (2008-2012); The Susan Flanakin American Humanities Scholarship (2012); The Gary Nichols Scholarship for Service and Leadership (2012)

Affiliations

NH Human Trafficking Collaborative Taskforce (2016-Present) Concord, NH
ACA (American Counseling Association)
ADTA (American Dance Therapy Association)

Contact Information



Sean Connolly

[REDACTED]
[REDACTED]
[REDACTED]

I'm an upbeat person with a great work ethic. My attendance has been excellent with any job I've held. I appreciate the art of working with people in any sense and always create a pleasant experience during any situation or task given.

Willing to relocate to: Manchester, NH
Authorized to work in the US for any employer

Work Experience

Clinical Coordinator

Dartmouth-Hitchcock Medical Center - Manchester, NH
November 2018 to April 2022

Currently I work with pediatric specialties that deal with Gastroenterology, Endocrinology, nutrition, Pulmonology, Nephology, Urology, surgical operating scheduling and consent practices. All while being in a lead position with my co workers.

I handle scheduling of appointments, procedures, and referrals. I also handle everything with my team from taking the calls from providers, patients, or rooming the patients. Multitasking while being organized is one of my favorite things to do at work.

Patient Access Representative

Elliot Health System - Manchester, NH
January 2018 to January 2022

I work in the ED per diem only.

I register people in the ED using the EPIC system, work to achieve insurance information from them, explaining to patients what their insurance copays are and such. Having them sign legal forms such as policy's for their stay.

I personally myself go above and beyond to help patients with little things they may need such as a blanket, water, pillow and down to even foot slippers. Making sure the patient has the best care is what makes this job fun for me as well as working with the number of patients that I see.

Patient Access Rep II

Dartmouth-Hitchcock Medical Center / Conifer Health - Manchester, NH
April 2019 to August 2021

Checking in patients, Verifying patients person information, I would also verify insurance for the patient. Interpreting for the Deaf when at the register counter using ASL. I am a hearing person who is bi lingual.

Administrative Assistant/ Office Assisant supervisor.

Ashley Furniture Homestore - Manchester, NH

May 2017 to April 2019

I handle day to day order process, data entry, answer phones, filing, bank deposits, working with customers, creating SO and PO numbers for orders with multiple vendors and Inventory. Financing and data entry also on Excel.

Education

High school diploma in General Studies

Central High School - Manchester, NH

Skills

- Excel (8 years)
- Word Processing (10+ years)
- Customer Service (10+ years)
- Customer Relationship Management (10+ years)
- Management (8 years)
- Bookkeeping (6 years)
- Clerical (4 years)
- Receptionist (4 years)
- Administrative Assistant
- Filing
- Scheduling
- MS Office
- Word
- Microsoft Office
- Data Entry
- Accounts Payable
- Microsoft Excel
- American Sign Language (10+ years)
- EMR Systems
- Epic (2 years)
- Medical Records
- Employee Orientation
- Medical Scheduling
- Medical Office Experience
- HIPAA
- Insurance Verification
- Medical Billing
- Triage
- Medical Terminology

Certifications and Licenses

Driver's License

Additional Information

SKILLS

Very much a people person Expert
Works fast on computers Expert
Works well in office setting Expert
Can do any task handed to me Expert



LUCY PEÑA

PROFILE

Motivated and proactive person with a Psychology degree and Human Resources experience. Adds value to any organization in need of great collaboration, interpersonal and multitasking abilities. Meets tight deadlines. Highly organized, and punctual with team-oriented mentality. Detail-oriented and able to learn new concepts quickly.

EXPERIENCE

DELIVERY DRIVER

Amazon- DoorDash 2021-2022

- Grouped and routed deliveries according to designated areas to maintain efficient delivery times.
- Delivered rush merchandise on tight schedules to meet customer targets.
- Loaded and unloaded boxes and packages to move to and from vehicles

MACHINE OPERATOR

Freudenberg NOK 2017-2021

- Set up machines for various jobs to maintain compliance with manufacturing thresholds and waste reduction initiatives.
- Detected work-piece defects and machine malfunctions, maintaining apparatus to prevent future issues.
- Documented daily production data and submitted accurate time logs to keep management up-to-date.

HUMAN RESOURCE MANAGER

Molplas (Dominican Republic) 2008-2017

- Managed full-cycle human resource operational activities to maximize HR employee performance.
- Developed hiring and recruitment policies to drive transparent and fair hiring process for selecting candidates on basis of merit and relevance with job.
- Supported top talent identification processes by interviewing candidates and executing onboarding, orientation and benefits processes.
- Held exit interviews and documented information discussed with employees.
- Encouraged open communications, promoting positive and pro-employee work environment.
- Identified operational weaknesses to improve or innovate people, programs and processes.
- Handled sensitive employee and company information with highest level of confidentiality and discretion.
- Onboarded new employees in time reporting and payroll systems.
- Supported payrolls, driving timely and accurate payment of employee wages.
- Confirmed attendance, hours worked and pay rates to properly post information in appropriate records.
- Processed and issued paychecks and earnings statements.
- Put together personalized plan recommendations based on individual means and desires.
- Managed training calendars to inform participants of upcoming training session topics and dates.
- Evaluated effectiveness of training programs and recommended improvements to upper management.
- Identified areas for improvement in training programs and collaborated with training team to implement changes.

EDUCATION

BACHELOR OF PSYCHOLOGY

Uasd (Universidad Autónoma de Santo Domingo) 2007-2013

SKILLS

- Analytical thinking
- Active Listening
- Detail Oriented
- Problem-Solving
- Strong Communication

Jim L. Olsen

Summary

Mental Health Counselor with experience in multiple settings including a community clinic serving a diverse population, a school-based program and a college counseling center. Clinical experience supporting children, adolescents & adults using a strength-based approach and by fostering a strong therapeutic alliance. Previous experience empowering students as a middle/high school teacher.

Experience

Behavioral Health Services North (BHSN) Clinical Intern (December 2021 – Present)

January 2021 - Present
Morrisonville, NY

- Providing psychotherapy at an outpatient community clinic and at a school-based program
- Modalities include Cognitive-Behavioral Therapy (CBT), Dialectical behavior therapy (DBT) and Interpersonal Process Therapy among other evidence-based practices
- Populations include children, adolescents, adult, family, LGBTQIA+ community, Veterans
- Services range from intake & assessments to treatment & discharge planning all with timely documentation
- Client concerns range from Mood Disorders to Trauma and Co-Occurring Disorders
- Therapy grounded in a multicultural perspective, is trauma-informed and contains a Humanistic approach
- Clients consistently gave high marks on the Session Rating Scale (SRS)

Rehabilitation Practitioner (August 2021 – April 2022)

- Provided individual psychosocial & peer rehabilitation services in order to facilitate developmental functionality through skill-building while assisting clients come up with and create their own goals.
- Developed, provided, & documented service plans, progress notes, & safety plans.

Care Coordinator (January 2021 – August 2021)

- Connected clients to a wide range of community services & resources including housing, financial & legal assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, health insurance among others.

SUNY Research Foundation Mental Health Assistant

January 2021 – May 2021
Plattsburgh, NY

- Developed rapport and actively listened to students with a wide range of issues – using a Person-Centered and strengths-based approach in supporting and empowering students to work through their problems whether academic, social, or personal.

People USA Certified Peer Specialist

June 2019 – August 2020
Poughkeepsie, NY

- Served as a peer companion at the Rose House, a home-like alternative to using a psychiatric emergency room or inpatient service, empathetically listened and empowered guests to take an active role in their recovery by providing individualized and comprehensive support.
- Modeled and utilized trauma-informed techniques and tools, helped guests set goals, engaged in community events and provided telephone support to peers through the 24/7 warm line.

Experience (continued)

**The Lab School of Washington
High School Math Teacher**

August 2015 – June 2017
Washington, DC

- Awarded the Lehman Fellowship to travel to several museums in Italy and explore the convergence between Leonardo da Vinci's art and mathematics – students then created a year-long project based on the math concepts, the history behind the subject and the art related to the equations and theorems coupled with research and writing.

**District of Columbia Public Schools (DCPS)
High School Math Teacher & Grade Level Advisor**

August 2011 – June 2015
Washington, DC

- Taught a range of mathematical subjects, including: algebra, trigonometry, and precalculus, to a group of 115 – 120 students at a Title I school with 99% of the student population participating in free and reduced-price lunch programs.
- Prepared the junior and senior classes for post-graduation education by facilitating SAT/ACT prep lessons while also coordinating fundraisers and assisting the student government as Grade Level Advisor.

**U.S. Department of the Treasury
Economist, Statistics of Income Division**

January 2009 – June 2011
Washington, DC

- Spearheaded the Integrated Business Dataset project, which combines data to examine changes in business composition over time, collaborated with multiple departments in finalizing the research.
- Consistently rated "Exceeds Fully Successful" on performance evaluations and subsequently promoted twice.

**Center for Strategic & International Studies (CSIS)
Research Intern**

August 2007 – September 2008
Washington, DC

- Collaborated with the Global Strategy Institute and led a group of five interns in developing a report, which included case studies on topics including India's pharmaceutical patent laws.
- Successfully completed the Abshire-Inamori Leadership Academy, which included addressing a number of public policy topics in the Debate & Argumentation Clinic.

Education

**State University of New York at Plattsburgh
Master of Science in Clinical Mental Health Counseling**

August 2020 – Present
Plattsburgh, NY

**DC Teaching Fellows
Summer 2011 Fellow**

June 2011 – August 2011
Washington, DC

**Bowling Green State University
Master of Arts in Economics**

August 2006 – August 2007
Bowling Green, OH

**University of New Hampshire
Bachelor of Science in Interdisciplinary Mathematics & Economics**

September 2000 – May 2004
Durham, NH

Hobbies & Interests

- Running – training for a marathon, reading – life-long learner, meditating, traveled to 20 countries
- Nature, parks, road trips, thrifting, dancing, soccer, ice skating, coffee

Madeline Simpson

EDUCATION

Southern New Hampshire University

Master's in Clinical Mental Health Counseling

- GPA: 4.0

Online
May 2022

Southern New Hampshire University

Bachelor of Arts in Psychology

Concentration: Mental Health

- GPA: 3.9, President's List (2016-2019)

Manchester, NH
May 2019

RELEVANT EXPERIENCE

Cambridge Eating Disorder Center

Intern Case Manager

Concord, NH
January-May 2022

- Managed with a caseload of adolescent and young adult clients diagnosed with eating disorders
- Met weekly with each client to work on emotion management, stress reduction, coping strategies, and reduction of eating disorder behaviors
- Performed biopsychosocial assessments on clients seeking treatment for eating disorders, including the Columbia Suicide scale, Adverse Childhood Experiences scale, and developmental assessments
- Reviewed daily check-ins, mood monitors, and provided meal coaching and crisis intervention for clients
- Successfully built rapport with and aided clients in recovery, resulting in measurable outcomes such as reduced behaviors, weight restoration, lowered stress, and discharge from the program
- Facilitated a variety of groups in both the intensive outpatient program and partial hospitalization programs, including skills-based groups, dialectical behavior therapy groups, and psychotherapy
- Collaborated with outpatient providers and met with coworkers weekly to discuss client needs

Center for Eating Disorder Management

Intern Counselor

Bedford, NH
October-December 2021

- Performed daily mental status exams for clients in the intensive outpatient program, involving checks for behaviors, urges, and daily food recall
- Led groups in the intensive outpatient program, including meditations, skill-based groups, and dialectical behavior therapy groups
- Recorded daily notes for each group, tracking client participation, noticeable behaviors, and any other relevant information to be compiled into SOAP notes

VOLUNTEER EXPERIENCE

Girls Inc.

Volunteer

Manchester, NH
September-December 2016/March-April 2018

- Led activities and groups with 8-15 at-risk children, ranging from 5 to 15 years old, guiding them in the programs throughout the afternoon
- Experience with conflict resolution, time management skills with group participants, and assisted with task orientation
- Focus on creating trusting and respectful relationships with the children

- Coordinate with other volunteers/employees in order to create a healthy and happy environment for the children

Highland Goffs-Falls Elementary School

Manchester, NH

Volunteer/Intern

January-April 2018

- Shadowed a paraprofessional with a therapy dog to complete 60 hour internship
- Observed the interactions between the emotional/behavioral needs students and the dog, as well as the interactions between the children and between the children and paraprofessionals
- Interacted with 5-10 children each day, including classrooms of children on the Autism Spectrum
- Developed and practiced communication and interpersonal skills with the emotional/behavioral needs students

Hole in the Wall Gang Camp

Ashford, Connecticut

Volunteer

July 2019, 2020, 2021, 2022

- Interacted with and supervised groups of children with terminal, chronic, or other medical conditions, ranging from 5-15 years old
- Monitored the children's health and well-being, making sure that they protocol was followed and the children were safe throughout the week
- Communicated with other counselors/volunteers to create a comfortable and collaborative environment
- Assisted in two to three activities per day

Ivette Arroyo

Diligent focused Community Health Worker with ability to develop strong connections within targeted populations to maximize outreach and services. Effective at multitasking, highly capable at interacting with people from all walks of life and diverse cultural backgrounds. Solid understanding of social and human services programs. Skilled at finding and implementing the best possible solutions. Professional and proactive in advocating for vulnerable and high-risk populations.

Highlights

- Community Development
- Housing Programs
- Expert in the Welfare system
- Attentive listener
- Sensitive
- Strong communicator
- Community outreach expert
- Team player
- Exceptional organizational skills
- Data Collection and analysis
- Client Centered
- Detail Oriented
- Empathetic
- Bilingual – fluency level in Spanish

Launch Navigator (Amoskeag Health) 10/2021 Present

- Responsible for completing Community Collaboration intakes with families of children aged 0-8.
- Develop-short-term care plans based on patient centered goals.
- Provides ongoing case management
- Administers relevant screening and makes external referrals to community agencies when appropriate.
- Documents all client activities appropriately in client records in both internal and external platforms.
- Provides care coordination for clients by acting as a liaison between various members of the team and as an advocate for clients with other service providers in the community.

Manchester Community Health Center (Amoskeag Health) – January 19 2015 - Present Community Health Worker

- Interviewed clients individually and with families to determine what services would best address their needs.
- Evaluated and addressed individual client needs and concerns
- Communicated with public social and welfare agencies to obtain and provide information
- Set up family meetings with guidance from physicians
- Collaborated with treatment team to assess and develop an effective plan for client
- Provided support to vulnerable populations and connected them with community resources.
- Maintained through case history records and wrote detailed reports
- Presented case history material for review and discussion with other staff members
- Provide intake screenings like ASQ, CCSA and FRA.
- Help connect individuals and families to housing resources and basic needs.
- Worked with a specific target population from diverse backgrounds in reducing cultural and socio-economic barriers between clients and institutions.
- Prenatal Intakes
- Refugee Clinics

**Manchester Community Health Center
Language Assistance Coordinator May 2017- February 2019**

- Progressed through a series of promotions, culminating in responsibility for the coordination of 12 interpreters, delivering communication services for 8000+ patients.
- Communicate scheduling changes with appropriate staff.
- Trained new personnel to scheduling functions
- Develop and maintain relationships with community and state agencies for Communication Assistance needs.
- REAL (Race, Ethnicity, and Language) data collection and analysis - presented to senior management

**Manchester Community Health Center
Medical Interpreter January, 2015-2017**

- Provides interpreting services with accuracy to patients with Limited English Language Proficiency.
- Relays medical information between patient and provider.
- Supports review of short translation as directed by manager.
- Identify, document and respond to client needs
- Set up appointments.
- Translate written communication from one language to another.
- Assist MCHC with written and oral communication as needed.
- Interpret verbal communication from one language to another and act as a medium where language barriers exist.

Cigna Healthcare,

Data Entry Analysis, Hooksett, NH 2005-2013

- Claim data analyses - identified performance gaps such as missed opportunities for client eligibility
- Support business operations by performing general administrative tasks: photocopying, faxing, mail distribution.
- Streamlined the filing system, coordinated and maintained client records
- Performed inventory of office supplies

EDUCATION:

- Southern NH University (Duet program), Manchester NH Associates in Healthcare Management June 2018 - October 2019
- Southern New Hampshire AHEC, Manchester, NH Community Health Worker Certificate June 2018- July 2018
- Southern New Hampshire AHEC, Manchester, NH Medical Interpreter Certificate Nov. 2014 - Dec. 2015

Michelle Wnek

Staff Accountant

[REDACTED]

Obtain accountant position at a company that values mentorship and provides opportunities for growth; increase and hone accounting skills and knowledge; pursue masters in accounting degree; contribute to success of company by producing high quality work product and offering innovative thinking.
Authorized to work in the US for any employer

WORK EXPERIENCE

Staff Accountant

Parkland Medical Center - Derry - Derry, NH - Present

Prepare surgical case and patient visit summaries to track volume and analyze variances between departmental data, forecasts, and statistical reports; reconcile general ledger accounts; prepare journal entries for prepaid accounts, amortization, accruals, and allocations; perform accounts payable functions; conduct petty cash and pharmacy audits; assist with month end close and reporting; prepare invoices and post entries related to industrial account and intercompany activity; maintain physician payment log; compile analysis files for Medicare year-end cost reports; and participate in annual budget process by preparing schedules, analyzing current year expenses and determining variances.

Staff Accountant

Harta Hanks - Burlington, MA - 2015-04 - 2016-06

Reconciled general ledger accounts and prepared related schedules; calculated, prepared and recorded journal entries including prepaid amortization, intercompany, revenue entries, payroll, and accounts payable accruals; processed early payment discounts, credit memos, and other invoice adjustments; analyzed intercompany transactions, brokered costs and production costs to reconcile activity; performed monthly closing tasks; tracked and uploaded revenue by client to customer revenue database; maintained fixed assets accounts and inventory accounts; reviewed and researched monthly account fluctuations between actual and budget in Profit & Loss statement; interacted with operations personnel to ensure proper recording of financial results; and performed duties in accordance with Generally Accepted Accounting Principles.

Tax Staff (Seasonal)

Melanson, Heath & Company - Nashua, NH - 2015-01 - 2015-03

Prepared tax returns for individuals, partnerships, and corporations; reviewed financial records such as income statement, balance sheet, and documentation of expenditures; utilized QuickBooks to input data into tax software and reconcile accounts; reviewed documentation to uncover potential deductions; and used working trial balance to determine appropriate adjusting journal entries.

Accounting Intern

Carew & Wells, PLLC - Concord, NH - 2014-06 - 2014-08

Prepared tax returns for individuals; performed monthly bookkeeping tasks in QuickBooks for two restaurants; utilized Creative Solutions Accounting program to assist CPA with financial statement engagements; and assisted with preparing financial statements and related footnotes.

EDUCATION

Bachelor of Arts in Business

University of New Hampshire - Manchester, NH
2014-12

Graduate Accounting Program in progress

Southern New Hampshire University - Manchester, NH

ADDITIONAL INFORMATION

TECHNICAL SKILLS

PeopleSoft; XT Global; M-Files; Document Direct; Business Objects 4.1; Sage Fixed Assets; On Base; Lawson AP Workflow; ProSystem Tax programs; XCM Solutions; UltraTax; Doc.It; QuickBooks; Creative Solutions Accounting; Excel, including pivot tables and vlookups; and proficient with paperless accounting.

LEADERSHIP AND SERVICE

- Treasurer of the Agully Club of New Hampshire
- Member of the New Hampshire Society of Certified Public Accountants
- Volunteer at Moore Center Services

TARA D. GRAHAM

OBJECTIVE

To obtain a position in public health where I am able to make use of my knowledge, focus on quality, and 18 years of experience in healthcare (hospital; clinic, homecare/hospice, facility, association, and grant programing). To provide maximum efficiency to the projects, programs and matters I manage utilizing LEAN and Model for Improvement methodologies. In addition, to contribute, learn, and grow in a high-demand, fast-paced work environment.

SUMMARY

- Certified, Management & Strategy Institute: Lean Six Sigma Green Belt and Project Management – Lean Process
- Successful experience with the PCMH accreditation process. Also trained in Lean Daily Management, Motivational Interviewing, Just Culture, communications planning and gap analysis/program planning.
- Contract Project Manager and Webmaster/Graphic Designer - Cancer Center Business Development Group - www.ccbdgroup.com. Other contract quality and design work, freelance.
- Advanced computer knowledge in MS Office; Adobe CS; PCN, EPIC, I.MR, IDX, GE-IDX, Athena, Cerner, MediTech, ECW, Horizon (McKesson), Allscripts Homecare, PointClickCare (Medical Practice Management Software/EMRs); SharePoint; WebEx & Zoom; ADP; PeopleSoft; Business Objects, HTML, graphic design and troubleshooting.

EXPERIENCE

2021 – current NH Public Health Association
Immunization Alliance Coordinator

Concord, NH/remote

Coordination for VaxWellNH, an Immunization Alliance. New program development, oversight and management of operations, meetings, communications, community engagement, strategic planning, facilitation, implementation and evaluation. Part-time role.

2019 – current Communities for Alcohol and Drug-Free Youth (CADY, Inc.) Plymouth, NH/remote
Program Coordinator, Central NH Community Opioid Response (CNH-COR) – HRSA RCORP Grant

Responsible for organizing, coordinating and delivering overall project/program activities. Ensure that activities stay on track and that timelines are completed according to plan. Maintain and develop Consortium relationships, facilitating and leading Consortium meetings and activities, engaging collaborative input from members and facilitating consensus and collaborative strategic planning and operations. Developing three project teams (Opioid Prevention, Community Response, and Community Navigation & Recovery) and acting as boundary spanner to ensure consistent communications and coordination, leveraging efforts across and among the teams and optimizing group work to ensure each voice is heard, and that resulting strategy and operations are consensus-based. Coordinate and monitor the work of the Community Service Navigators to maintain progress toward deliverables and timelines. Other duties include designing, developing, facilitating, implementing and coordinating opioid use and addiction prevention, treatment and recovery programs, health education and community outreach, social and emotional wellness activities, and implementing/managing strategies, interventions, and programs to achieve program goals, deliverables and measurable objectives. Produce materials and content for community trainings and events and establish cooperative relationships with public, private, governmental and social service agencies. Manage communications and outreach for the project, and coordinate planning and logistics for educational events, trainings and other meetings/events. Collaboratively work with the Senior Scientist and other project staff to implement Community-Based Participatory Research methods and collect primary data for the project.

2018 – 2019 North Country Health Consortium

Littleton, NH/remote/travel

Practice Facilitator, Transforming Clinical Practice Initiative (TCPI)/Northern New England Practice Transformation Network (NNE-PTN)

The Transforming Clinical Practice Initiative (TCPI) model was designed to support clinician practices through nationwide, collaborative, and peer-based learning networks, designed to help clinicians and practices achieve large scale health care transformation, prepare practices to successfully participate in value-based payment arrangements, and improve the quality of care. The Northern New England Practice Transformation Network (NNE-PTN) was a Medicare grant-funded program that completed funding in 2019. Duties included: providing facilitation support including implementing QI methodologies and tools within practices, through in-person trainings, and remote support; work towards improving process and quality outcomes that result in improved patient experience and provider satisfaction; build the capacity of the practices to engage in and perform well in value-based payment

arrangements and population health initiatives; advanced informatics, reporting and data analytic management; assist with preparation and instruction of evidence-based guidelines, create interventions and determine the root cause of the high utilization and other barriers, and how to correct it; implementation of practice guidelines, job descriptions, clinic workflows and other projects.

2015 - 2018 Rockingham VNA & Hospice Exeter, NH
Supervisor, Scheduling & Home Health Aides

Supervise the Schedulers and coordinate the workflow of the staff. Prioritize responsibilities for staff and ensure a smooth scheduling process for patients and staff. Responsible for daily operations, interviewing, hiring, firing, and performance reviews. Efficient in the coordination of multi-disciplinary schedules to meet patients' needs. Assist managers with the tracking of clinician's schedules, develops clinical schedules including on-call, weekends, earned time, and holidays. Conduct home health aide & scheduling audits as required, ensuring compliance with established processes. Training and education of staff on the scheduling system. Facilitate staff meetings and education for Schedulers and I.NAs.

2014 - 2018 Home Instead Senior Care Portsmouth, NH/telecommute
Weekend Supervisor (on-call)

Every other weekend on-call supervision, answering all calls and overseeing client schedule management to provide the highest quality service to clients. Communicating with caregivers and clients regarding scheduling as changes arise, fill in on assignments if needed until a replacement caregiver is found, provide guidance in emergent situations and follow up with reporting at the end of the weekend.

2014 - 2015 Genesis Healthcare Manchester, NH
Business Office Manager, Hackett Hill Center

Overseeing all business office functions and ensuring policy & procedure compliance in all related areas. Meeting established daily, weekly, and monthly deadlines, directing processing of accounts receivable, adjustments/refunds, private and third party agencies, census information, ancillaries, cash deposits and posting, managing patient trust funds and maintains confidential files, ensuring compliance with all state and federal regulations, meeting with all new admissions (resident or family) to explain financial obligations and paperwork, auditing new admission files to ensure completeness and accuracy, maintaining Private Spend Worksheets and assist with Medicaid Pending Tracking, managing all month end processes, which include completion of data entry, review and correction of edits, and census reconciliation, managing accounts receivable collections for past due patient accounts, ensuring timely filing of Medicare, Medicaid, and Insurance claims, providing written Past Due Report concerning customer accounts to the Administrator, recommending and preparing accounts for outside collection agencies, attorneys, and write off, coordinating documentation for internal and external auditors, assisting administrator and accounting dept. with resolving G/L variances, supervising and evaluating business office operations and staff, ensuring that the center adheres to the legal, safety, health, fire and sanitation codes, and ensuring that patients and families receive the highest quality of service in a caring and compassionate atmosphere which recognizes the individuals' needs and rights.

2012 - 2014 Optum Palliative & Hospice Care Waltham, MA
Supervisor, Clinical Operations

Responsible for planning, coordinating, managing and directing all activities and programs relating to the day-to-day operational and financial performance of the office. Advocate for organization personnel. Collaboration with Human Resources, Facilities Management, Medical Records, Technology set up (Business Segment Liaison), Financial Management, Material Management and Talent Management. Liaison to community and facilities. Integral member of the hospice interdisciplinary group (collaborating to develop, provide, integrate and implement individualized written plans of care for services) and responsible for the recruitment, retention, coordination, training and supervision of volunteers providing services. Maintain documentation and personnel files in accordance with Federal and State regulations, and hospice policies. Resolve any grievances and billing issues, oversee intake and referral process. Participation in programs of public education, advocacy and public recognition. Develop contacts and utilize community resources to provide adjunct support services to enhance program delivery. Participation in the quality assessment and performance improvement program. Preceptor in the orientation of new team members. Additionally, assumed responsibility of health aide (CNA) supervision and scheduling and bereavement program coordination.

2011-2012 Massachusetts Hospital Association Burlington, MA
Project Coordinator, Clinical Affairs

Division coordinator for a variety of clinical, public health system, data-driven, and administrative projects within Clinical Affairs. Department designated lead for updating and managing website content. Responsible for all day-to-day system functions for the ongoing quality and safety committees, projects, teams and task forces, such as the Clinical Issues Advisory Council (CIAC), Chief Medical Officer (CMO) Forum, and the Pressure Ulcer Prevalence Improvement Project. Responsible for coordinating the Strategic Performance Improvement Agenda (SPIA), including, but not limited to, tracking documentation and member status, communicating with hospitals and health systems, related webinars, listservs, education sessions, documents, and meetings for reducing in-hospital

mortality priority (M-Link), reducing readmissions (STAAR), and reducing central line associated blood stream infections (CUSPLABSI). Involvement in the MHA Workforce Team including the Tufts Health Plan Foundation and the RWJF PIN grant Nurse Scholarship Programs. Co-Chair, Best Practices Workgroup.

2010-2010 (corporate merger lay-offs) Caritas Carney Hospital Boston, MA
Program Manager, Endocrinology

Opened new clinic. On-site Manager for the endocrinology clinic and education program of the Carney Hospital. Responsible for all day to-day operational, administrative, and fiscal aspects of the department. Main responsibilities included overseeing all administrative activities, including but not limited to, improving on functions of patient flow, appointment management, registration, cash collection, charge entry, managed care issues, medical records, inventory control, allocating resources to necessary tasks and setting priorities. Other responsibilities included: staffing (including interviewing & hiring), facilitating training, processing & administering performance evaluations, processing & administering the corrective action process and performance improvement processes as required, preparation & management of annual operating budgets, triaging patient complaints for the office, managing the oversight and audit of encounter forms for completeness, accuracy, batching, and prompt distribution to billing, monitoring missing charge reports, payroll processing and payment of invoices, ordering supplies and equipment, and ensuring a safe environment with effective and efficient systems to provide quality patient care.

2009 - 2010 Dana-Farber Cancer Institute Boston, MA
Administrative Specialist

Dual role in Medical Oncology Operations/Administration and Administration in the Lance Armstrong Adult Survivorship Program. Monthly statistics and reporting; Quarterly newsletters, brochures, templates, website coordination, branding, and any other design-related needs; Database creation - project management; Site visit coordination and standardization; Purchasing and reconciliations; Calendar management for Chief Administrator and Director; Liaison to Londonderry, NH satellite; Treatment Summaries, Care Plans and related operations and procedures; Psycho-Social project and group coordination; Pharmaceutical Grants; Video projects; Collaborative projects with other facilities; CME course development.

2003 - 2009 NH Oncology-Hematology, PA (DFCI affiliate) Hooksett, NH
Executive Coordinator

Executive level administrative services provided to 8 physician partners, Executive Director, Director of Operations and others as needed. Duties require discretion, tact and knowledge of business communications which must be managed in a manner that protects the confidential nature of privileged information. Responsibilities included office management and coverage in multiple departments as needed; interim office manager/liaison to C-level Management and Physicians; financial and statistical analysis; compensation models; new practice volume ramp-up models; operations and staffing plans; development of a new performance review/merit raise system; HR support; desktop publishing and graphic design; advertising, media relations and PR campaigns; various projects; website maintenance; newsletter design and publication; travel and conference arrangement; production of NHOH/Dana-Farber sponsored community patient education series; monthly office calendars; transcription; petty cash management and daily balances; human resource assistance; database management and involvement in the marketing, safety and management/supervisor committees.

2010 - Present (Freelance) Valyria Consulting Pembroke, NH
<http://www.valyriaconsulting.com>

Graphic and web design, project management, marketing, copywriting, editing. Freelance basis.

EDUCATION

1993 - 1997 Sanboru Regional High School Kingston, NH
Graduated with honors, college prep, National Honor Society.

1997 - 2000 (FT) University of New Hampshire Durham, NH
2000 - 2001 (PT) BA, Communication

Currently in the process of applying to MPH programs.

GEYSEL LOPEZ



OBJECTIVE

To continue gaining experiences in the Social Work Field, in order to obtain a position that will allow me to learn, gain skills, and also be able to provide my years of experience while building upon my strong commitment to serving the needs and disadvantages of the population in need.

EDUCATION/CERTIFICATES

Master in Social Work

Simmons University

Attended: May, 2019- December 2021

Bachelor of Human Services w/co Child and families Services

Southern N.H University

Concentration in Child and Family Services

Dates attended: March 2015 – March 2019

Certified Medical Interpreter- 2012

Certified Marketplace Counselor - 09/2016

Diversity and Cultural Competency in Health Care Certificate – 2016

SKILLS PROFILE

- Excellent communication skills – both written and oral
- Bilingual
- Certified Interpreter
- Certified Application Assister
- Certified Marketplace Application Counselor
- Exceptional interpersonal skills with both coworkers, parents, and customers
- Superb administration, organizational and problem-solving skills
- Proficient in several software applications, including Microsoft Office
- Health Educator
- Ability to adjust to constantly changing workloads
- Strong command over verbal and written English and Spanish language

- Attention to details and work efficiently with minimum supervision.
- Translated curriculum power point presentation and documents into Spanish

RELEVANT EXPERIENCE

- Assessing individual and community needs
- Knowledge of community resources
- Advocate for health-related issues
- Prepare and distribute health education materials, including reports, posters
- Answers and screens inquiry call and emails from prospective clients
- Strong telephone management, organization, and prioritization skills.
- Ability to direct requests and unresolved issues to the designated resource
- Knowledge of medical terminology
- Educate young girls about healthy decision making
- Helping consumers prepare electronic and paper applications to establish eligibility and enroll in coverage through the Marketplace and potentially qualify for an insurance affordability program.
- Researches and follow up on all correspondence associated with assigned accounts and documentation letters, and generate correspondence requesting required information, when necessary
- Complete new Medicaid applications and re-certifications .
- Financial Verification's for new admissions
- Responsible for completing initial psycho-social assessment with all families served by Amoskeag Health
- Responsible for developing a care plan for individual families addressing family risks and priority needs using a family strength-based approach.
- Provides crisis services as needed in a primary care pediatric setting
- Assist families in applying for services such as DHHS, child support, housing, fuel assistance, guardianship, domestic violence petitions
- Experience developing case plans and documentation
- Identify community resources and services that could possibly benefit clients

Amoskeag Health

12/1/2012 — Present

- Behavioral Health Community Counselor
- Youth Enrichment Program Coordinator
- Case Manager
- Intake Representative

- New Patient Representative
- Medicaid Application Assister
- Market Place Counselor
- Health Facilitator for Shine Program (Girls Program)
- Health Facilitator for R.T.R. (Boys program)
- Receptionist

**Behavioral Health Counselor- Youth Enrichment Program Coordinator 03/2021:
Present**

- Provide group behavioral health support at youth serving organizations.
- Participate in efforts to explore data sharing with identified partners.
- Provide comprehensive assessment, consultation, diagnosis, brief intervention of psychological/psychiatric problems and/or disorders.
- Provide effective treatment planning and assisting clients in successfully achieving goals including information and referral, advocacy and case management.
- Evaluate crisis situations and apply appropriate interventions.
- Assist in the detection of "at risk" patients and development of plans to prevent further psychological or physical deterioration.
- Works collaboratively with primary providers and other involved clinical staff to develop and implement care plans for patients.
- Short-term counseling.
- Maintain accurate, timely documentation in the client's medical record of all client contacts, case planning and the client's plan of care.
- Provide clinical behavioral health services to individual youth and to groups served by GUW YEP partnering agencies in community settings.
- Sensitivity to cultural diversity of population being served. Maintains client age-related competencies.

Case Manager

03/2018- 09/ 2020

- Determines clients' requirements by completing intake interviews, psycho-social assessment, and plan of care for each individual family.
- Monitors cases by verifying clients' attendance; observing and evaluating treatments and responses; advocating for needed services and entitlements; obtaining additional resources; crises intervention; providing personal support.
- Provides frequent reassessments and evaluations of patient care received
- Serves as an advocate for the patient within the health care system, as well as with outside agencies such as insurance companies and other payers.
- Coordinates the patients ongoing care in conjunction with outside agencies as needed
- Ensures the ethical and legal issues related to patient care delivery are addressed and that care is provided appropriately

- Works closely with or within managed care organizations
- Maintaining accurate, up-to-date case information
- Provide patient and family education
- Makes sure that the process in organizing, securing, integrating, and modifying the resources necessary to accomplish the goals set forth in the case management plan
- Delivers healthcare services to patients and families or caregivers over the telephone or through correspondence, fax, e-mail, or other forms of electronic transfer.
- Review services to ensure that they are medically necessary, provided in the most appropriate care setting, and at or above quality standards
- Attend relevant trainings, workshops and seminars
- Assist families in applying for services such as DHHS, child support, housing, fuel assistance, guardianship, domestic violence petitions
- Assist families with immigration issues or referrals to appropriate organizations
- Assist in families with domestic violence issues (filling DVP orders, support during court hearings, housing concerns, makes safety plan)

Luisa's Italian Pizzeria

01/01/1996- 2018

- Open and Closing duties
- Keeping the restaurant in compliance with health codes, etc.
- Managing customer relations
- Enforce sanitary practices for food handling, general cleanliness, and maintenance
 - Of kitchen and dining areas. Ensure compliance with operational standards,
- company policies, federal/state/local laws, and ordinances
 - Oversee and manage all areas of the restaurant and make final decisions on
 - matters of importance to guest service
- In charge of managing 10-12 employee
- Counting all money in the registers, safe and making deposits at end of shift

Family Justice Center / Case Manager

09/2017 - 05/2018

- Coordinate and manage client flow and information;
- Assess clients' safety and needs; Determine client needs
- Assist in determining next steps for clients' visit to the Family Justice Center
- Work with on-site partners to schedule client appointments;
- Answer telephones and respond to service inquiries;

- Provide information, referrals and advocacy on the phone and in person
- Link the client to on- and off-site partners
- Attend relevant trainings, workshops and seminars
- Maintain cooperative working relationships with other service providers
- Perform other duties as assigned.
- Worked closely with Domestic Violence Partners (NHLA)
- Assisted clients in getting information in timely manner for DVP case or for other agencies
- Develop relationships with families who are homeless and facing issues such as mental illness, substance abuse, physical disability, history of trauma and/or domestic violence, and poverty
- Assists in the filing of protection orders
- Assist families in applying for services such as DHHS, child support, housing, fuel assistance, guardianship, domestic violence petitions



**Job Description
Behavioral Health Clinician**

JOB SUMMARY:

Provide behavioral health consultation to children, adolescents, adults, and families in an integrated Federal Qualified Health Center setting. Provide assessments and interventions, comprehensive intake evaluations, and short-term therapy that address the medical, emotional, and social needs of individuals as part of a multi-disciplinary team. Work effectively with integrated team-members to co-manage care of patient panel. Provide consultation to providers, and participate in population health activities that target the health and wellbeing of specific groups of people. Provide culturally effective services to diverse population. Work within a fast-paced primary care environment requiring collaboration, flexibility, and strong problem-solving skills. Utilize trauma-informed care and strength-based model within practice and service delivery.

JOB RELATIONSHIPS:

- Responsible to Manager of Behavioral Health
- Works closely with medical providers, case managers, community health workers, interpreters, nurses, medical assistants and billing staff.

RESPONSIBILITIES & AUTHORITIES:

- Work effectively as part of a multi-disciplinary team, collaborating to develop treatment plans and to co-manage care of patients.
- Provide comprehensive assessment, diagnosis, and treatment interventions to patients served in an integrated primary care health clinic.
- Utilize standardized, evidence-based clinical measures to assess patient's symptoms and response to treatment, through individual and group therapy services.
- Provide effective treatment planning and assist patients to set and work toward goals to improve physical and psychosocial functioning.
- Provide crisis intervention, crisis management, and safety planning services as appropriate.
- Provide patients with linkages to community services, resources and supports.
- Provide consultation to medical providers and other team members as needed.
- Contribute to data collection and reports as requested by supervisor.
- Manage a caseload size adequate to generate 62.5% in billable services per week (average 5 visits per day).
- Document patient progress and treatment recommendations in Electronic Medical Record and other required systems to be shared with medical providers and other interdisciplinary team members.
- Submit billing, clinical, and other related documentation within five days of the provided service.

- Actively participate in meetings that support Amoskeag Health's integrated model of care.
- Assess and assist patients in need for referrals, specialty mental health or substance use services, outside of primary care, to connect with appropriate treatment referrals.
- Learn about new developments in the field by reading professional literature, attending courses and seminars, and establishing and maintaining contact with other social service agencies.
- Attend staff meetings, trainings, supervision and in-service trainings to enhance knowledge and engage in professional reflective practice.
- Performs other duties as required or assigned.

KNOWLEDGE/SKILLS/ABILITIES:

- Strong clinical skills and knowledge of the treatment issues concerning children, adolescents, adults, and families.
- Experience working as part of a multi-disciplinary team in an integrated health setting preferred.
- Ability to make quick and accurate clinical assessments and to provide brief, targeted interventions in a fast-paced primary care setting as part of an interdisciplinary team.
- Display strong communication skills and the ability to work independently.
- Maintain strong knowledge of community resources and agencies and how to use them to support patients' needs related to physical and psychosocial health and wellness.
- Must be able to work flexible work schedule including evenings and weekends on occasion.
- Ability to interact effectively with people of varied educational, socioeconomic and ethnic backgrounds, skill levels and value systems; to work with frequent interruptions and to respond appropriately to unexpected situations. Excellent listening skills.
- Knowledge of Microsoft Office products and the technical acuity to learn and master other technology solutions, including an EHR.
- Broad knowledge of behavioral health needs of children and adults with low-income and multi-cultural population.

Work Environment/ Physical Demands:

- In addition, the individual must possess this knowledge, and these skills and abilities, or be able to explain and demonstrate that they can perform the primary functions of the job using some other combination of skills and abilities with or without reasonable accommodations. They will possess the necessary physical requirements with or without the aid of mechanical devices to safely perform the primary functions of the job.
 1. Physical requirements include ability to extend hand(s) and arm(s) in any direction; pick, pinch, type or otherwise work primarily with fingers; stand for sustained periods of time and move about on foot to accomplish tasks; raise objects from a lower to a higher position or move objects horizontally from position to position; apply pressure to an object with fingertips; sustain substantial movement of wrists, hands and/or fingertips.

2. Ability to express or exchange ideas by means of the spoken word.
3. Ability to receive detailed information through oral communication and make fine discrimination in sound.
4. Ability to exert up to twenty (20) pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, punch, pull, or otherwise move objects. Primary functions involve sitting, as well as stooping, kneeling, crouching, and reaching, walking, particularly for long distances, and standing for sustained periods of time.
5. Visual acuity sufficient for work which deals largely with preparing and analyzing data and figures, accounting, computer terminal operation, extensive reading, and visual perception involving small parts/defects.
6. Excellent written, verbal communication and social skills.
7. Ability to endure periods of heavy workload or excessive stress.
8. Ability to transport self to meetings, events and affiliated vendors.
9. Based on the mental requirements of the position, please see below the ADA statement that best fits the position.
 - Requires the ability to understand and follow simple instructions and to use simple equipment involving few decisions.
 - Requires the ability to perform repetitive or routine duties working from detailed instructions and understand procedures. Requires the making of minor decisions.
 - Requires the ability to plan and perform diversified duties requiring an extensive knowledge of a particular field and the use of a wide range of procedures. Involves the exercise of judgment in the analysis of facts and conditions regarding individual problems or transactions to determine what actions should be taken within the limits of standard practice.
 - Requires the ability to plan and perform a wide variety of duties requiring general knowledge of policies and procedures. Requires considerable judgment to work independently toward general results, devising methods, modifying or adapting standard procedures to meet different conditions, making decisions based on precedent and policy.
 - Requires the ability to plan and perform difficult work where only general methods are available. Involves highly technical or involved projects, presenting new or constantly changing problems. Requires outstanding judgment and initiative in dealing with complex factors not easily evaluated, also making decisions for which there is little precedent.
 - Requires the ability to plan and perform complex work that involves new or constantly changing problems where there is little accepted method or procedure. Involves participation in the formulation and carrying out of policies, objectives and programs for major divisions or functions. Considerable ingenuity and exceptional judgment required to deal with factors not easily evaluated, interpret results and make decisions carrying a great deal of responsibility. Direct and coordinate the work of subordinate supervision in order to attain objectives.

QUALIFICATIONS:

- Required Master's Degree or higher in Social Work, Psychology, Mental Health Counseling or Marriage and Family Therapy
- Working towards State of New Hampshire License. Independently License preferred (LICSW, LMHC/LMFT, MLADC)
- Bilingual ability in English and Spanish preferred.
- Two years' experience in the healthcare field preferred
- Verifiable good driving record and reliable transportation

This is a CATEGORY 2 job (with regard to OSHA): No reasonably anticipated exposure to blood and body fluids in completing this job.

AMOSKEAG HEALTH is an EQUAL OPPORTUNITY EMPLOYER (EOE)

Employee Signature: _____

Date: _____

Employee Printed Name: _____



JOB DESCRIPTION
BEHAVIORAL HEALTH CLINICIAN (BHC) LICENSURE SUPERVISOR

JOB SUMMARY:

The Behavioral Health Clinician Licensing Supervisor is responsible for the licensing supervision of Master's level community and school-based behavioral health staff and provides direct care to youth involved in Amoskeag Health's community-based programming such as Adolescent Preventive Services and Community Schools program. The Behavioral Health Clinician Licensing Supervisor provides weekly, ongoing direct mental health counseling and mentoring services to adolescents enrolled in the Adolescent Preventive Services (APS) Program, a collaboration between the Manchester School District and Amoskeag Health. Through full mental health assessments and treatment planning, the goal of these services is to provide interventions that enhance the overall physical, emotional and educational well-being of program participants, as well as to provide opportunities for participants to build strong and meaningful connections with their families, schools, and communities.

JOB RELATIONSHIP:

1. Reports to the Community-Based Behavioral Health Manager
2. Works closely with fellow school-based BHCs, clinic-based BHCs, and other Amoskeag Health staff
3. Other Relationships: Works closely with the staff and leadership of the assigned school, students and their families, and area agencies and treatment providers.

RESPONSIBILITIES:

1. Provide clinical supervision to Amoskeag Health's Masters-level community-based behavioral health staff who require supervision for licensing by the State of New Hampshire to include training, coaching, mentoring, and evaluation related to clinical competencies.
2. Maintains a competent and engaged staff by communicating regularly, identifying training needs, providing coaching or corrective counseling, and providing recognition of strong clinical performance.
3. Develop a means of identifying at-risk youth in Manchester's high schools or middle schools. This is done by seeking referrals from Amoskeag Health providers, as well as Manchester School District personnel including teachers, guidance counselors and administration.
4. Assess the social/emotional/educational needs of the participant and provide one-on-one counseling sessions on a weekly (or as needed) basis with adolescents. Provide a long-term therapeutic relationship, following the students through middle and high school until graduation with the objective of being able to create the greatest positive impact on long-term success. Counseling sessions primarily occur in the school setting, focusing on areas such as anxiety, depression, anger management, grief, etc.
5. Provide comprehensive assessment, consultation, diagnosis, and brief intervention of psychological/psychiatric problems and/or disorders.
6. Provide effective treatment planning and assisting clients in successfully achieving goals including information and referral, advocacy and case management.
7. Evaluate crisis situations and apply appropriate interventions.
8. Maintain accurate, timely documentation in the client's medical record of all client contacts, case planning, client's plan of care, and completing accurate billing/orders determined by level of care provided. All

documentation in the client's medical record must be legible and easily understood by anyone who may need to access the record.

9. Work with and counsel students to enhance their personal and social growth and increase their responsibility for behavior and attitudes. Provide opportunities and resources for students to increase their academic success, improve interpersonal relationships, learn problem-solving and decision-making skills, and resolve conflicts and crisis situations.
10. Seek parental consent on individual adolescents who express an interest in participation in the program. Communicate and collaborate with participants' parent(s)/guardian(s) as needed to discuss concerns, make referrals, etc.
11. Coordinate referrals between the program and other agencies including local mental health agencies, the school-based programs, and other community supports.
12. Maintain positive relationships with Manchester School District staff and administration, with ongoing communication about students' needs, office space, etc. Attend school meetings (i.e. IEP) as required and assist parents in an advocacy role when appropriate or requested.
13. Attend regular meetings with Amoskeag Health's interdisciplinary team in order to provide a continuum of care for shared patients, as well to discuss work expectations, administrative concerns, and gain support from colleagues.
14. Assist with coverage for the Behavioral Health Clinicians at Amoskeag Health when available and if needed at all Amoskeag locations during school vacations, snow days, holidays, etc.
15. Maintain adequate safeguards for privacy and confidentiality in relationships with adolescents and record keeping. Display the highest ethical and professional behavior and standards when working with adolescents, parents, school personnel, and community agencies.
16. Demonstrate knowledge and understanding of adolescent development and attend conferences/workshops in this area to maintain this knowledge and continuing education requirements for licensure.
17. Demonstrate sensitivity to cultural diversity of population being served. Maintain client age-related competencies.
18. Follow all Personnel Policies as described in Employee Orientation Handbook received at the time of employment.
19. Other duties as assigned.
20. These functions are performed under the supervision of the Community-Based Behavioral Health Manager, however, exercising independent and sound judgment is also necessary.
21. Willingness to travel locally using own transportation (mileage reimbursement available) is needed.

KNOWLEDGE, SKILLS, AND ABILITIES:

- Highly qualified BHC with extensive school experience working with at-risk and trauma-impacted children and families.
- Knowledge of function-based intervention planning for developing behavior change strategies that focus on reducing problem behaviors and increasing more appropriate behaviors.
- Ability to provide behavioral health consultation at a system and individual level.
- Ability to work well as part of a multi-disciplinary team in a fast-paced, complex setting.
- Understanding of and commitment to child and family health, and willingness to work as a member of a team providing unbiased health and social services to families.
- Ability to assess, engage and plan with families to support optimum functioning for family systems.
- Excellent verbal and written communication skills.
- Experience working in a collaborative manner with strong planning and interpersonal skills.
- Demonstrated ability to work with people from many backgrounds (i.e. people of varied education levels, socioeconomic and racial/ethnic backgrounds, skill levels and value systems).

- Knowledge of health and human service resources available in the Manchester area.
- Flexibility and adaptability to work in a fast-paced, changing environment.
- Excellent organizational skills.
- Ability to work independently with minimal supervision.
- Willingness to maintain full family confidentiality, except where mandated by law.
- Knowledge about child development and family functioning are essential. Master's Degree in Mental Health Counseling, Social Work, or other related human service field is required.
- Experience working in a human service agency and/or school environment.
- Conduct mental health assessments and provide diagnosis for identified students.

In addition, individual must possess this knowledge and these skills and abilities or be able to explain and demonstrate that the individual can perform the primary functions of the job with or without reasonable accommodation using some other combination of skills and abilities and to possess the necessary physical requirements with or without the aid of mechanical devices to safely perform the primary functions of the job.

1. Physical requirements include ability to extend hand(s) and arm(s) in any direction; pick, pinch, type or otherwise work primarily with fingers; stand for sustained periods of time and move about on foot to accomplish tasks, raise objects from a lower to a higher position or move objects horizontally from position to position; apply pressure to an object with fingertips; sustain substantial movement of wrists, hands and/or fingertips.
2. Ability to express or exchange ideas by means of the spoken word.
3. Ability to receive detailed information through oral communication and make fine discrimination in sound.
4. Ability to interact effectively with people of varied educational, socioeconomic and ethnic backgrounds, skill levels and value systems; to work with frequent interruptions and to respond appropriately to unexpected situations. Excellent listening skills.
5. Ability to exert up to twenty (20) pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, punch, pull, or otherwise move objects. Primary functions involve sitting, as well as stooping, kneeling, crouching, and reaching; walking, particularly for long distances, and standing for sustained periods of time.
6. Visual acuity sufficient for work which deals largely with visual inspection involving small anatomical or physiological details as well as the whole patient, preparing and analyzing data and figures, accounting, computer terminal operation, extensive reading, and visual inspection involving small parts/defects.
7. Excellent written, verbal communication and social skills.
8. Ability to endure periods of heavy workload or excessive stress.
9. Ability to wear equipment such as safety glasses, gowns, etc.
10. Knowledge of database and spreadsheet software systems. Computer skills preferred and basic financial skills, as well as analytical skills for trend and situational analysis desired.
11. Ability to transport self to meetings, event and affiliated vendors.
12. Not substantially exposed to adverse environmental conditions.
13. Based on the mental requirements of the position, please check below the ADA statement that best fits the position. Choose ONLY ONE from below:
 - Requires the ability to understand and follow simple instructions and to use simple equipment involving few decisions.
 - Requires the ability to perform repetitive or routine duties working from detailed instructions and understand procedures. Requires the making of minor decisions.

- ❑ Requires the ability to plan and perform diversified duties requiring an extensive knowledge of a particular field and the use of a wide range of procedures. Involves the exercise of judgment in the analysis of facts and conditions regarding individual problems or transactions to determine what actions should be taken within the limits of standard practice.

- ❑ Requires the ability to plan and perform a wide variety of duties requiring general knowledge of policies and procedures. Requires considerable judgment to work independently toward general results, devising methods, modifying or adapting standard procedures to meet different conditions, making decisions based on precedent and policy.

- ❑ Requires the ability to plan and perform difficult work where only general methods are available. Involves highly technical or involved projects, presenting new or constantly changing problems. Requires outstanding judgment and initiative in dealing with complex factors not easily evaluated, also making decisions for which there is little precedent.

- ❑ Requires the ability to plan and perform complex work that involves new or constantly changing problems where there is little accepted method or procedure. Involves participation in the formulation and carrying out of policies, objectives and programs for major divisions or functions. Considerable ingenuity and exceptional judgment required to deal with factors not easily evaluated, interpret results and make decisions carrying a great deal of responsibility. Direct and coordinate the work of subordinate supervision in order to attain objectives.

MINIMUM QUALIFICATIONS AND EXPERIENCE:

1. Valid New Hampshire state license issued by the NH Board of Mental Health (LCMHC, LICSW, LMFT), required.
2. Two years post licensure and currently holds or is eligible to be a board-approved supervisor by the State of New Hampshire, required.
3. Ability to work effectively with adolescents, families, and professionals from a wide range of cultural, social and economic backgrounds.
4. Knowledge and understanding of trauma and its impact on children and families.
5. Three to five years of experience working with an adolescent population preferred.
6. Ability to provide crisis management, conflict resolution and behavior modification skills.
7. BLS preferred.
8. Spanish Language skills helpful.

SALARY: FLSA Exempt status position

This is a CATEGORY 2 job (with regard to OSHA): No reasonably anticipated exposure to blood and body fluids in completing this job.

Amoskeag Health is an Equal Opportunity Employer (EOE)

Signature: _____ Date: _____

Revised 6/21/2022



AMOSKEAG HEALTH

JOB DESCRIPTION

School-Based Community Health Worker (CHW)

JOB SUMMARY:

Community Health Workers (CHW's) play a crucial role in promoting and supporting the health of individuals, families, and communities. They are frontline public health workers who are trusted members of and/or have close understanding of the communities they serve. This relationship allows them to link patients and families with school, health, social and community services, to facilitate access to services, and to improve the quality and cultural competence of service delivery. CHWs build trusting relationships with their clients and help to conduct assessments, make referrals, offer health education, navigate complicated systems, and advocate for client's needs.

The school-based CHW will primarily be working in the community within targeted Elementary Schools. CHW's will work closely with School administration and staff, Health Department personnel, medical providers, primary care teams, and other agencies to improve connections to health care and social services for families. CHWs will work to improve access to community resources that strengthen linkages among the medical home, school home, and neighborhood home environments.

JOB RELATIONSHIPS:

1. Responsible to the Supervisor of Community Health Workers
2. Other relationships: Works closely with a clinical/community team comprised of School Administration and Staff, Health Department Personnel, Primary Care Providers, Nurses and other Clinical Team members, and social service agencies

RESPONSIBILITIES & AUTHORITIES:

- 1) Provides culturally and linguistically appropriate outreach and education, in community-based settings, such as homes, schools, clinics, shelters, local businesses and community centers.
- 2) Assists in identifying and engaging students and families who would benefit from support in the school setting.
- 3) Conducts comprehensive screening/assessment activities including health status, health risks and social needs factors.
- 4) Facilitates communication and coordinates services between the students, families and school. Attends school meetings, arranges for interpretation or transportation services as necessary to assure mutual access and understanding.
- 5) Helps students and families in utilizing resources and assisting with completion of applications for programs for which they may be eligible.
- 6) Connects students and families with preventative healthcare services, including obtaining a medical home, providing instruction on appropriate use of the medical home, and overcoming barriers to obtaining needed medical care and social services.
- 7) Conducts home visits, as necessary/requested, to reach vulnerable students and families.
- 8) Provides ongoing follow-up, motivational interviewing, coaching and goal setting with students/families.
- 9) Bridges and/or culturally mediates between individuals, schools, communities and health and human services, to actively build individual and community capacity.

- 10) Establishes positive, supportive relationships with students and families, including participation in community/school-based events.
- 11) Builds and maintains positive working relationships with the school team and serves as a resource for providing culturally and linguistically appropriate services to students and families.
- 12) Documents activities and results in an effective manner while strictly adhering to the policies and procedures in place.
- 13) Utilizes existing and new systems of coordination, to ensure the students and families are receiving the appropriate care and referrals to necessary services/providers.
- 14) Continuously expands knowledge and understanding of community resources, services and programs provided.

KNOWLEDGE/SKILLS/ABILITIES:

In addition, individuals must possess these knowledge, skills and abilities or be able to explain and demonstrate that the individual can perform the primary functions of the job with or without reasonable accommodation using some other combination of skills and abilities and to possess the necessary physical requirements with or without the aid of mechanical devices to safely perform the primary functions of the job.

1. Physical requirements include ability to extend hand(s) and arm(s) in any direction; pick, pinch, type or otherwise work primarily with fingers; stand for sustained periods of time and move about on foot to accomplish tasks, raise objects from a lower to a higher position or move objects horizontally from position to position; apply pressure to an object with fingertips; sustain substantial movement of wrists, hands and/or fingertips.
2. Ability to express or exchange ideas by means of the spoken word.
3. Ability to receive detailed information through oral communication and make fine discrimination in sound.
4. Ability to interact effectively with people of varied educational, socioeconomic and ethnic backgrounds, skill levels and value systems; to work with frequent interruptions and to respond appropriately to unexpected situations. Excellent listening skills.
5. Ability to exert up to twenty (20) pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, punch, pull, or otherwise move objects. Primary functions involve sitting, as well as stooping, kneeling, crouching, and reaching; walking, particularly for long distances, and standing for sustained periods of time.
6. Visual acuity sufficient for work which deals largely with visual inspection involving small anatomical or physiological details as well as the whole patient, preparing and analyzing data and figures, accounting, computer terminal operation, extensive reading, and visual inspection involving small parts/defects.
7. Excellent written, verbal communication and social skills.
8. Ability to endure periods of heavy workload or excessive stress.
9. Ability to wear equipment such as safety glasses, gowns, etc.
10. Knowledge of database and spreadsheet software systems. Computer skills preferred and basic financial skills, as well as analytical skills for trend and situational analysis desired.
11. Ability to transport self to meetings, events and affiliated vendors.
12. Not substantially exposed to adverse environmental conditions.
13. Based on the mental requirements of the position, please see below the ADA statement that best fits this position:

Requires the ability to plan and perform a wide variety of duties requiring general knowledge of policies and procedures. Requires considerable judgment to work independently toward general results, devising methods, modifying or adapting standard procedures to meet different conditions, making decisions based on precedent and policy.

SALARY RANGE: Non-exempt position

This is a CATEGORY 1 job (with regard to OSHA):

Reasonably anticipated exposure to blood and body fluids in completing this job.
Educated regarding "Enforcement Policy & Procedures for Occupational Exposure to Tuberculosis", including use-of NIOSH approved high efficiency particulate air (HEPA) respirators.

QUALIFICATIONS:

Education/Training:

- High School Diploma, GED or HiSET

Experience & Qualifications:

Any combination of 2 years health/social services experience and/or education

- Verifiable good driving record and reliable transportation
- Background check
- *Bilingual/bicultural in Spanish, Dari/Pashtu, Nepalese, Arabic, Swahili, and/or Portuguese*

Created 11/2014

Reviewed and Revised: 10/21



JOB DESCRIPTION

Director of Community-Integrated Health and Wellbeing

JOB SUMMARY:

The Director of Community-Integrated Health and Wellbeing (Director) leads Amoskeag Health's efforts to coordinate community-based programs and services designed to improve the health and wellbeing of the community at the individual, family, and population levels. The Director facilitates Manchester Children's Initiatives Integration Team (MCIT), a committee of the Manchester Health Department Neighborhood Health Improvement Strategy Leadership Team, whose responsibilities include the development and implementation oversight of a strategic plan for early childhood. The Director is responsible for all aspects of innovative community-based programming, including planning, developing, implementing, and evaluating programs to meet the mission, vision and strategic goals of Amoskeag Health, Community Schools Project, and the LAUNCH Manchester Strategic Plan. The Director works collaboratively with community and state partners.

JOB RELATIONSHIPS:

- Responsible to the Chief Officer of Integrated Health Services (COIHS).
- Works closely with other Directors and Officers to ensure continuity and quality of service delivery
- Responsible for oversight of community-based child wellness initiatives, including but not limited to the Preschool Development Grant, Adverse Childhood Experiences Response Team (ACERT), the Community Collaborations to Strengthen and Preserve Families initiative, Community Schools Project, Adolescent Preventative Services, Youth Enrichment Program (YEP), Personal Responsibility Education Program (PREP), school-based health and behavioral health services, those programs' coordinators or supervisors, and other programs/initiatives as determined by the Amoskeag Health Strategic Plan or as assigned.

RESPONSIBILITIES AND AUTHORITIES:

This position is responsible for oversight of all community-based health and wellbeing initiatives to improve outcomes for children, youth, and their families through improved collaboration, integration, and infrastructure development. Key duties of the Director of Community-Integrated Health and Wellbeing include:

1. Collaborate with the COIHS relative to:
 - a. Engaging in outreach, strategic partnerships, and developing and recommending long-term strategies and goals for the organization.
 - b. Developing innovative and strategic programs to expand Amoskeag Health's role as a leader in community wellness
 - c. Developing or maintaining program partnerships
 - d. Expanding existing programs
2. Support Amoskeag Health senior leadership to understand, plan for, and successfully implement and sustain initiatives that build on the existing strengths of Amoskeag Health services, respond to the largest gaps in services and supports for children and families, and have minimal adverse unintended consequences on the existing system.
3. Attract, develop, and retain high-performing team members that contribute to the advancement of the mission of Amoskeag Health.
4. Develop the necessary systems, processes, policies, and tools to better support the implementation of integrated community-based services.
5. Increase interagency collaboration with citywide partners, including the Manchester Health Department and Manchester School District to coordinate planning and implementation activities.
6. Lead/collaborate across Amoskeag Health departments to develop/implement programs.
7. Serves as strategic liaison for key organization initiatives between all programs, departments, and their stakeholders
8. Convene the MCIIT to facilitate implementation of the LAUNCH Manchester Strategic Plan for Young Children and Families.
9. Engage internal and external stakeholders to advance policies and initiatives for children, youth, and families.
10. Communicate regularly with appropriate State of NH departments and divisions and participate on the Governor's Council for Thriving Children and/or relevant committees.
11. Oversee the launch of an initiative and execution of contracts with the designated agencies.
12. Work with the local system regarding implementation of evidence-based practices and workforce development.
13. Successfully leads and manages change initiatives. Drives innovation and growth in area of responsibility. Challenges the status quo. Considers new ideas, approaches, and solutions. Encourages creativity in problem solving and inspires leaders and staff to continually search for more effective and efficient ways to perform and achieve goals.

14. Attend and participate in other Amoskeag Health meetings as directed. If absent, responsible for reading of minutes and signing the documentation.
15. Attend mandatory safety-related and infection control in-services as designated by Senior Management.
16. Maintain current licensure by ongoing professional education (if applicable)
17. Maintain sensitivity to cultural diversity of population served. Maintain client age-related competence.
18. Other responsibilities as assigned by supervisor.

In addition, individual must possess this knowledge and these skills and abilities or be able to explain and demonstrate that the individual can perform the primary functions of the job with or without reasonable accommodation using some other combination of skills and abilities and to possess the necessary physical requirements with or without the aid of mechanical devices to safely perform the primary functions of the job.

1. Physical requirements include ability to extend hand(s) and arm(s) in any direction; pick, pinch, type or otherwise work primarily with fingers; stand for sustained periods of time and move about on foot to accomplish tasks; raise objects from a lower to a higher position or move objects horizontally from position to position; apply pressure to an object with fingertips; sustain substantial movement of wrists, hands and/or fingertips.
2. Ability to express or exchange ideas by means of the spoken word.
3. Ability to receive detailed information through oral communication and make fine discrimination in sound.
4. Ability to interact effectively with people of varied educational, socioeconomic and ethnic backgrounds, skill levels and value systems; to work with frequent interruptions and to respond appropriately to unexpected situations. Excellent listening skills.
5. Ability to exert up to twenty (20) pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, punch, pull, or otherwise move objects. Primary functions involve sitting, as well as stooping, kneeling, crouching, and reaching; walking, particularly for long distances, and standing for sustained periods of time.
6. Visual acuity sufficient for work which deals largely with preparing and analyzing data and figures, accounting, computer terminal operation, extensive reading, and visual perception involving small parts/defects.
7. Excellent written, verbal communication and social skills.
8. Ability to endure periods of heavy workload or excessive stress.
9. Knowledge of data base and spreadsheet software systems. Computer skills preferred and basic financial skills, as well as analytical skills for trend and situational analysis desired.
10. Ability to transport self to meetings, events and affiliated vendors.

11. Not substantially exposed to adverse environmental conditions.

Based on the mental requirements of the position, this ADA statement best fits the position:

Requires the ability to plan and perform complex work that involves new or constantly changing problems where there is little accepted method or procedure. Involves participation in the formulation and carrying out of policies, objectives and programs for major divisions or functions. Considerable ingenuity and exceptional judgment required to deal with factors not easily evaluated, interpret results and make decisions carrying a great deal of responsibility. Direct and coordinate the work of subordinate supervision in order to attain objectives.

QUALIFICATIONS:

ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES:

1. Demonstrated leadership skills and ability to influence and motivate constituencies that could span multiple organizational boundaries.
2. Ability to organize, coordinate, and lead diverse people into effective committees and task forces.
3. Demonstrated excellent planning, organizational, and analytical skills.
4. Demonstrated ability to make sound business decisions using good business judgment and innovative and creative problem-solving.
5. Demonstrated ability to manage financial, organizational, and staff resources.
6. Excellent interpersonal and communications skills with the ability to cultivate professional and business partnerships.
7. Broad-based strategic planning experience.
8. Ability to evaluate the effectiveness of programs and to provide guidance in preparing new and/or improving programs.
9. Excellent and effective communications skills, including the ability to write well and make clear, concise verbal presentations and written reports.
10. Knowledge of childhood development across, physical, mental, social, emotional, and behavioral domains and related service systems
11. Ability to mobilize service systems, management, policy analysis and strategic thinking; Ability to foster collaborative relationships, communicate effectively with professional and administrative personnel; exercise judgment and discretion in applying and interpreting policies and procedures.
12. Ability or work with individuals and groups in a culturally and linguistically competent manner.
13. Expertise in the provision of childhood health and mental health prevention services.

14. Ability to maintain a non-judgmental disposition and communicate with a diverse patient and staff population; a desire and ability to work closely with a low-income population; An awareness of and sensitivity to the cultural diversity of the population employed and served by Amoskeag Health.

MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS:

- Education/Training: Master's degree in early childhood development, education, public health or human service administration, or a child development or human services programmatic field.
- A minimum of four years of human service experience, one of which must have been in human service program planning.
- Three to five years of progressively responsible experience in behavioral healthcare or social services field. Minimum of 3 years of experience in a leadership role.

EXEMPT POSITION

This is a CATEGORY 4 job (with regard to OSHA): There is no reasonably anticipated exposure to blood and body fluids in completing this job.

Amoskeag Health is an Equal Opportunity Employer (EOE)

Revised 03/2018, 12/2019, 06/30/2021

Amoskeag Health

Key Personnel

Employee Name	Position Title	Amount Funded by this program for Budget Period
	Administrative Salaries	
Elizabeth Burtis	Chief Officer for Integrated Health Services	\$0.00
To Be Hired	Director of Community-Integrated Health and Wellbeing	\$9,672.00
Christina Miller	Community-Based Behavioral Health Manager	\$7,889.44
Ivette Arroyo	Community Health Worker Supervisor	\$14,352.00
Sean Connolly	Administrative Asst for Community Health	\$18,720.00
To Be Hired	Behavioral Health Clinician & Licensure Supervisor	\$13,728.00
Fawn Francis	Patient Account Billing Representative - School-based Services	\$36,608.00
Michelle Wnek	Accounting & Grant Finance Specialist	\$3,750.24
Tara Graham	Data & Reporting Manager	\$910.00
	Direct Service Salaries	
Ashley Roney	Behavioral Health Clinician	\$0.00
Kaitlyn Croteau	Behavioral Health Clinician	\$0.00
Vacant	Behavioral Health Clinician	\$0.00
Gabrielle McNulty	Behavioral Health Clinician	\$0.00
To Be Hired	Behavioral Health Clinician	\$19,075.68
Madeline Simpson	Behavioral Health Clinician	\$17,472.00
Jim Olsen	Behavioral Health Clinician	\$17,472.00
Lauren Lisembee	Behavioral Health Clinician	\$17,472.00
To Be Hired	Behavioral Health Clinician	\$17,472.00
Heidi Schlenz	Behavioral Health Clinician	\$17,160.00
Holloway Testerman	Behavioral Health Clinician	\$17,160.00
Melissa Berry	Behavioral Health Clinician	\$19,300.32
Elyse O'Rourke	Behavioral Health Clinician	\$17,160.00
Christina Miller	Community-Based Behavioral Health Manager	\$23,668.32
Geysel Lopez	Behavioral Health Clinician	\$17,160.00
To Be Hired	Behavioral Health Clinician	\$17,472.00
To Be Hired	Behavioral Health Clinician & Licensure Supervisor	\$20,592.00
To Be Hired	Community Health Worker	\$33,280.00
To Be Hired	Community Health Worker	\$33,280.00
To Be Hired	Community Health Worker	\$33,280.00
Nadeige Kabala	Community Health Worker	\$6,789.12
Patricia Turini-Sylvester	Community Health Worker	\$0.00
Lucy Pena	Community Health Worker	\$7,126.08
Sahira Garcia	Community Health Worker	\$0.00
Melissa Shessler	Nurse Practitioner or Physician Assistant	\$60,996.00
Marisol Acevedo	Medical Assistant	\$18,720.00
Sarah Bernyk	Patient Navigator	\$18,720.00

19
GMA



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

Lori A. Stribonette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

July 14, 2022

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 of Public Health Services, to enter into a contract with Amoskeag Health (VC#157274), Manchester, NH, in the amount of \$1,010,000, to provide primary care health clinics and mental health services in school base settings, with the option to renew for up to two (2) additional years, effective upon Governor and Council approval through June 30, 2023. 100% Federal Funds.

Funds are available in the following account for State Fiscal Year 2023, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

05-95-90-903510-24680000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, DIVISION OF PUBLIC HEALTH, PUBLIC HEALTH CRISIS RSP-ARP

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90027508	\$1,010,000
			Total	\$1,010,000

EXPLANATION

The purpose of this request is to establish school-based primary care and mental health services. These services will be provided in partnership with the local school district and services will be provided to students on a voluntary basis and only after consent is obtained by the student's parent or guardian. Criminal background checks, Bureau of Elderly and Adult Services State Registry Check and Division for Children Youth and Families Central Registry Check will occur prior to any of the Contractor's staff working within a school-based setting.

Since the start of the COVID-19 pandemic, there has been an increased need for both health and behavioral health services for New Hampshire's K-12 students. Many students missed crucial well child visits and immunizations, and many have developed increased symptoms of anxiety and depression.

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

The Contractor, who is already contracted with the Department for the Maternal & Child Health Care in the Integrated Primary Care setting has been providing pediatric care services since 1993 and Behavioral Health services since 2011. The Contractor started providing School based services in collaboration with the Manchester school district in 2012 using the "Community Schools Model". This model promotes collaboration between schools and the community to help increase family and neighborhood engagement and also to help youth development and improve student success. With this new funding, the Contractor has proposed to expand and improve behavioral health and physical health services at existing and new school based sites within the Manchester School District, with the goals of improving behavioral and emotional health, increasing access to healthcare and other needed services as well as, improving academic performance.

The Contractor will use the funds provided to launch a pilot medical telehealth service for acute care in partnership with the school nurses in two (2) Manchester elementary schools. The goal is to assist the school nurses in assessing acute medical needs and determining a course of action. The Contractor also has a long history of community collaborations with other stakeholders and community partners in the Manchester area. The program will link students and their families with appropriate resources in the community, as needed.

The Department will monitor the Contractors services by ensuring:

- Completion of the quarterly Performance Measures Table. Measures include:
 - Total number of unduplicated students served.
 - Total number of physical health services provided.
 - Total number of behavioral health services provided.
 - Total number of preventative health screenings.
 - Total number of depression screenings.
 - Total number of anxiety screenings.
 - Total number and types of REFFERRALS (Outgoing referrals from the School based health center (SHC) that are beyond the capacity of SHC services offered).
 - What are the top four diagnoses seen in the SHC? (Examples: UTI, Anxiety Disorder, etc.).
- Completion of the biannually Work Plan.
- Receipt of other key data metrics, including client-level demographic, performance, and service data, as requested by the Department.

The Department selected the Contractor through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 26, 2022 through May 24, 2022. The Department received one (1) response that was reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, of the attached agreement, the parties have the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request, the Department would not be able to provide access to school based health clinics for primary care and mental health services which are vital to students K-12 overall health.

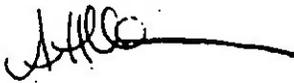
His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

Area served: Manchester and Greater Manchester Area

Source of Federal Funds: Assistance Listing Number #93.354, FAIN # NU90TP922144

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

Respectfully submitted,


For Lori A. Shibinette
Commissioner

**New Hampshire Department of Health and Human Services
 Division of Finance and Procurement
 Bureau of Contracts and Procurement
 Scoring Sheet**

Project ID # RFA-2023-DPHS-03-SCHOO

Project Title School Based Health Services

	Maximum Points Available	Amoskeag Health
Technical		
Ability (Q1)	50	45
Experience (Q2)	50	43
TOTAL POINTS	100	88

Reviewer Name
1 Erica Tenney
2 Lisa Storez
3 Rhonda Siegel
4 Shari Campbell

Title
Program Specialist III
Public Health Nurse Consultant
Administrator III
Program Specialist III

Subject: MCH and Primary Care School Base Setting (RFA-2023-DPHS-03-SCHOO-01)

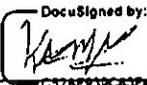
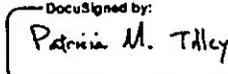
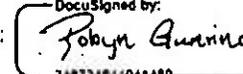
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Amoskeag Health		1.4 Contractor Address 145 Hollis Street Manchester, NH 03101	
1.5 Contractor Phone Number (603) 935-5210	1.6 Account Number 095-90-903510-2468	1.7 Completion Date 6/30/2023	1.8 Price Limitation \$1,010,000
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 7/13/2022		1.12 Name and Title of Contractor Signatory Kris McCracken President/CEO	
1.13 State Agency Signature DocuSigned by:  Date: 7/20/2022		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 7/21/2022			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

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

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

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

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

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

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

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

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

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

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. **INDEMNIFICATION.** Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

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

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

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

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

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

17. **AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. **CHOICE OF LAW AND FORUM.** This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. **CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

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

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

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

24. **ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

**New Hampshire Department of Health and Human Services
MCH and Primary Care School Base Setting**

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

**New Hampshire Department of Health and Human Services
MCH and Primary Care School Base Setting**

EXHIBIT B

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide school-based physical and/or behavioral health services in a K-12 school setting. The Contractor shall:
 - 1.1.1. Obtain written consent from student's parent(s) or legal guardian(s) on a form approved by the Department, prior to providing any physical and/or behavioral health services. Services include, but are not limited to:
 - 1.1.1.1. A preventive health exam or well-child exam to thoroughly review the student's general well-being.
 - 1.1.1.2. A complete physical examination with recommendations concerning the student's health.
 - 1.1.1.3. An acute care visit focused on the student's new or existing health problem(s). Some examples include, but are not limited to:
 - 1.1.1.3.1. BMI assessment with nutrition education and physical activity counseling.
 - 1.1.1.3.2. Immunization administration.
 - 1.1.1.3.3. Health education/training on diabetes and/or asthma.
 - 1.1.1.3.4. Urgent sickness/illness visits for triage and/or first aid.
 - 1.1.1.3.5. Medication management and education.
- 1.2. The Contractor shall provide behavioral health services within the school setting. Services must be performed by a behavioral health clinical and are to involve the treatment, diagnosis, or care of a student K-12 experiencing behavioral health concerns. Services include, but are not limited to:
 - 1.2.1. Depression/anxiety screening.
 - 1.2.2. Individual counseling.
 - 1.2.3. Group counseling.
 - 1.2.4. Crisis intervention/stabilization.
- 1.3. The Contractor shall increase collaboration between community service providers in order to increase successful referrals for students needing services outside of the school-based health center, which include, but are not limited to:
 - 1.3.1. Family resource centers.
 - 1.3.2. Community health centers.

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EXHIBIT B

- 1.3.3. Primary care.
- 1.3.4. Community organizations servicing youth.
- 1.4. The Contractor shall increase screenings for Social Determinants of Health (SDOH) needs and provide referrals. SDOH include, but are not limited to:
 - 1.4.1. Economic Stability.
 - 1.4.2. Health Care Access and Quality.
 - 1.4.3. Education Access and Quality.
 - 1.4.4. Neighborhood and Build Environment.
 - 1.4.5. Social and Community Context.
- 1.5. The Contractor shall ensure access to services related to either physical or behavioral health, including services related to the emotional and financial impacts of COVID-19 on children and/or families.
- 1.6. The Contractor shall ensure all professional medical staff have applicable licensing and credentials.
- 1.7. The Contractor shall obtain, at expense of the Contractor or its subcontractor(s), a Criminal Background Check as required by State Law. The Contractor shall authorize the Department to conduct a Bureau of Elderly and Adults (BEAS) State Registry check and a Division for Children Youth and Families (DCYF) Central Registry check, as applicable, at no cost to the Contractor. The BEAS State Registry check and DCYF Central Registry check provide confidential results, which shall be returned directly to the Department.
- 1.8. The Contractor shall ensure that all employees and subcontractors providing direct services to individuals under this Agreement have undergone a criminal background check and have no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement.
- 1.9. The Contractor shall not commence services prior to the Department's receipt and verification of all required documentation referenced in 1.7.
- 1.10. Reporting
 - 1.10.1. The Contractor shall submit quarterly reports to the Department's Maternal Child Health (MCH) utilizing the Performance Measures Table, which is attached as Appendix F.
 - 1.10.2. The Contractor shall develop and submit a high-level Work Plan in a format approved by the Department, which is attached as Appendix G, and no greater than three (3) pages in length, biannually (August 1, 2022 and February 1, 2023) to the Department for approval.
 - 1.10.2.1. In year one (1), the Contractor shall submit a Work Plan to

**New Hampshire Department of Health and Human Services
MCH and Primary Care School Base Setting**

EXHIBIT B

the Department within thirty (30) days of the Contract Effective Date. Annual Work Plans must include, but are not limited to:

1.10.2.1.1. Campaign objectives.

1.10.2.1.2. Fiscal reports specific to this supplemental funding award, activities, and outcomes for each State Fiscal Year of the Contract.

1.10.3. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.

1.11. Performance Measures

1.11.1. The Department will monitor Contractor performance by ensuring that the Contractor captures data elements indicated on the Performance Measures Table, which is attached as Appendix F, and report the data to the Department, as referenced in 1.10.1.

2. Exhibits Incorporated

2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services



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EXHIBIT B

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

- 3.3.3.1. Brochures.
- 3.3.3.2. Resource directories.
- 3.3.3.3. Protocols or guidelines.
- 3.3.3.4. Posters.
- 3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such

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EXHIBIT B

costs and expenses; and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

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EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 100% Federal funds, Public Health Crisis Response, as awarded on May 18, 2021, by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA 93.354, FAIN # NU90TP922144.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. 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 items, as specified in Exhibit C-1, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
 - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
 - 4.3. Identifies and requests payment for allowable costs incurred in the previous month.
 - 4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
 - 4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
 - 4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

DS
[Signature]

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

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. Audits
 - 8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
 - 8.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.
 - 8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
 - 8.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract

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MCH and Primary Care School Base Setting**

EXHIBIT C

to which exception has been taken, or which have been disallowed because of such an exception.

BT-1.0

Exhibit C-1

RFA-2023-DPHS-03-SCHOO-01

New Hampshire Department of Health and Human Services	
<i>Complete one budget form for each budget period.</i>	
Contractor Name: <u>Amoskeag Health</u>	
Budget Request for: <u>MCH and Primary Care School Base Setting</u>	
Budget Period <u>September 1, 2022 - June 30, 2023 (SFY 2023)</u>	
Indirect Cost Rate (if applicable) <u>10.00%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$556,457
2. Fringe Benefits	\$131,880
3. Consultants	\$0
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>	\$0
5.(a) Supplies - Educational	\$30,000
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$703
5.(e) Supplies Office	\$59,660
6. Travel	\$1,875
7. Software	\$44,306
8. (a) Other - Marketing/Communications	\$6,240
8. (b) Other - Education and Training	\$28,800
8. (c) Other - Other (specify below)	
<i>Other - Interpretation</i>	\$56,160
<i>Other - Employee Health</i>	\$2,100
<i>Other (please specify)</i>	\$0
<i>Other (please specify)</i>	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$918,182
Total Indirect Costs	\$91,818
TOTAL	\$1,010,000


 7/13/2022



New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

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

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency



New Hampshire Department of Health and Human Services
Exhibit D

- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Vendor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

Name: K. P. McCracken

Title: President/CEO



New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

Name: KRTS McCracken

Title: President/CEO

New Hampshire Department of Health and Human Services
Exhibit F



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and



New Hampshire Department of Health and Human Services
Exhibit F

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

PRIMARY COVERED TRANSACTIONS

- 11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (11)(b) of this certification; and
11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

- 13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by: [Signature]
Name: KPTS McCracken
Title: President/CEO

Contractor Initials [Signature]
Date 7/13/2022

New Hampshire Department of Health and Human Services
Exhibit G



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

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

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Contractor Initials

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

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

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

- 1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

Name: KRTS McCracken

Title: President/CEO

Exhibit G

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

Contractor Initials

New Hampshire Department of Health and Human Services
Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

Name: KRIS McCracken

Title: President/CEO

New Hampshire Department of Health and Human Services



Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

- a. **"Breach"** shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. **"Business Associate"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. **"Covered Entity"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. **"Designated Record Set"** shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. **"Data Aggregation"** shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. **"Health Care Operations"** shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. **"HITECH Act"** means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. **"HIPAA"** means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. **"Individual"** shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. **"Privacy Rule"** shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. **"Protected Health Information"** shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

3/2014

Exhibit I
Health Insurance Portability Act
Business Associate Agreement
Page 1 of 6

Contractor Initials _____

Date 7/13/2022



New Hampshire Department of Health and Human Services

Exhibit I

- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, 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.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Business Associate Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



New Hampshire Department of Health and Human Services

Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

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

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

New Hampshire Department of Health and Human Services



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

New Hampshire Department of Health and Human Services



Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



New Hampshire Department of Health and Human Services

Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) l, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services

 The State by:
 Patricia M. Tilley

 Signature of Authorized Representative
 Patricia M. Tilley

 Name of Authorized Representative
 Director

 Title of Authorized Representative
 7/20/2022

 Date

Amoskeag Health

 Name of the Contractor

 Signature of Authorized Representative
 Kris McCracken

 Name of Authorized Representative
 President/CEO

 Title of Authorized Representative
 7/13/2022

 Date



New Hampshire Department of Health and Human Services
Exhibit J

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (UEI #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: Amoskeag Health

7/13/2022

Date

DocuSigned by:

Name: KRIS MCCracken

Title: President/CEO

Contractor Initials

7/13/2022

Date



New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

- The UEI (SAM.gov) number for your entity is: PJE7C4T4PE88
- In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

- Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

- The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

New Hampshire Department of Health and Human Services
Exhibit K
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 confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS 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

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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 DHHS 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

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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 DHHS 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 DHHS 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 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 DHHS 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

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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 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. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process 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

Handwritten initials in black ink, possibly "DS", inside a rectangular box.

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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 data upon request or contract termination; and will obtain written certification for any State of New Hampshire 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 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 data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate 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 DHHS 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.).

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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. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any 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

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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/doi/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.

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DHHS Information Security Requirements



- 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 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

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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