



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

27

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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May 30, 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 enter into a **Sole Source** amendment to an existing contract, which was originally competitively bid, with The Family Resource Center at Gorham (VC#162412-B001), Gorham, NH, below to add funding to support home visiting and lead reduction programmatic activities, involving care, coordination, outreach, and education by increasing the total price limitation by \$215,000 from \$1,590,113 to \$1,805,113 with no change to the contract completion dates of September 30, 2024, effective upon Governor and Council approval. 100% Federal Funds.

The original contracts were approved by Governor and Council on February 8, 2023, item #39.

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Years 2024 and 2025, upon availability and continued appropriation of funds in the future operating budget with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details sheet.

EXPLANATION

The request is **Sole Source** because the Department is amending the scope of services to include the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), as well as adding funding to support programmatic activities involving care coordination, outreach, and education. The Contractor is uniquely qualified to provide services, as they have established lead prevention services within the North Country region.

The purpose of this request is for the Contractor to conduct outreach and education initiatives in the North Country, with focus on prenatal testing, education to school nurses and special education directors, and completing lead risk assessment of targeted pre-1978 childcare facilities via the Healthy Homes and Lead Poisoning Prevention Program. The Contractor will provide education specifically on young children and pregnant women residing in housing built before 1978. Additional funding will support the ongoing programmatic activities involving care coordination and programmatic outreach conducted by Family Support Specialists to connect families with need services in the community, including home visiting and family resource center programming.

The Contractor will collaborate with medical providers, families of young children and other stakeholders, initiating outreach and education to address the high risk of lead poisoning across the North Country.

Approximately 148 individuals will be served by The Family resource Center at Gorham during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will continue to monitor services by reviewing all educational material and reports.

Should the Governor and Executive Council not authorize this request, individuals in the North Country will not have access to education and a lead risk assessment, which may increase the likelihood of Lead Poisoning occurrences in children under 6 years of age.

Source of Federal Funds: Assistance Listing Number # 93.391, FAIN# NH75OT000031.

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

Respectfully submitted,



Lori A. Weaver

 Interim Commissioner

FISCAL DETAILS
HOME VISITING SERVICES - THE FAMILY RESOURCE CENTER AT GORHAM
AMENDMENT #1

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS						
05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV. HOME VISITING FORMULA GNT 100% FEDERAL - CFDA# 93.870, FAIN# X1043595; X1046878						
The Family Resource Center at Gorham - Vendor #10241-8001						
State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$269,729.00	\$0.00	\$269,729.00
2024 (7/1/23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$378,354.00	\$0.00	\$378,354.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$92,583.00	\$0.00	\$92,583.00
SUBTOTAL				\$740,666.00	\$0.00	\$740,666.00
05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV. MATERNAL - CHILD HEALTH, HEALTH DIV 62.50% GENERAL FUNDS, 37.50% FEDERAL FUNDS - HRSA 93.991, FAIN# B04MC45230						
Family Resource Center at Gorham - Vendor #10241-8001						
State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	102-500731	Contracts for Program Svcs	90004009	\$56,250.00	\$0.00	\$56,250.00
2024 (7/1/23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	\$75,000.00	\$0.00	\$75,000.00
2025 (7/1/24-9/30/24)	102-500731	Contracts for Program Svcs	90004019	\$18,750.00	\$0.00	\$18,750.00
SUBTOTAL				\$150,000.00	\$0.00	\$150,000.00
05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES 100% FEDERAL FUNDS - CFDA# 93.391, FAIN# NH75OT000031						
Family Resource Center at Gorham - Vendor #10241-8001						
State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$0.00	\$15,000.00	\$15,000.00
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$86,512.00	\$15,000.00	101,512.00
2024 (7/1/23-5/31/24)	074-500589	Grants for Pub Asst and Relief	90577150	\$0.00	\$85,000.00	\$85,000.00
2024 (7/1/23-5/31/24)	074-500589	Grants for Pub Asst and Relief	90577150	\$0.00	\$100,000.00	100,000.00
SUBTOTAL				\$86,512.00	\$215,000.00	301,512.00
05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUEAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING 100% FEDERAL FUNDS - CFDA# 93.870, FAIN# X1141935; X1145263						
Family Resource Center at Gorham - Vendor #10241-8001						
State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$68,714.00	\$0.00	\$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$50,000.00	\$0.00	\$50,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$56,532.00	\$0.00	\$56,532.00
SUBTOTAL				\$175,246.00	\$0.00	\$175,246.00
DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS						
05-95-042-421010-29580000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES 50% FEDERAL FUNDS - CFDA# 93.658, FAIN# 2201NHFOST						
The Family Resource Center at Gorham - Vendor #10241-8001						
State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount

FISCAL DETAILS
 HOME VISITING SERVICES - THE FAMILY RESOURCE CENTER AT GORHAM
 AMENDMENT #1

2023 (10/1/22-6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$164,133.00	\$0.00	\$164,133.00
2024 (7/1/23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$218,845.00	\$0.00	\$218,845.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$54,711.00	\$0.00	\$54,711.00
SUBTOTAL:				\$437,689.00	\$0.00	\$437,689.00
COMBINED HOME VISITING SERVICES CONTRACT TOTAL:				\$1,590,113.00	\$215,000.00	\$1,805,113.00

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

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Family Resource Center at Gorham ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item # 39), 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, 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 increase the price limitation, and modify the scope of services to support continued delivery of these services; and

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,805,113
2. Modify Exhibit B, Scope of Services, by adding Subsection 3.30., to read:

3.30. Coos County Lead Program

3.30.1. Outreach and Education

3.30.1.1. The Contractor must provide outreach and education to school nurses and Directors of Special Education in School Administrative Units across Coos County on the importance of lead testing, awareness of lead hazards in pre-1978 housing, and the impact of lead poisoning on children 72 months and younger.

3.30.1.2. The Contractor must educate families of young children on lead hazards associated with living in a pre-1978 home. This education will include topics such as finding a lead safe contractor and the dangers of lead poisoning to young children and pregnant women. As part of this education, the Contractor shall distribute items that include lead check swabs, boot trays, and window guards.

3.30.2. Policy Development

3.30.2.1. The Contractor, in collaboration with the support from the Healthy Homes and Lead Poisoning Prevention Program, must educate School Administrators, School Boards, and Special Education Directors, on the benefits of developing policies to increase lead testing in young children.

3.30.2.2. The Contractor, in collaboration with the support from the Healthy Homes and Lead Poisoning Prevention Program, must shall educate municipalities on the benefits of increasing the number of contractors in their community using lead safe work practices on pre-1978 properties.

The Family Resource Center at Gorham

A-S-1.2

Contractor Initials

DS
PS

3.30.3. Increasing Lead Testing Rates on Young Children and Pregnant Women

3.30.3.1. The Contractor shall obtain a Lead Care II Point of Care Testing Device to test young children, 72 months and younger and pregnant women for blood lead elevations

3.30.3.2. The Contractor shall educate healthcare providers, school nurses, parents and pregnant women on where lead paint hazards exist in pre-1978 properties, the importance of using lead-safe work practices, and blood lead testing.

3.30.4. Identify Lead Hazards in Childcare Facilities

3.30.4.1. The Contractor shall enter into an agreement with a licensed Risk Assessor work with up to four Childcare Facilities to identify lead hazards and the potential risk to young children, 72 months and younger.

3.30.4.2. The Risk Assessor will educate Childcare Facility staff members on lead hazard awareness and the importance of testing young children, 72 months and younger, for blood lead elevations.

3. Modify Exhibit B, Scope of Services, by adding Section 4., to read:

4. Exhibits Incorporated

4.1. The Contractor must 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.

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

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

4. Modify Exhibit C, Payment Terms, Section 1., by replacing with the below:

1. This Agreement is funded by:

1.1. 83% Federal Funds from:

1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MG43595.

1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.

1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.

1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.

- 1.1.5. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
- 1.1.6. Maternal and Child Health Services Block Grant, as awarded on October 19, 2021, by the DHHS Health Resources and Services Administration CFDA 93.994, FAIN B04MC45230.
- 1.1.7. New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on May 27, 2021, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH75OT000031.

1.2. 17% General Funds.

5. Modify Exhibit C, Payment Terms, Section 7., by replacing with the below:

7. 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 Exhibits C-1 Budget Sheet, SFY 2023 through Exhibit C-13, Budget (SFY 2024) – Amendment # 1.

6. Modify Exhibit C, Payment Terms, Subsection 9.2., by replacing with the below:

9.2. Payment shall be made on a monthly basis and follow a process determined by the Department, as indicated in Section 10.1., below.

7. Modify Exhibit C, Payment Terms, Subsection 10.1., by replacing with the below:

10.1. 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-11 Budget Sheet, and SFY 2023; Exhibit C-12 Budget Sheet. The Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$74,965
2024	\$109,862
2025	\$0*
Sub-Total	\$184,827
*The Contractor will only bill for direct services in SFY 25.	

- 8. Modify Exhibit C-10 Budget, SFY 2023, by replacing in its entirety with Exhibit C-10, Budget (SFY 2023) – Amendment # 1, which is attached hereto and incorporated by reference herein.
- 9. Add Exhibit C-13, Budget (SFY 2024) – Amendment # 1, which is attached hereto and incorporated by reference herein.

DS
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All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective 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

5/30/2023

Date

DocuSigned by:
Patricia M. Tilley
Name: Patricia M. Tilley
Title: Director

The Family Resource Center at Gorham

5/30/2023

Date

DocuSigned by:
Patricia Stolte
Name: Patricia Stolte
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

5/30/2023

Date

DocuSigned by:
Robyn Guarino
7487340-44044480...

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

_____ Date

_____ Name:

Title:

Exhibit C-10, Budget (SFY 2023) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - PH COVID-19 Health Disparities
Budget Period	SFY 2023 (07/01/2022 - 06/30/2023)
Indirect Cost Rate (if applicable)	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$69,753
2. Fringe Benefits	\$9,000
3. Consultants	\$3,500
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$2,200
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$5,000
5.(e) Supplies Office	\$3,700
6. Travel	\$3,000
7. Software	\$400
8. (a) Other - Marketing/ Communications	\$1,000
8. (b) Other - Education and Training	\$4,000
8. (c) Other - Other (specify below)	\$4,000
Other (please specify)	\$112
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$105,665
Total Indirect Costs	\$10,847
TOTAL	\$116,512

Contractor Initial: DS
PS

Exhibit C-13, Budget (SFY 2024) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - PH COVID-19 Health Disparities
Budget Period	SFY 2024 (07/01/2023 - 06/30/2024)
Indirect Cost Rate (if applicable)	10%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$124,748
2. Fringe Benefits	\$18,000
3. Consultants	\$4,000
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$2,200
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$2,000
5.(e) Supplies Office	\$3,700
6. Travel	\$3,000
7. Software	\$552
8. (a) Other - Marketing/ Communications	\$1,000
8. (b) Other - Education and Training	\$4,000
8. (c) Other - Other (specify below)	\$4,000
Other (please specify)	\$1,000
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$168,200
Total Indirect Costs	\$16,800
TOTAL	\$185,000

Contractor Initial: PS

Date: 5/30/2023

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 THE FAMILY RESOURCE CENTER AT GORHAM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 03, 1997. 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: 270161

Certificate Number: 0006239635



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 31st day of May A.D. 2023.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Christian Corriveau, hereby certify that:

1. I am a duly elected Officer of The Family Resource Center at Gorham

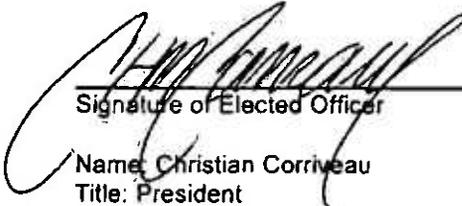
2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on April 19, 2023 at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Patricia Stolte is duly authorized on behalf of The Family Resource Center at Gorham to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated:

5/22/2023



Signature of Elected Officer

Name: Christian Corriveau
Title: President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/11/2023

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

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

PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P.O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Fairley Kenneally PHONE (A/C, No, Ext): (603) 293-2791 FAX (A/C, No): (603) 293-7188 E-MAIL ADDRESS: fairley@esinsurance.net
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A: Great American Insurance Group NAIC # GAIG
Family Resource Center at Gorham 123 Main Street Gorham NH 03581	INSURER B: Travelers Property Casualty Co of America 25674
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 23 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MAC 3793560 16	05/10/2023	05/10/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 AbMol Daycare, Inc/AnoPA \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			MAC 3793560 16	05/10/2023	05/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UMB113778408	05/10/2023	05/10/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	6JUB4N33995323	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER State of NH Department of Health and Human Services 129 Pleasant Street Concord, NH 03301-3857	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

the family resource center

123 Main Street Gorham, NH 03581 (603) 466-5190 www.frc123.org

Mission

To build healthier Families and stronger communities through positive relationships, programs and collaborations in the North Country.

Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**FOR THE YEARS ENDED JUNE 30, 2022 AND 2021
AND
INDEPENDENT AUDITORS' REPORT AND REPORTS ON
COMPLIANCE AND INTERNAL CONTROL**

***Leone,
McDonnell
& Roberts***
PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS

FAMILY RESOURCE CENTER AT GORHAM
FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021

TABLE OF CONTENTS

	<u>Page(s)</u>
Independent Auditors' Report	1 - 3
Financial Statements:	
Statements of Financial Position	4
Statements of Activities	5 - 6
Statements of Functional Expenses	7 - 8
Statements of Cash Flows	9
Notes to Financial Statements	10 - 19
Schedule of Expenditures of Federal Awards	20 - 21
Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards	22 - 23
Independent Auditors' Report on Compliance for Each Major Program and on Internal Control over Compliance Required by the Uniform Guidance	24 - 26
Schedule of Findings and Questioned Costs	27

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Family Resource Center at Gorham

Opinion

We have audited the accompanying financial statements of Family Resource Center at Gorham (a New Hampshire nonprofit organization), which comprise the statements of financial position as of June 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Family Resource Center at Gorham as of June 30, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Family Resource Center at Gorham and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Resource Center at Gorham's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Family Resource Center at Gorham's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Resource Center at Gorham's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 19, 2022, on our consideration of Family Resource Center at Gorham's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Family Resource Center at Gorham's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Family Resource Center at Gorham's internal control over financial reporting and compliance.

*Leone McDonnell Roberts,
Professional Association*

North Conway, New Hampshire
October 19, 2022

FAMILY RESOURCE CENTER AT GORHAM**STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,001,201	\$ 820,554
Certificates of deposit	83,677	83,511
Grants receivable	607,171	523,750
Prepaid expenses	<u>15,603</u>	<u>79,030</u>
Total current assets	<u>1,707,652</u>	<u>1,506,845</u>
PROPERTY		
Leasehold improvements	88,452	74,932
Furniture and equipment	51,575	51,575
Buildings	<u>70,015</u>	<u>70,015</u>
Total	210,042	196,522
Less: accumulated depreciation	<u>(113,185)</u>	<u>(106,735)</u>
Property, net	<u>96,857</u>	<u>89,787</u>
OTHER ASSETS		
Investments	225,995	248,442
Agency deposits - cash	<u>30,574</u>	<u>340</u>
Total other assets	<u>256,569</u>	<u>248,782</u>
TOTAL ASSETS	<u>\$ 2,061,078</u>	<u>\$ 1,845,414</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 20,146	\$ 15,119
Accrued expenses	102,296	94,899
Due to State of New Hampshire	32,257	-
Agency deposits	30,574	340
Refundable advances	<u>33,332</u>	<u>302,055</u>
Total current liabilities	<u>218,605</u>	<u>412,413</u>
NET ASSETS		
Without donor restrictions		
Designated for long-term building maintenance	55,083	26,472
Undesignated	<u>1,529,925</u>	<u>1,127,916</u>
Total net assets without donor restrictions	1,585,008	1,154,388
With donor restrictions	<u>257,465</u>	<u>278,613</u>
Total net assets	<u>1,842,473</u>	<u>1,433,001</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,061,078</u>	<u>\$ 1,845,414</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2022**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
REVENUE AND SUPPORT			
Grants	\$ 2,503,575	\$ -	\$ 2,503,575
Medicaid	1,530,768	-	1,530,768
In-kind contributions	111,319	-	111,319
Contributions	35,794	15,000	50,794
Agency rents	43,698	-	43,698
Investment return	-	(22,628)	(22,628)
Interest income	798	-	798
Other income	804	-	804
Net assets released from restrictions	<u>13,520</u>	<u>(13,520)</u>	<u>-</u>
Total revenue and support	<u>4,240,276</u>	<u>(21,148)</u>	<u>4,219,128</u>
EXPENSES			
Program services	3,338,322	-	3,338,322
Management and general	<u>471,334</u>	<u>-</u>	<u>471,334</u>
Total expenses	<u>3,809,656</u>	<u>-</u>	<u>3,809,656</u>
CHANGE IN NET ASSETS	430,620	(21,148)	409,472
NET ASSETS, BEGINNING OF YEAR	<u>1,154,388</u>	<u>278,613</u>	<u>1,433,001</u>
NET ASSETS, END OF YEAR	<u>\$ 1,585,008</u>	<u>\$ 257,465</u>	<u>\$ 1,842,473</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2021**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
REVENUE AND SUPPORT			
Grants	\$ 3,067,269	\$ 12,000	\$ 3,079,269
Medicaid	367,667	-	367,667
In-kind contributions	62,000	-	62,000
Contributions	19,373	15,000	34,373
Agency rents	38,256	-	38,256
Investment return	-	44,518	44,518
Interest income	543	-	543
Other income	23,259	-	23,259
	<u>3,578,367</u>	<u>71,518</u>	<u>3,649,885</u>
Total revenue and support			
EXPENSES			
Program services	2,919,283	-	2,919,283
Management and general	320,297	-	320,297
	<u>3,239,580</u>	<u>-</u>	<u>3,239,580</u>
Total expenses			
CHANGE IN NET ASSETS	338,787	71,518	410,305
NET ASSETS, BEGINNING OF YEAR	<u>815,601</u>	<u>207,095</u>	<u>1,022,696</u>
NET ASSETS, END OF YEAR	<u>\$ 1,154,388</u>	<u>\$ 278,613</u>	<u>\$ 1,433,001</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2022**

	<u>Program Services</u>	<u>Management and General</u>	<u>Total</u>
Personnel Costs			
Salaries and wages	\$ 1,989,734	\$ 248,433	\$ 2,238,167
Payroll taxes	164,123	20,603	184,726
Employee benefits	261,219	27,951	289,170
Food and supplies	223,819	2,778	226,597
Program activities	224,287	245	224,532
Travel	189,434	1,203	190,637
Contractors and consultants	92,880	11,935	104,815
Training	76,476	1,389	77,865
Technology	3,551	71,491	75,042
Occupancy	27,315	26,870	54,185
Telephone and internet	31,702	2,378	34,080
Legal and professional fees	6,658	20,914	27,572
Liability insurance	19,497	3,397	22,894
Advertising	18,593	219	18,812
Repairs and maintenance	-	12,839	12,839
Small equipment	6,800	984	7,784
Depreciation	-	6,450	6,450
Payroll processing service	-	5,656	5,656
Printing	1,491	1,985	3,476
Property insurance	-	1,987	1,987
Conferences and meetings	160	796	956
Other	25	829	854
Postage and shipping	408	2	410
Bank charges	150	-	150
	<u> </u>	<u> </u>	<u> </u>
Total	<u>\$ 3,338,322</u>	<u>\$ 471,334</u>	<u>\$ 3,809,656</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENT OF FUNCTIONAL EXPENSES**
FOR THE YEAR ENDED JUNE 30, 2021

	<u>Program Services</u>	<u>Management and General</u>	<u>Total</u>
Personnel Costs			
Salaries and wages	\$ 1,831,914	\$ 147,800	\$ 1,979,714
Payroll taxes	125,775	17,151	142,926
Employee benefits	206,991	34,335	241,326
Food and supplies	163,028	-	163,028
Travel	142,515	1,531	144,046
Contractors and consultants	103,897	38,396	142,293
Program activities	109,388	4,985	114,373
Training	65,864	1,715	67,579
Advertising	43,549	25	43,574
Small equipment	33,023	2,433	35,456
Heat and utilities	-	34,926	34,926
Telephone, internet, fax and cable	20,656	117	20,773
Rent	19,464	-	19,464
Accounting fees	4,035	12,812	16,847
Other	12,586	4,067	16,653
Conferences and meetings	10,882	-	10,882
Printing	8,095	2,572	10,667
Technology	31	9,049	9,080
Property insurance	6,807	1,201	8,008
Liability insurance	4,684	2,310	6,994
Depreciation	4,330	1,083	5,413
Payroll processing service	-	3,550	3,550
Postage and shipping	1,605	21	1,626
Bank charges	164	218	382
	<u> </u>	<u> </u>	<u> </u>
Total	<u>\$ 2,919,283</u>	<u>\$ 320,297</u>	<u>\$ 3,239,580</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 409,472	\$ 410,305
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized (gain) loss on investments	33,135	(37,666)
Realized gains on investments	(6,213)	(3,433)
Depreciation	6,450	5,413
(Increase) decrease in assets:		
Grants receivable	(83,421)	(382,543)
Prepaid expenses	63,427	(65,251)
Increase (decrease) in liabilities:		
Accounts payable	5,027	9,301
Accrued expenses	7,397	42,477
Due to State of New Hampshire	32,257	-
Agency deposits	30,234	340
Refundable advances	(268,723)	294,712
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>229,042</u>	<u>273,655</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from the sale of investments	36,151	44,110
Purchase of investments and certificates of deposit	(40,792)	(48,725)
Additions to property and equipment	(13,520)	-
NET CASH USED IN INVESTING ACTIVITIES	<u>(18,161)</u>	<u>(4,615)</u>
NET INCREASE IN CASH AND EQUIVALENTS AND RESTRICTED CASH	210,881	269,040
CASH AND EQUIVALENTS AND RESTRICTED CASH, BEGINNING OF YEAR	<u>820,894</u>	<u>551,854</u>
CASH AND EQUIVALENTS AND RESTRICTED CASH, END OF YEAR	<u>\$ 1,031,775</u>	<u>\$ 820,894</u>
CASH BALANCES		
Cash and equivalents, operating	\$ 1,001,201	\$ 820,554
Agency deposits - cash	<u>30,574</u>	<u>340</u>
Total cash and equivalents and restricted cash	<u>\$ 1,031,775</u>	<u>\$ 820,894</u>

See Notes to Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The Family Resource Center at Gorham (the Resource Center) is a voluntary, not-for-profit corporation incorporated under the laws of the State of New Hampshire (RSA 292) and organized exclusively for tax exempt charitable and educational purposes. The principal activity of the Resource Center is to deliver programming that works to build healthier families and stronger communities.

The programs are preventative and help to remove obstacles by providing pathways to healthy family function and early childhood development to at-risk and underserved populations in northern New Hampshire.

Evidence-based home visiting delivers parent education and support that empowers parents to build healthy family dynamics. They address issues such as substance misuse, lack of education, safe housing and employment. The Resource Center provides community based social and emotional support through workshops, support groups, and counseling to promote family success.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Basis of Presentation

The financial statements of the Resource Center have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Resource Center to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Resource Center. These net assets may be used at the discretion of the Resource Center's management and board of directors.

Net assets with donor restrictions – Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Resource Center or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

Other Events

The impact of the novel coronavirus (COVID-19) and measures to prevent its spread continue to affect the Resource Center's operations. The significance of the impact of these disruptions, including the extent of their adverse impact on the Resource Center's financial and operational results, will be dictated by the length of time that such disruptions continue and, in turn, will depend on the currently unknowable duration of the COVID-19 pandemic and the impact of governmental regulations that might be imposed in response to the pandemic. The Resource Center's operations could also be impacted by COVID-19 by service disruption that causes decreases to Medicaid revenue as well as leading to changes in client and donor behavior. The COVID-19 impact on the capital markets could also impact the Resource Center's cost of borrowing. There are certain limitations on the Resource Center's ability to mitigate the adverse financial impact of these items. COVID-19 also makes it more challenging for management to estimate future performance of the operations, particularly over the near to medium term.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents include all monies in banks and liquid investments with maturity dates of less than three months. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

Investments

Investments are accounted for according to Accounting Standards Codification (ASC) 958-320 *Not For Profit Entities – Investments – Debt and Equity Securities*. Under ASC 958-320, investments in marketable securities with readily determinable fair values and all investments in debt securities are valued at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Fair values of investments are based on quoted prices in active markets for identical investments.

Property and Equipment

Property and equipment is recorded at cost if purchased and at fair value if donated. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets as follows:

Furniture and equipment	5 - 15 years
Leasehold improvements	20 years
Buildings	39 years

The Resource Center's policy is to capitalize all assets over \$2,500 with an expected life of one year or longer. Assets sold or otherwise disposed of are removed from the accounts, along with the related depreciation allowance, and any gain or loss is recognized.

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

Contributions

Contributions received are recorded as increases in net assets without donor restrictions or net assets with donor restrictions depending on the existence and/or nature of any donor or time restrictions. A purpose restriction permits the Resource Center to use contributed assets as specified for a particular purpose. Net assets restricted in perpetuity are those that are required to be permanently maintained, but income from such investments may be used for specified purposes. All donor restricted support is reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Contributions of donated non-cash assets are recorded at their fair values in the period received. Contributions of donated services that create or enhance non-financial assets or that require specialized skills, which are provided by the individuals possessing those skills, and would typically need to be purchased if not provided by donations, are recorded at their fair values in the period received.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, costs have been allocated among the program services and supporting activities benefited. Such allocations have been determined by management on an equitable basis.

The expenses that are allocated include the following:

<u>Expense</u>	<u>Method of Allocation</u>
Salaries and benefits	Time and effort
Occupancy	Square footage
Depreciation	Square footage
All other expenses	Direct assignment

Refundable Advances

The Resource Center records grant/contract revenue as a refundable advance until it is expended for the purpose of the grant/contract, at which time it is recognized as revenue.

Income Taxes

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

Management has evaluated the Resource Center's tax positions and concluded that the Resource Center has maintained its tax-exempt status and has taken no uncertain tax positions that would require adjustment to the financial statements.

Grants Receivable

Grants receivable from various public and other nonprofit organizations at June 30, 2022 and 2021 were considered fully collectable and therefore no provisions for bad debts have been made in these financial statements.

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

Advertising

Advertising costs are expensed as incurred.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

Fair Value of Financial Instruments

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

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

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

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

At June 30, 2022 and 2021, the Resource Center's investments were all classified as Level 1 and were based on fair value.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2022 and 2021.

Equities: Valued at the closing market price on the stock exchange where they are traded (primarily the New York Stock Exchange).

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Resource Center at year end.

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

The preceding method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Resource Center believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Revenue Recognition

In May of 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This ASU is a comprehensive revenue recognition model that requires an organization to recognize revenue to depict the transfer of goods or services to a customer at an amount that reflects the consideration it expects to receive in exchange for those goods or services. The Resource Center adopted this ASU on July 1, 2020, using the modified retrospective approach and applied this ASU only to contracts not completed as of July 1, 2020. Contracts and transactions with customers predominantly contain a single performance obligation. The impact of adopting this ASU was not material to the financial statements.

The Resource Center records the following exchange transaction revenue in its statements of activities for the years ended June 30, 2022 and 2021:

Program Service Fees – Revenue from providing family support services under the State of New Hampshire's Medicaid program. Revenue from providing family support services is recognized at the completion of providing such services.

Agency Rents – Revenue from the rental of office space is recognized over time.

New Accounting Pronouncement

As of July 1, 2021, the Resource Center adopted the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets (Topic 958)*, as amended. ASU 2020-07 applied to the presentation and disclosure of nonfinancial assets received by not-for-profit organizations and increases transparency of such contributions. Results for reporting the years ended June 30, 2022 and 2021 are presented under FASB ASC Topic 958. The ASU has been applied retrospectively to all periods presented, with no material effect on previously issued financial statements.

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021****2. LIQUIDITY AND AVAILABILITY**

The following represents the Resource Center's financial assets as of June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 1,001,201	\$ 820,554
Certificates of deposit	83,677	83,511
Grants receivable	607,171	523,750
Investments	225,995	248,442
Agency deposits - cash	<u>30,574</u>	<u>340</u>
Total financial assets	<u>\$ 1,948,618</u>	<u>\$ 1,676,597</u>
Less amounts not available to be used within one year:		
Net assets with donor restrictions	\$ 257,465	\$ 278,613
Amount board designated for long-term maintenance	55,083	26,472
Agency deposits - cash	<u>30,574</u>	<u>340</u>
Amounts not available within one year	<u>343,122</u>	<u>305,425</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 1,605,496</u>	<u>\$ 1,371,172</u>

The Resource Center's goal is generally to maintain financial assets to meet 90 days of operating expenses (approximately \$920,000). As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts.

3. INVESTMENTS

Investments presented in the financial statements are stated at fair value. Realized gains and losses are determined on the specific identification method. Gains and losses (realized and unrealized) are reported in the statement of activities as increases or decreases to net assets without donor restrictions, except for those investments for which their use is restricted. Information on investments at June 30, 2022 and 2021 is presented as follows:

	<u>2022</u>		<u>2021</u>	
	<u>Cost</u>	<u>Market Value</u>	<u>Cost</u>	<u>Market Value</u>
Equities	\$ 125,284	\$ 118,904	\$ 106,045	\$ 128,052
Mutual Funds	<u>99,515</u>	<u>107,091</u>	<u>108,267</u>	<u>120,390</u>
Totals	<u>\$ 224,799</u>	<u>\$ 225,995</u>	<u>\$ 214,312</u>	<u>\$ 248,442</u>

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021****Components of Investment Return:**

	<u>2022</u>	<u>2021</u>
Interest and dividends	\$ 8,817	\$ 7,634
Unrealized gain (loss)	(33,135)	37,666
Realized gain	6,213	3,433
Investment fees	<u>(4,523)</u>	<u>(4,215)</u>
Total investment return	<u>\$ (22,628)</u>	<u>\$ 44,518</u>

4. AGENCY DEPOSITS

During the year ended June 30, 2022, the Resource Center began serving as a fiscal agent for Small Acts North, a Northern New Hampshire not-for-profit volunteer group that supports the community by providing small acts of kindness. The amount held on behalf of Small Acts North as of June 30, 2022 and 2021 was \$30,574 and \$340, respectively.

5. DEMAND NOTE PAYABLE

In April 2013, the Resource Center entered into a revolving line of credit agreement with a bank. The revolving line of credit agreement provides for maximum borrowings up to \$75,000 and is collateralized by a certificate of deposit held at the same bank. The revolving line of credit and the certificate of deposit both renew every six months. At June 30, 2022 and 2021, the interest rate on the revolving line of credit was stated at the bank's prime rate of 4.75% and 3.15%, respectively. There were no balances outstanding as of June 30, 2022 and 2021.

6. CONCENTRATION OF CREDIT RISK - CASH

The Resource Center maintains cash balances that, at times, may exceed federally insured limits. The cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per bank at June 30, 2022 and 2021. The Resource Center has not experienced any losses in such accounts and believes it is not exposed to any significant risk with these accounts. Cash balances in excess of FDIC insured limits amounted to \$874,727 and \$719,479 at June 30, 2022 and June 30, 2021, respectively.

7. NET ASSETS

Net assets with donor restrictions were as follows for the years ended June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Purpose restrictions:		
Flooring/carpeting	\$ 13,480	\$ 27,000
Community events	15,000	
Restrictions in perpetuity:		
Endowment	<u>228,985</u>	<u>251,613</u>
Total net assets with donor restrictions	<u>\$ 257,465</u>	<u>\$ 278,613</u>

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

Net assets without donor restrictions for the years ended June 30, 2022 and 2021 are as follows:

	<u>2022</u>	<u>2021</u>
Undesignated	\$ 1,529,925	\$ 1,127,916
Board designated	<u>55,083</u>	<u>26,472</u>
Total net assets without donor restrictions	<u>\$ 1,585,008</u>	<u>\$ 1,154,388</u>

8. **NET ASSETS WITHOUT DONOR RESTRICTIONS – BOARD DESIGNATED**

By vote of the Board of Directors, funds have been designated for long-term building maintenance. Net assets without donor restrictions designated by the board was \$55,083 and \$26,472 at June 30, 2022 and 2021, respectively.

9. **ENDOWMENT FUND**

In 2007, the Resource Center established a permanent endowment fund for the organization with the intent of accumulating donations and interest earnings of one million dollars. Per the laws of the State of New Hampshire (RSA 292-B:4), 7% of the fair market value of the endowment fund, calculated on the basis of fair market value determined at least quarterly and averaged over a period of not less than three years may be appropriated for operating account expenditures. No distributions were taken during the years ended June 30, 2022 and 2021.

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

The Resource Center has followed an investment and spending policy to ensure a total return (income plus capital change) necessary to preserve the principal of the fund and at the same time, provide a dependable source of support to help build healthier families and stronger communities.

In recognition of the prudence required of fiduciaries, the Resource Center only invests the fund in cash and mutual funds. The Resource Center has taken a risk adverse approach to managing the endowment fund in order to mitigate financial market risk such as interest rate, credit and overall market volatility, which could substantially impact the fair value of the endowment fund at any given time.

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

Fund activity for June 30, 2022 and 2021 was as follows:

	Balances as of <u>June 30, 2021</u>	Activity for the Year Ended <u>June 30, 2022</u>	Balances as of <u>June 30, 2022</u>
Permanent gifts	\$ 175,809	\$ -	\$ 175,809
Investment earnings	66,023	8,817	74,840
Realized gain	62,713	6,213	68,926
Transfer to unrestricted	(41,590)	-	(41,590)
Investment expense	(45,472)	(4,523)	(49,995)
Unrealized gain (loss)	34,130	(33,135)	995
	<u>\$ 251,613</u>	<u>\$ (22,628)</u>	<u>\$ 228,985</u>

	Balances as of <u>June 30, 2020</u>	Activity for the Year Ended <u>June 30, 2021</u>	Balances as of <u>June 30, 2021</u>
Permanent gifts	\$ 175,809	\$ -	\$ 175,809
Investment earnings	58,389	7,634	66,023
Realized gain	59,280	3,433	62,713
Transfer to unrestricted	(41,590)	-	(41,590)
Investment expense	(41,257)	(4,215)	(45,472)
Unrealized gain (loss)	(3,536)	37,666	34,130
	<u>\$ 207,095</u>	<u>\$ 44,518</u>	<u>\$ 251,613</u>

10. LEASE AGREEMENTS

The Resource Center leases its current facility from the Town of Gorham. In lieu of rent, the Resource Center is responsible for the cost of repairs and maintenance, insurance, utilities and rubbish removal. The lease expired on June 30, 2020. The lease continues under the same terms on a month-to-month basis.

The Resource Center in turn sublets space in the facility to other nonprofit and community agencies at an average rate of approximately \$10 - \$16 per square foot. All participating organizations must provide services to a client base that is at least 66% low and moderate income.

During the year ended June 2021, the Resource Center entered into a lease agreement for office space in Littleton, New Hampshire with John & Paul Tuite Partnership. The terms of the lease call for monthly payments of \$1,000 through October 31, 2026. Rent expense under this agreement aggregated \$12,000 and \$8,000 for the years ended June 30, 2022 and 2021, respectively.

FAMILY RESOURCE CENTER AT GORHAM**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

The future minimum lease payments at June 30, 2022 are as follows:

<u>Year Ending June 30</u>	<u>Amount</u>
2023	\$ 12,000
2024	12,000
2025	12,000
2026	12,000
2027	<u>4,000</u>
Total	<u>\$ 52,000</u>

11. PAYCHECK PROTECTION PROGRAM LOAN

During the year ended June 30, 2020, the Resource Center applied for and was awarded a first draw Paycheck Protection Program loan through the Small Business Administration (SBA). Loan forgiveness was possible if certain criteria were met. Any amounts not forgiven were to be repaid over a five-year period, with payments deferred for the first six months. Interest would be stated at 1%. The loan amounted to \$298,000. During the year ended June 30, 2021, the Resource Center received loan forgiveness in the amount of \$258,674. The amount is recorded as grant revenue on the accompanying statement of activities. The portion of the loan that was not forgiven was repaid to the SBA in June of 2021.

12. IN-KIND CONTRIBUTIONS

The Resource Center received the following in-kind contributions during the years ended June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Donated clothing, toys, and household supplies	<u>\$ 111,319</u>	<u>\$ 62,000</u>

The Resource Center's policy related to in-kind contributions is to utilize the assets given to carry out the mission of the Resource Center. If an asset is provided that does not allow the Resource Center to utilize it in its normal course of business, the asset will be sold at its fair value as determined by appraisal or specialist depending on the type of asset. Donated supplies for the years ended June 30, 2022 and 2021 were considered contributions without donor restrictions.

13. SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Non recognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date, but arose after that date. Management has evaluated subsequent events through October 19, 2022, the date the June 30, 2022 financial statements were available for issuance.

FAMILY RESOURCE CENTER AT GORHAM**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2022**

<u>FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/ PROGRAM TITLE</u>	<u>FEDERAL ALN</u>	<u>PASS THROUGH GRANTOR NUMBER</u>	<u>FEDERAL EXPENDITURES</u>
<u>U.S. DEPT. OF HEALTH AND HUMAN SERVICES</u>			
Passed through State of New Hampshire			
Department of Health and Human Services, Office of Human Services, Division of Children, Youth and Families			
Stephanie Tubbs Jones Child Welfare Services Program	93.645	2001NHCWSS	\$ 7,994
Promoting Safe and Stable Families	93.556	2001FPSS	36,605
Social Services Block Grant	93.667	2001NHSOSR	74,472
Temporary Assistance for Needy Families	93.558	19NHTANF	398,380
Maternal & Child Health Services Block Grant for States	93.994	90CA1858	10,284
Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-5896	168,769
Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-5896	<u>195,296</u>
			<u>364,065</u>
Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	010-090-57710000-500589	11,417
Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	010-090-57710000-500589	<u>53,097</u>
			<u>64,514</u>
Division of Behavioral Health, Bureau of Drug and Alcohol Services Opioid STR	93.788	05-95-92-920510-7040	<u>154,638</u>
New Hampshire Children's Trust			
Every Student Succeeds Act/Preschool Development Grants	93.434		15,466
Coos Coalition for Children, Youth and Families Every Student Succeeds Act/Preschool Development Grants	93.434		<u>35,250</u>
			<u>50,716</u>
MEDICAID CLUSTER:			
State of New Hampshire DHHS, North Country Health Consortium Medical Assistance Program	93.778	IDN	<u>19,092</u>
Total U.S. Department of Health and Human Services			<u>\$ 1,180,760</u>
<u>U.S. DEPARTMENT OF THE TREASURY</u>			
Passed through Governor's Office of Emergency Relief & Recovery Coronavirus Relief Fund	21.019		<u>\$ 81,396</u>
Total U.S. Department of the Treasury			<u>\$ 81,396</u>
<u>U.S. DEPARTMENT OF EDUCATION</u>			
Passed through State of New Hampshire Department of Education, Twenty-First Century Community Learning Centers	84.287	20220276	<u>\$ 98,665</u>
Total U.S. Department of Education			<u>\$ 98,665</u>
Total expenditures of federal awards			<u>\$ 1,360,821</u>

FAMILY RESOURCE CENTER AT GORHAM

**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2022**

NOTE A - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Family Resource Center at Gorham under programs of the federal government for the year ended June 30, 2022. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Family Resource Center at Gorham, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Family Resource Center.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance, where in certain types of expenditures are not allowable or are limited to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

NOTE C - INDIRECT COST RATE

Family Resource Center at Gorham has elected to use the 10-percent de minimis indirect cost rate allowed under Uniform Guidance.

**INDEPENDENT AUDITORS' REPORT
ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors of
Family Resource Center at Gorham

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Family Resource Center at Gorham (a New Hampshire nonprofit organization), which comprise the statements of financial position as of June 30, 2022 and 2021, and the related statements of activities, and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated October 19, 2022.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Family Resource Center at Gorham's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Family Resource Center at Gorham's internal control. Accordingly, we do not express an opinion on the effectiveness of Family Resource Center at Gorham's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions; to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented; or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Family Resource Center at Gorham's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Leane, McDonnell's Roberts,
Professional Association*

North Conway, New Hampshire
October 19, 2022

**INDEPENDENT AUDITORS' REPORT
ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Directors of
Family Resource Center at Gorham

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Family Resource Center at Gorham's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Family Resource Center at Gorham's major federal programs for the year ended June 30, 2022. Family Resource Center at Gorham's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, Family Resource Center at Gorham complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Family Resource Center at Gorham and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Family Resource Center at Gorham's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Family Resource Center at Gorham's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Family Resource Center at Gorham's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Family Resource Center at Gorham's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Family Resource Center at Gorham's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Family Resource Center at Gorham's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Family Resource Center at Gorham's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*Leane McDonnell Roberts,
Professional Association*

North Conway, New Hampshire
October 19, 2022

FAMILY RESOURCE CENTER AT GORHAM

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2022**

A. SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unmodified opinion on whether the financial statements of Family Resource Center at Gorham were prepared in accordance with GAAP.
2. No significant deficiencies relating to the audit of the financial statements are reported in the *Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*. No material weaknesses are reported.
3. No instances of noncompliance material to the financial statements of Family Resource Center at Gorham, which would be required to be reported in accordance with Government Auditing Standards, were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs are reported in the *Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance*. No material weaknesses are reported.
5. The auditors' report on compliance for the major federal award programs for Family Resource Center at Gorham expresses an unmodified opinion on all major federal programs.
6. There were no audit findings that are required to be reported in accordance with 2 CFR 200.516(a).
7. The programs tested as major programs were: U.S. Department of Health and Human Services, Opioid STR, ALN – 93.788, Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises, ALN – 93.391, U.S. Department of the Treasury, Coronavirus Relief Fund, ALN – 21.019.
8. The threshold for distinguishing between Type A and B programs was \$750,000.
9. Family Resource Center at Gorham Family Resource Center at Gorham was determined to be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENTS AUDIT

None

C. FINDINGS AND QUESTIONED COSTS—MAJOR FEDERAL AWARD PROGRAM AUDIT

None

the family resource center

The Family Resource Center at Gorham
2022-23 BOARD OF DIRECTORS

Christian Corriveau, President



Heidi Barker, Vice President



Linda Lamirande



Jess Hannigan



Anne-Marie Gagne



Mollie White



Bridget Laflamme



Cathy Roy



Bronson Paradis



PATRICIA STOLTE

PROFESSIONAL SKILLS

ADMINISTRATIVE

Over thirty-five years' experience in positions requiring administrative responsibility and problem solving abilities including nonprofit agencies, marketing departments and human service programs:

- Knowledge of all aspects of operational, financial and compliance for non-profit and for-profit businesses
- Responsible for managing resources, developing annual budgets, monitoring and managing budgets and overseeing contracts and compliance with DHHS.
- Supervision and leadership for multiple non-profit programs with 50+ staff members
- Program design and implementation
- Development; grant writing, annual appeals and donor program implementation
- Human Resources creating policies & procedures, job descriptions, orientation and training for several agencies
- Initiated Strategic Planning process and Board Development within agencies
- Agency delegate for several state conferences, involved in coordination of all aspects of annual events, fundraising projects and marketing campaigns
- Facility and building management for several site locations
- Volunteer management, recruitment and recognition

FISCAL MANAGEMENT

- Managing agency budget of \$2+million with multiple program budgets
- Budget management of 3 programs with reporting to Board of Directors and agency CEO overseeing \$1.3million budget
- Budget management of advertising campaigns from \$500k to \$6 million for businesses
- Proposals for funding to state, federal and local governments for annual contracts
- Fiscal management of annual grants from NH Charitable Trust and other foundations.

SKILLS:

- Work collaboratively with board members, staff and colleagues
- Create partnerships within the community to combine and extend resources
- Possess solid presentation, communication and organizational skills
- Knowledge of Microsoft Office, graphics programs and social media

PROFESSIONAL EXPERIENCE:

- The Family Resource Center,**
Gorham NH - Executive Director August 2015 to present
- Tri-County Community Action Programs, Inc., Berlin, NH –** August 2004 to August 2015
ServiceLink Resource Center Director - 2004 to 2006
TCCAP Division Director - 2006 to 2015
- Mountain View Grand Resort**
Whitefield, NH Public Relations Director January 2003 to July 2004
- Berlin Main Street Program**
Berlin, NH Executive Director November 1997 to January 2003
- Zale Corporation/Karten's**
Dallas/New Bedford, MA - Marketing Manager
1991 to 1997
- Pierce-Cote Advertising Agency**
Osterville, MA - PR & Media Manager
1989 to 1991
- Shreve, Crump & Low,**
Boston - Marketing Director - 1984 to 1989
- Wolfe Publishing, Pittsford NY - Advertising Sales Representative - 1984**

EDUCATION & TRAINING

State University of New York at Fredonia, BA in Mass Communications & Business
Monroe Community College, Rochester, New York, Associates in Business Administration
Brighton High School, Rochester, New York

VOLUNTEER ENGAGEMENT – PAST & PRESENT

- Involved on area non-profit boards, community groups and projects with organizations such as Coos County Health Services, Androscoggin Valley Home Care, AV Economic Recovery Committee, Head Start Board of Advisors, The Main Street Program and Androscoggin Valley Hospital Wellness Committee
- Member of NH Wellness & Prevention Council, Leadership NH North Country, Statewide Coalition of Aging Services, the Planning Committee for NH State Conference on Aging, the Coos County Coalition for Families & Children, The Endowment for Health Planning Committee and the Androscoggin Valley Community Partners

GABRIELLE FLANDERS



OBJECTIVE

Highly skilled and empathetic professional with experience leading, managing and supervising professional staff in social services. Past work has included supervisory support; coaching; program planning and development and educational parenting support. Active listener with a knack for building lasting professional relationships.

EXPERIENCE

MARCH 2016- PRESENT	THE FAMILY RESOURCE CENTER
DIRECTOR OF FAMILY SUPPORT	NOVEMBER 2022- PRESENT
ASSOCIATE DIRECTOR OF FAMILY SUPPORT	JUNE 2018- NOVEMBER 2022
PROGRAM MANAGER	MARCH 2016- JUNE 2018

- Manage and develop home visiting and family support programs in Coos and Upper Grafton county

DECEMBER 2018 – DECEMBER 2019

PYRAMID MODEL COACH, I-SOCIAL NH DOE, BUREAU OF STUDENT SUPPORT

- Provide social emotional learning practice-based coaching to designated implementation sites across northern and southern New Hampshire.
- Responsible for maintaining and submitting electronic and paper-based records in a secure manner to preserve confidentiality and document successes and progress.
- Observed workers performance and provided feedback while having tough conversations when necessary.

MARCH 2016- PRESENT

SEL COACHING COORDINATOR, COOS COALITION FOR YOUNG CHILDREN & FAMILIES

- Created and maintained an effective and efficient Coaching System around SEL to support the growing needs of the local organizations.
- Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations.
- Created and offered additional materials to enhance coaching around SEL. Reduced process gaps by supporting the effective coaching of new practitioners on best practices and protocols through supporting and creating a process.
- Delivered instruction on a broad range of topics, integrating audio-visual presentations and training materials.

- Mentored and coached new coaches by offering insight into successful procedures and implementation of program training. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all local organizations.
- Overseeing ongoing coaching in Pyramid Model, Growing Great Kids, and Mind in the Making.
- Linked with local agencies to learn their coaching needs in regards to Social Emotional Learning and supporting their engagement.

EDUCATION

MAY 2015

BACHELOR OF SCIENCE, NEW ENGLAND COLLEGE

Dean's List

SKILLS

- Reliable & Flexible
- Self-starter and Quick learner
- Ability to analyze data & be creative with outcomes
- Strength based & growth minded
- Experience supervising/managing & coaching a team
- Active Listener
- Effective public speaker
- Strategy & system thinker
- Proficient computer skills including MS Word, Excel, PowerPoint and Outlook
- Ability to multi-task, be versatile and deal with crisis situations while maintaining excellent time management skills and professionalism
- Knack for learning new technology & software

BOARDS, COMMITTEES, VOLUNTEERING, ETC.

- North Country Maternity Network Board
2022- Present
- Raising Strong Families Steering Committee
2021- Present
- Substance Exposed Infant Pilot Project
2019-2020
- Coos Coalition for Young Children
Leadership Workgroup

TRAINING, CERTIFICATIONS, SKILLS

- Peer Recovery Support Worker- Certified RCA
- Circle of Security- Facilitator
- Boundary Spanning Leadership
- Policy & Procedure writing
- Motivational Interviewing
- Practice-Based Coach
- Reflective Supervision
- ASQ: Watch Me Grow- Facilitator

Briana M. Shannon

Experience

February 2016-present

The Family Resource Center

-Program Manager-Healthy Families America

July 2018-present

-Supervisor-Healthy Families America

June 2017-July 2018

-Family Support Specialist

February 2016-June 2017

- Manage and support home visiting program in Coos & Northern Grafton County.

Licensed Cosmetologist

Mary's New You

2007 to February 2016

Interviewing the customers about their beauty concerns and suggesting useful tips.

- Fully completing customer's service previously discussed to the best of my ability.
- Assist client in finding desired cosmetic and then using the HairMax to process the sale.
- Answer phones to assist customers with scheduling/rescheduling appointments.

Front Desk Receptionist

Cabot Motor Inn - Lancaster, NH

October 2010 to June 2011

Front Desk Reception

- Answer phones to schedule room reservations and/or cancellations.
- Collect and process payments made using the hotel computer system.
- Using an electronic key programmer, make room keys.
- Correctly file guest information by room number.
- Handling customer Complaints

Education

High School Diploma

Groveton High School

June 2007

Southern New Hampshire University

Psychology

September 2020-May 2021

Skills

- Microsoft Office
- Microsoft Word
- Microsoft Excel
- Microsoft Powerpoint
- Program Management
- Budgeting
- Project / Program Management
- Project Management

ANN-MARIE E. SMITH

Experience

2017 - Present

HFA Supervisor/Family Support Specialist • Colebrook, NH

Oversee Family Support Specialists, provide weekly reflective supervision, ensure accuracy of client notes, and reviews time sheets and mileage Providing in home support to at-risk families. Creating support plans based on family's needs including budgeting assistance, parenting skills, child development, and referrals to outside services. Using reflective and active listening skills, practice high confidentiality, record keeping, and offer creative and flexibility with planning for each family.

2006 - 2017

Child and Family Services • Colebrook, NH

Family Support Worker and Home Visits. I have been providing in-home education as well as parenting, child development, budgeting, personal communication along with household and stress management. I also assist in accessing community and state resources.

1993 - 2006 Regional Middle and High School • Wolfeboro, NH

- Inter-Lakes Middle School • Meredith, NH
- Governor Wentworth Regional School District • Wolfeboro, NH
- Bartlett Community Preschool NH • Bartlett, NH

Teaching in a general classroom setting for all age groups to One-on-One Special Assistant. Encouraging physically handicapped student develop social skills, academic comprehension, and communication through facial, body, and sign language. Helping with mental and developmental disabilities with various curriculum and techniques. Involved in confidential mediations alongside behavioral counselors, aiding students to deal with relationships, family issues and peer conflicts. Successfully preventing and resolving negative confrontations and behavior by setting appropriate boundaries creating positive resolutions

Skills and Interests

- Through workshops and other ventures in my life, I have gained techniques to motivate and aide behavioral problems and learning disabilities.
- I am certified in NH Healthy Kids Training and am an Accredited provider of Level 4 Positive Parenting Program. I am also certified in Growing Great Kids-Tier 1, prenatal to 36 mos. skill developmental program. I am trained in ASQ-ASQ-SE and am on the steering committees for "Watch me Grow", and Maternal Depression, promoting MD awareness in Coos County
- I like to stay active, both professionally and physically. I walk daily and am always looking at furthering my personal knowledge and education to invest in our Coos kids.

Education

Hesser Business College • Manchester, NH

Graduated in 1984

- Major in Travel Management
- Minor in Social Science, Psychology, Sociology, Human Development and Public Speaking

References and Certifications are available upon request

MERRILEE TURGEON

Registered Nurse

PROFESSIONAL EXPERIENCE

The Family Resource Center, Gorham, New Hampshire

July 2022- Present

- **Healthy Families America Program Nurse (RN)**
- **Home visiting nurse**
- **Unite with community health providers and other community agencies to provide access to treatments and support they need for wellness**
- **Educate clients on topics such as sexual health, prenatal and postnatal care, hygiene, nutrition and infant care.**
- **Provide assistance to staff that are working with the Healthy Homes and Lead Prevention Program**
- **Collaborate with all staff regarding client medical needs to facilitate community supports**

Coos County Family Health Services, Berlin, New Hampshire

October 2020-December 2021

March 2011-June 2017

- **RN**
- **Clinic nurse for both family practice and assisted with prenatal program**
- **Active partner/preceptor for the CCMA Apprenticeship Program at CCFHS**
- **Training new employees**
- **One on one patient care**
- **Medication reconciliation**
- **Tracking and charting patients' preventative health care**
- **Assisting with minor surgery**
- **Patient education**
- **Triage nurse (January 2013 to October 2014)**

- Assessing adult and pediatric acute illnesses
- HIPPA compliance

**Androscoggin Valley Hospital
Berlin, New Hampshire**

February 2020-October 2020

- RN
- Surgical Services

June 2017-February 2020

- RN
- Medical/Surgical Unit
- One on one patient care
- Medication reconciliation
- Charting patients' health care
- Assisting with minor surgery
- Patient education
- Assessing adult and pediatric illnesses
- IV management

St. Vincent de Paul Rehabilitation/Nursing Facility, Berlin, New Hampshire

August 2011 - January 2012

- RN
- Skilled nursing
- Assess patients, charting and reporting changes in patients' conditions, such as adverse reactions to medication or treatment, and taking any necessary action.
- Work as part of a health care team to assess patient needs, plan and modify care and implement interventions.
- Supervise nurses' aides and assistants.

Shaw's Supermarkets, Gorham, New Hampshire

*Customer Service Manager, Human Resources Manager
March 1999 – February 2009*

- Directly manage approximately 40+ associates .
- Recruiting and training
- Prepare and deliver performance evaluations to develop well informed, productive, efficient employees
- Resolve customer complaints regarding sales and service.
- Consult with department managers to plan advertising services and to secure information on equipment and customer specifications.
- Prepare and approve budget expenditures.

EDUCATION

White Mountains Community College, Berlin, New Hampshire

- Associate Degree in Nursing 5/2012
- Member of Phi Theta Kappa Honor Society

LICENSURE

State of New Hampshire

- RN 5/2012-present
- LPN 2011-2012

RESUSCITATION CREDENTIALS

- ACLS expires May 2022
- PALS expires July 2022

ADDITIONAL SKILLS

- Detail oriented and organized
- Ability to work well with a team as well as independently
- Skilled in Microsoft Office (Word, Outlook, Excel, PowerPoint)

**Tikatia
Morris**
Training &
Development
Manager

Tikatia Morris

[REDACTED]

[REDACTED]

Skills

client needs assessment; Microsoft Office Suite; file management; conflict resolution; case management; organized; effective public speaker; reliable; strategic thinker; event planning; team player; marketing and media relations; computer-savvy; logo design; website graphics; atypical problem solving; self-motivated; divergent thinking; critical observation, self-management; classical education tutoring methods; attention to detail; creativity; motivational interviewing; peer coaching; reflective supervision; solution-based casework

Experience

The Family Resource Center / Navigation Services Program Manager

April 2022 - Present

Responsive leader overseeing the daily management of the Navigation program including budgets, data, operations, systems, and quality assurance; Monthly state reporting; Assure all contract requirements are met, including defined service activities, target population numbers, and designated client assessments; Coordinate training; Hiring new staff; Maintains public relations by attending monthly collaborative meetings with the NH Kinship Navigation community of practice, stakeholders, organization leadership etc. Develop and facilitate team meetings; Provide weekly reflective/administrative supervision to all staff assigned; Provide ongoing support to all supervisees through evaluation of job performance and field observations; Process timesheets and mileage, including PTO requests

The Family Resource Center / Training & Development Manager

December 2019 - April 2022

Created and maintained an effective and efficient learning management system to support the growing organization; Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations. In-depth knowledge of the scope of services for all programs offered at the FRC; Created and offered additional materials to enhance training. Reduced process gaps by supporting the effective training of new hires on best practices and protocols through supporting and creating a train the trainer process. Delivered instruction on a broad range of topics, integrating audio-visual presentations and training materials. Mentored and coached new trainers by offering insight into successful procedures and implementation of program training. Created training schedules to meet the hiring demands of all FRC programs. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all programs. Overseeing ongoing coaching in motivational interviewing, solution-based casework, and peer coaching within programs; developed a professional development workgroup to facilitate more in-house training and provide feedback and support to trainers;

The Family Resource Center / Administrative Support Specialist / Training & Family Support Coordinator

December 2019 - January 2022

Provide administrative support to all areas of the family support program; Tracked and submitted employee timesheets to accounting department for payroll processing. Managed electronic calendars using G-Suite and scheduled meetings, appointments and conference calls;

assisted in overseeing organizational transfer from G-Suit to Office 365; Created and maintained computer- and paper-based filing and organization systems for staff training records, reports, and documents. Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations. Executed special objectives and projects in response to the Program Director's requests. Created and offered additional materials to enhance training. Reduced process gaps by effectively training new hires on best practices and protocols. Documented participant attendance, engagement, and progress. Delivered instruction on a broad range of topics, integrating audio-visual presentations and training materials. Mentored and coached new employees by offering insight into successful task prioritization. Created training schedules to meet the hiring demands of all FRC programs. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all programs.

The Family Resource Center / Edward Fenn ASP Group Leader & Coach

August 2019 - March 2020, Gorham

Established a positive, safe, and stimulating learning environment for all students. Cultivated strong relationships with students by listening carefully and offering positive reinforcement. Utilized the Choose Love curriculum to encourage and support social-emotional learning with all enrolled students, weekly classroom observation for implementing pyramid model strategies in the classroom and with staff; provide monthly one-on-one coaching sessions with all ASP staff to encourage growth support in pyramid model and social-emotional instruction to students

The Family Resource Center / Family Support Specialist

November 2018 - December 2019, Gorham

Built solid and trusting rapport with children and families, fostering communication to meet case needs. Worked to improve and enhance client lives through effective and compassionate care. Documented data and completed accurate updates to case records. Collaborated with community program leaders and advocates to make resources accessible to those in need. Interviewed individuals and families to assess needs and provide informational resources. Referred clients to appropriate team members, community agencies and organizations to meet treatment needs. Photographed to produce high-quality images for both print and Internet distribution. Developed creative design for marketing packages, including print materials, brochures, banners, and signs. Used publisher and photoshop to develop product mockups and prototype designs.

NH Homeschooling Families / Private Tutor

September 2013 - January 2018, Throughout NH & VT

Tutored over 20 struggling, average and advanced students in elementary through high school Classical Education course materials in Mathematics, Grammar and Language Arts, History, Science, Latin, and Logic. Created special handouts, study guides and assessments to evaluate and boost student knowledge. Spearheaded group tutoring sessions to help students struggling in similar areas. Coached and mentored junior tutors on successful classical education teaching strategies and time management.

Self-Employed / Freelance Photographer and Graphic Design

April 2012 - September 2018, Throughout NH

Planned and prepared for all on-location shoots. Inspected proofs to ensure the quality of prints, adjusting and retouching as necessary. Applied digital styling techniques to enhance photos. Maintained consistent use of graphic imagery in materials and other marketing outreach. Edited existing PowerPoint slides to enhance the corporate message. Updated computer graphic files using graphics software programs. Generated computer graphics and page-layout software, graphic elements and photography. Provided high-quality results in a timely manner.

Education

Plymouth State University / English Education

August 1999 - June 2000, Plymouth

Laconia High School/ High School Diploma

August 1998 - June 1999, Laconia

**Certifications and
Trainings**

2019-02

Pyramid Model Infant/Toddler Modules 2 & 3

ASQ: Introduction to Watch Me Grow for Coos County Early Childhood Professionals

Pyramid Model Peer-to-Peer Practice-Based Coaching

Parents Interacting with Infants (PIWI)

Pyramid Model Preschool Modules 1, 2, & 3

CCAR Ethical Considerations for Recovery Coaches

Growing Great Kids: Prenatal to 36 Months Tier 1

Certified TIPITOS Observer (certification date 07.19.19)

Certified TPOTS Observer (certification date 07.16.19)

Be Strong Families Parent Cafe Training

Recovery Coach Academy

NH Child Care Licensing Orientation for Licensed and License-Exempt Providers

2020

Equity, Autonomy and Substance Use Disorder: Lifecourse Considerations for Pregnant and Parenting People

Strengthening Families Framework Overview & Community Cafe

Certificate In Grandfamilies Leadership

2021

Boundary Spanning Leadership

Performance Evaluation

SBC Initial Training Course (Solution-Based Casework)

Motivational Interviewing: The Basics

Intermediate Motivational Interviewing

Motivational Interviewing: Advancing the Practice

MITI Coding

2022

Enneagram Spectrum Training & Certificate Program

Great Kids REMAP

Motivational Interviewing, MI/CA and Coaching

LEAH J. WHITE

Education

University of New Hampshire

Bachelor of Arts: Psychology, December 2008

Bachelor of Arts: Justice Studies, December 2008

Work Experience

Quality Assurance Coordinator, March 2020 –Present

Family Resource Center, Gorham, NH

Analyze and track data; identify and communicate areas in need of improvement; develop continuous quality improvement plans; assure program is adhering to Best Practice Standards; provide ongoing support to staff through training and providing professional development opportunities.

Family Support Specialist, August 2017-Present

Family Resource Center, Gorham, NH

Initiate and maintain regular and long-term contact/support with families within the family's home. Provide interventions that are family-centered, strength-based, and directed at: establishing a trusting relationship; assisting in strengthening the parent-child relationship; assisting parents in improving their skills to optimize the home environment; improving the family support system; and increasing the family's ability to problem solve and assume the role of advocate for themselves and their children.

Respite Provider, October 2015-2017

Provide relief for home care provider.

Home Care Provider, May 2012-October 2015

Contracted with Northern Human Services, Berlin, NH

Welcomed an individual with disabilities to reside in personal residence. Provided supports in all aspects of daily living, including personal care and medication administration. Attended trainings specific to individual's medical needs to provide informed care catered to the specific needs of the individual. Completed a minimum of 10 hours of training per year. Advocated for individual's wants and needs with a focus on human rights. Transferred individual utilizing a barrier free hooyer lift. Maintained all medical documentation. Assisted individual in meeting goals and documented in monthly progress notes.

Residential Program Manager, June 2011-May 2012

Easter Seals, Lancaster, NH

Managed operation of therapeutic residential placement for adolescent boys. Arranged daily schedules and activities for residents. Assured completion of all essential documentation. Provided weekly staff supervisions, monthly staff meetings and completed performance evaluations as necessary. Interviewed, hired and trained staff in accordance to the agency's mission and state regulations. Handled all petty cash. Focused on maintaining a positive and professional work environment to ensure all needs of individuals were met.

Residential Instructor, October 2010-June 2011

Easter Seals, Lancaster, NH

Supervised and counseled residents in a living environment. Assisted residents with activities of daily living focused on treatment plans and completed all necessary

documentation in accordance with state regulations.

Assistant Program Director, March 2010-October 2010

Bridgewell, Beverly, MA

Assisted in daily operation of a residential home for individuals with disabilities. Managed medical, clinical and financial needs of individuals. Conducted interviews. Trained and supervised staff by providing leadership with a focus on team building.

Direct Support Professional, January 2009-March 2010

Bridgewell, Haverhill, MA

Provided support and assisted individuals with activities of daily living in a residential home. Provided services to individuals according to DMR regulatory standards, administered medications according to MAP regulations and maintained core training certifications. Worked at DMH program for initial 7 months with adults afflicted with mental illness.

Respite/Relief Residential Youth Counselor, October 2008-January 2009

Odyssey House, Hampton, NH

Supervised and counseled residents in a living environment, participated in groups, planned and assisted residents with daily therapeutic activities, behavioral tracking and documentation.

Front-End Assistant Manager, June 2002-January 2009

Market Basket, Plaistow, NH

Assisted front-end manager with maintaining smooth operation of check-out area, handled money transactions, addressed customer complaints in a professional manner and supervised cashiers.

Internships

Sexual Assault Support Services, Summer 2008

165 hour internship. Completed 36 hours of crisis intervention training with SASS. Provided support to sexual assault survivors and their families at child advocacy centers for their interviews with police departments, crisis counseled survivors on crisis hotline and provided referrals to victims of sexual assault to community services.

New Outlook Teen Center, Fall 2006

20 hour internship. Served as role model for young teenagers and organized donations for annual Christmas party.

Certifications

- Certified Lactation Counselor
- Peer recovery Support Worker-certified
- Growing Great Kids Curriculum tier 1(0-3) certified
- Trained in Motivational Interviewing-evidenced based counseling approach to health care
- Health Families of America-Evidenced based model certified Family Support Worker
- Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children trained

Joanne Bevins



Authorized to work in the US for any employer

Add your headline or summary

Work Experience

Add a description of your job

Edit

Disml...

Family Support Specialist



The Family Resource Center - Gorham, NH
March 2022 to Present

PVD Driver



UPS - Twin, WA
November 2021 to January 2022

Delivered packages for UPS on rural routes.

Case Manager



Northeast Family Services - Littleton, NH
May 2021 to November 2021

Treatment meetings, Transportation

Comp Assessments, Carelogic

Monthly reports, Computer / Word, Excel, PowerPoint.

Supervised Visits, Team meetings,

Skills Building training, Cans Assessments,

Co-Parenting training, Parenting Skills training,

Developed Work Schedule

Residential Aide

The Morrison Nursing Home/ Sartwell Place Assisted Living - Whitefield, NH
November 2020 to May 2021

Supervise medication administration
Document all medication observations and assists in the EMR
Reordering medication
Report any medication errors to the administrator and complete medication error report when necessary
Make entries in the resident's chart of any incidents or behavior changes
Provide for the overall safety and care of residents
Assist with treatments as ordered by the administrator and take vitals
Provide assistance with ADL's
Complete monthly summaries and evacuation logs for residents assigned

Primary Care Provider

Granite State Independent Living - Berlin, NH
April 2003 to February 2021

- Providing support services to individuals experiencing psychological and physical health issues such as Addiction, Brain damage, Dementia, Alzheimer's, and Schizophrenia as well as terminal illnesses, such as Multiple Sclerosis and Cerebral Palsy.
- Proficient working with mental health-related issues such as anger, aggression, depression, paranoia, delusions, self-harm, suicidal tendencies, and various forms of addiction.
- Aided clients with talking about and obtaining support for depression and anxiety.
- Training other Care Providers. Develop and maintain records of client progress and services, documenting and reporting any changes.
- Working with other health professionals to ensure consumer safety, dignity, and independence, (financially physically and socially, and psychologically).

Student Internship

The Mental Health Center - Northern Human Services - Berlin, NH
2020 to 2020

1. Internship: (Shadowing) Northern Human Services Mental Health Center in Berlin N.H.
 - Case Management
 - Functional Support Services
 - Children's Services
 - Residential Programs
 - Customer Service (Client Employees)
 - Partial Day Rehabilitation Program

Education

Working on Master of Arts in Marriage and Family Counseling

Liberty University - Virginia

May 2021 to Present



BACHELORS in PSYCHOLOGY

LIBERTY UNIVERSITY - Lynchburg, VA

May 2020



Associate in Social Science

NH VOCATIONAL TECHNICAL COLLEGE - Berlin, NH



Skills

Do you have any of these top skills employers are looking for?

Child & Family Counseling

Individual / Group Counseling

Group Therapy

Hospital Experience

Nursing

Mental Health Counseling

Administrative Experience

Help Desk

Dismiss

Conflict Resolution



Excellent communication Skills



Extensive experience working with mental health disorders, their symptoms, and cognitive effects



Knowledge of EMR Software



Multitasking and teamwork



Proficient in Microsoft Office: PowerPoint, Word, and Excel



Experience with Crisis Intervention, Intake, and assessment



Primary Care Experience



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Indeed Resume

Alzheimer's Care

Dementia Care

Case Management

Social Work

Medication Administration

Vital Signs

Supervising experience

Documentation review

Hospice Care

Crisis Management

Intake Experience

Working with individuals with developmental disabilities - 10+ years

Advocacy - 10+ years

Home Care

Languages

Spanish - Beginner

English - Expert

Certifications / Licenses

Basic First Aid and Adult,child, Infant CPR

June 2020 to June 2022

Certificate in Basic First Aid-

- General Guidelines
- Occupational Safety and Health Organization (OSHA) guidelines
- Burns

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Indeed Resume

- Fractures, Sprains, and Strains
- Breathing problems and Choking
- Bleeding, Cuts, and Scrapes
- Non-Bleeding Wounds
- Head, Neck, and Spine Injury

Certificate In Cardio-Pulmonary Resuscitation- Infant, Children, Adult-
Chest compressions and Mouth to Mouth.

Opioid Crisis

June 2020 to Present

Opioid products and their effects
Effects, treatment, and recovery

Certificate in medication administration and management

November 2020 to Present

Certified in medication administration and management
reporting any discrepancies and documenting all relevant information in the EMAR

Assessments

Case management & social work - Highly Proficient

October 2021

[View Full Score Report](#)

Active listening - Highly Proficient

May 2021

[View Full Score Report](#)

Work Style: Reliability - Highly Proficient

August 2020

[View Full Score Report](#)

Case Management & Social Work - Highly Proficient

June 2019

[View Full Score Report](#)

Active Listening - Highly Proficient

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Indeed Resume

June 2019

View Full Score Report

Groups

Omega Nu Lambda



April 2019 to Present

National Honor Society- Liberty University, Alpha Chapter

Kailee Guevin

Authorized to work in the US for any employer

Work Experience

Family Support Specialist

The Family Resource Center - Littleton, NH

April 2021 to Present

- The Family Support Specialist is responsible to provide routine home visiting, primarily occurring within the family's home; each home visit should last for at least one hour
- Develop a trusting relationship with families by providing strength based family-centered interventions that assist in enhancing the parent-child relationship, build upon parenting skills and improve the family support system
- Assist families in establishing goals and a plan for accomplishing those goals
- Complete routine screenings and provide referrals as needed to support family needs
- Use evidence based curriculum and practices to assess effectiveness with the target population
- Complete documentation and weekly notes for each family served; notes must be completed by end of week
- Maintain client confidentiality
- Maintain an up-to-date calendar of appointments
- Participate in any and all required trainings for ongoing professional development
- Attend staff meetings as scheduled
- Attend weekly reflective supervision with supervisor
- Adhere to Family Resource Center policies and procedures as set by the Board of Directors

Crisis Intervention Advocate

Cook County Family Health Services - Cook County, NH

January 2020 to April 2021

The Response Direct Services Advocate is responsible for providing direct services to survivors of sexual and domestic violence or stalking, outreach to potential victims and their families in the community and networking with area professionals including police, legal, judicial and social services.

Provides direct client service including but not limited to: crisis intervention, court, medical and social advocacy, peer support, transportation, information and referrals to victims of domestic and sexual violence or stalking and their families.

Maintains client records according to policy.

Develops relationship with local resources for clients including police, legal, judicial and social service professionals.

I currently volunteer my hours for the Response Crisis Hotline on Tuesday 7 pm to 7 am.

Respite Care Provider

Kelly Bona (private) - Littleton, NH
March 2017 to April 2021

I provided day and weekend respite for a 59 year old developmentally disabled women. This was provided in the space of my own home.

I provided one on one care with my client that includes a variety of things such as driving and running errands. A respite caregivers help with tasks like taking the patient to a doctor's appointment, picking up prescriptions or grocery shopping. In addition, I also assist with meal preparation and light housekeeping duties, when the family goes on vacations.

"Respite care is an essential part of the overall support that families may need to keep their family member with a disability at home. The word "respite" means to take a break from the daily challenges of caring for a child or a parent with special needs. It can be planned for a few hours or for as long as a weekend."

Residential Aide

The Morrison Nursing Home - Whitfield, NH
January 2018 to July 2020

- Assisting residents with daily personal routines, including bathing, dressing, grooming, eating, and using the bathroom.
- Providing companionship to residents and establishing a trusting relationship with them.
- Ensuring that residents are taking their prescribed medication.
- Reporting any concerns or medical issues.
- Ensuring that the residents' living quarters are safe and well-organized.
- Keeping records of resident activity, behavior, and moods.
- Performing any reasonable requests that residents ask for.
- Collaborating with management and coworkers to ensure residents receive the best quality of life possible.

Management Assistant/ Keyholder

Olympia Sports - Littleton, NH
March 2011 to August 2018

- Attracts potential customers by answering product and service questions; suggesting information about other products and services.
- Maintains customer records by updating account information.
- Resolves product or service problems by clarifying the customer's complaint; determining the cause of the problem; selecting and explaining the best solution to solve the problem; expediting correction or adjustment; following up to ensure resolution.
- Recommends potential products or services to management by collecting customer information and analyzing customer needs.
- Contributes to team effort by accomplishing cleaning and product promotion as required.
- Clean and tidy the store for closing.
- Audit tills, prepare cash and deposit the required daily amounts.

Education

Associate in Human Services

White Mountains Community College

August 2020 to Present

Associate in Human Services

White Mountains Community College - Berlin, NH

August 2018 to June 2020

Medical Office Management in Medical office

White Mountains Community College - Littleton, NH

August 2011 to June 2015

Billing Certificate in Medical office

White Mountains Community College - Littleton, NH

August 2011 to June 2015

Skills

- Customer Service Skills (10+ years)
- Management (8 years)
- Receptionist (2 years)
- Critical thinking/problem solving (10+ years)
- Professional Services (10+ years)
- Microsoft Office (4 years)
- Caregiving (10+ years)
- Leadership Experience (3 years)
- ICD-10
- Medical Coding
- Medical Office Management
- Meal Preparation
- Social Work
- Retail management
- Customer service
- Crisis Intervention
- Care plans
- Senior care

Certifications and Licenses

Medical Billing Certificate

Present

Assessments

Direct Care — Highly Proficient

December 2019

Showing sensitivity and enthusiasm while providing care to patients.

Full results: Highly Proficient

First Aid — Proficient

December 2019

Treating common medical emergencies.

Full results: Proficient

Case Management & Social Work — Highly Proficient

September 2020

Prioritizing case tasks, gathering information, and providing services without judgment

Full results: Highly Proficient

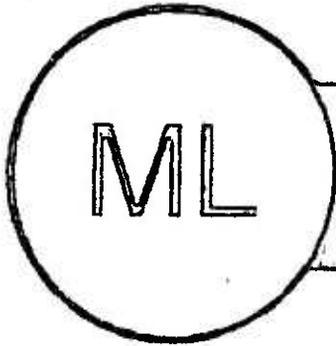
Supervisory Skills: Motivating & Assessing Employees — Proficient

October 2020

Motivating others to achieve objectives and identifying improvements or corrective actions

Full results: Proficient

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.



MICHELLE LUCAS

OBJECTIVE

My interests are to work with children and families to support them to become skillful parents.

SKILLS

My best skills would include but are not limited to:

- Organizational skills
- Time management skills
- Motivated
- Personable
- Delegating skills
- Scheduling
- Hiring
- Interviewing
- Communicational skills
- Empathetic
- Supportive
- Great work ethic

EXPERIENCE

MANAGER -OLYMPIA SPORTS-2005 - PRESENT

Responsible for Schedules, delegating, training, and of the month paperwork, supply orders, inventory counts, opening/closing the store, handling money, hiring, interviewing, and having 10 -12 employees reporting to me at a time.

BARISTA AND TAKE OUT ORDERS • CHEESECAKE FACTORY • 2004 - 2005

Responsible for making coffee drinks, and desserts. Also, responsible for taking orders over the phone, handling money, knowing every aspect of the menu and all the specifications for all of the food in the restaurant. Making sure any modifications for special allergies were made to the food.

EDUCATION

**HIGH SCHOOL DIPLOMA
GRADUATED IN 2002**

**WHITE MOUNTAINS COMMUNITY COLLEGE
GENERAL EDUACTION COURSES**

Comprehensive Family Support Training Certificate 10/15/2018

Positive Solutions Certificate 10/2018

Naloxone Administration Certificate 07/19/2019

Recovery Coach Academy Certificate 07/2019

Motivational Interviewing Certificate 08/19-23/2019

HIV Trends and Treatment Certificate 08/30/2019

Better Together with Birth Parents Workshop Certificate 10/10-11/2019

Suicide Prevention Certificate 11/14/2019

February 2008- June 2013- multiple trainings in early childhood education

DCYF Supporting Laws- 04/2022

PHQ9- 04/2022

Melissa Vashaw



Experience

March 2021-Present

Children's Dentistry- Dental Assistant for Littleton, Plymouth and North Conway offices.

- Greeting and welcoming new and returning patients, ages 0-18, and families to their restorative and cleaning appointments with a positive, caring and supportive attitude.
- Working closely with patients to ensure they are relaxed, informed and prepared for their appointments.
- Preparing and setting up operative rooms for restorative treatments with proper tools, instruments and materials.
- Assisting doctors during restorative treatment appointments with children ages 1-18.
- Preparing and setting up hygiene chairs for cleaning appointments. Providing full mouth coronal polishing (cleanings), instructions and demonstrations for proper oral hygiene home care and diet.
- Assisting with X-rays and admission of N2O.
- Placing sealants ages 6-18.
- Updating patient's charts and keeping detailed appointment notes.
- Scheduling appointments.
- Proper sterilization of tools, instruments, materials and rooms.
- Actively support team members and doctors in a timely manner to help keep the day's schedule on track.

February 2018-March 2021

Tri County Community Action Program (Tri County CAP)- Homeless Intervention and Prevention Specialist for Coos County

Homeless Outreach including PATH (Projects for Assistance in Transition from Homelessness) outreach and case management. Assist in obtaining shelter and providing basic needs by donations or community organizations. PATH outreach services are aimed specifically at supporting those who are homeless and suffering with severe and persistent mental illness with securing and stabilizing housing.

- Complete assessments to determine eligibility for programs and services. Knowledgeable in Coordinated Entry and HMIS database.
- Provide support and assistance to those experiencing homelessness, or at risk of homelessness, with the goal of obtaining and maintaining stable housing.
- Work with clients to complete applications for housing and rental assistance within the program as well as provide landlord mediation and education around tenant rights and responsibilities.
- Provide case management using the evidenced-based CTI (Critical Time Intervention) model, providing intensive support and coaching upon program entry decreasing in intensity over time. This includes supporting clients with creating an action plan and achieving individual goals related to obtaining and/or maintaining stable housing, recovering from SUD, improving financial management skills, obtaining/maintaining mainstream benefits, improving physical and/or mental health, obtaining gainful employment and/or increasing education, improving parenting skills, and engaging in activities of daily living.

- Provide referrals for clients to access benefits, programs and services to improve their current situations.
- Connect clients to community resources and benefits while communicating with collateral contacts as needed to coordinate appropriate level of care, support with navigating systems, and facilitate stable housing.
- Maintain caseload files and document services in a timely manner.
- Network with community members and partner organizations, including attending monthly community network meetings, to better assist and support clients' current situations and improve overall service delivery within the community.

June 2015-October 2018

Centennial View Childcare and Enrichment, Lancaster NH - After School Coordinator/ Preschool & Pre-K Teacher

- Created and implemented daily lesson plans, activities and projects using developmentally appropriate practices.
- Documented milestones, skill set achievements and emerging skills per each child.
- Facilitated a safe and healthy environment that encouraged and nurtured young children's learning and natural curiosities.
- CPR/First Aid certified

AUGUST 2012-JUNE 2017

White Mountains Regional School District, Whitefield & Lancaster NH - 1:1 Special Education Paraeducator

- Provided social, instructional and emotional support to young children with special needs in the classroom and overall school environment.
- Taught and supported essential and general life skills.
- Worked closely with Special Education teachers and classroom teachers to assure student's success.
- CPI Trained.

JANUARY 2012-AUGUST 2012

Cherry St Playcare, St. Johnsbury VT - Preschool Teacher/After School Program Coordinator

- Documented milestones, skill set achievements and emerging skills per each child.
- Facilitated a safe and healthy environment that encouraged and nurtured young children's learning and natural curiosities.
- Created and implemented daily lesson plans, activities and projects using developmentally appropriate practices.

AUGUST 2007-JANUARY 2012

Georgetown Community School, Georgetown Colorado - Pre-K Teacher/Pre-K Program Coordinator and Co-Creator

- Created and implemented daily lesson plans, activities and projects using developmentally appropriate practices.
- Documented milestones, skill set achievements and emerging skills per each child.
- Facilitated a safe and healthy environment that encouraged and nurtured young children's learning and natural curiosities.
- Worked closely and collaborated with the Kindergarten teacher and Principal to co-create a brand new Pre-K program that I also facilitated.
- Introduced our new Pre-K classes to various community events and functions that were traditions for Georgetown Community School as a whole for decades.

SEPTEMBER 1998-AUGUST 2007

End of the Line LLC, Georgetown Colorado - Retail Assistant Manager

- Daily duties included opening business, providing quality service to customers, checking in merchandise, updating displays in the store, merchandising, window displays, training and overseeing employees, scheduling, billing, bill pay, ordering merchandise, operating cash register and completing end of day sales paperwork.

Education

Red Rock Community Collage, Golden Colorado - earned 16 credits in Early Childhood Education

White Mountain Regional High School- Graduated. Class of 1994

Certificates/Trainings

Motivational Interviewing

30 CEU's Recovery Coach Academy

Mental Health First Aid

Suicide Prevention

Behavioral Health-Focused Outreach and Engagement

Trauma Informed Care

Recognizing and Responding to Human Trafficking

SHAYNA HENRY

Child Care Director

PROFILE

Energetic Child Care Center Director dedicated to providing a safe and nurturing environment for Children. Adept at managing teachers and delegating tasks, developing and implementing a curriculum, and overseeing and managing the day to day operations of a child care center.

CONTACT

PHONE:

EMAIL:

SKILLS

- Experience using software applications including Word/Excel, Google Suite Apps.
- Excellent oral and written communication skills, competent interpersonal skills, and strong organizational skills.
- Experience leading a team of professionals through a change or transformation (Covid 19).
- Knowledge and education regarding developmentally appropriate practices.
- Sensitivity and responsiveness to needs of families, staff and clients.

EDUCATION

White Mountains Community College - Graduating Class of 2018

Associates Degree

Early Childhood Education

Understanding Children with Special Needs

Early Intervention

Administrative Management

- Maintained 3.8 GPA or higher
- Student teacher (positive guidance techniques with Pat Finnegan-Allen)

WORK EXPERIENCE

Day By Day Child Care - Center Director

2010-Present

- Planned, implemented, monitored and assessed Child Care program, consistent with the New Hampshire regulations and guidelines.
- Obtaining all required licenses and certifications and keeping them current as required.
- Maintained accurate and detailed records, including staff and child files on enrollments.
- Knowledge and expertise in promoting growth and development in children for any of the developmental domains. (language and literacy, health and physical development, approaches to learning, social emotional development, creative arts, science, mathematics)
- Facilitate meetings to provide updates to parents concerning their child's progression.
- Responding effectively to the root causes of challenging behaviors in students using positive guidance techniques.
- Implemented the creative curriculum and TS gold assessment system for preschool and developed a high-quality program to meet the needs of a high-risk population using the creative curriculum designed for preschool.
- Billing and handling all accounts receivable.
- Followed strict time tables to make sure daily operations ran smoothly from start to finish.

JULIE KINERSON



EXPERIENCE

JULY 7 2020 – PRESENT

Family Resource Center

- Family support specialist in the Healthy Families America Program: educating parents on child attachment/bonding and child development while maintaining confidentiality.
- Maintain high caseload, while successfully documenting all visits on time and updating files.
- Assisting families in developing Family Goal Plans and creating action steps to achieve goals.
- Maintaining time-sensitive documents and inputting into database.
- Training new staff and tracking training data for program staff.
- Facilitating group meetings and staff trainings.

SEPTEMBER 2008 – JULY 7TH 2020

Stay at Home Mom

- 2015-2021 Homeschooled children

SEPTEMBER 2006 – SEPTEMBER 2008

Dunkin donuts

- Shift leader, was responsible for team on shift. Tracking day to day tasks to be completed.
- Delegating tasks to team members while ensuring staff was taking breaks when needed.

June 2003 – September 2006

Storyland

- Drama department: Script memorization, implementing strict schedule.
- Entrance department: Managing cash registers

EDUCATION

2013- 2020

BACHELORS DEGREE, POST UNIVERSITY

- Post University, Connecticut
- BA in Human Services, concentration in counseling
- GPA - 3.9

2002 - 2006

HIGH SCHOOL, Berlin Senior High

SKILLS

- Communication Skills
- Time Management
- Organization
- Motivational Interviewing
- Multi-tasking
- Technology & Data input

Lindsey Mae Olmsted



Special Skills: Computer skills using Microsoft word and excel. Have proven ability to keep confidentiality. Have experience and the responsibility of filing and keeping up to date on paperwork. Great people skills. Multiple years of experience working with the public.

Work History:

July 2020-Present- The Family Resource Center- Data Coordinator/Quality Assurance- Berlin NH- Licensed CRSW, Process and submit billing for the Strength to Succeed program, provide quality assurance for visit numbers, run reports, review and analyze family visit notes for the Child Health program as well as for the Comprehensive Program, Process service authorizations, assign new referrals, plan prepare and facilitate monthly certified recovery support workers group supervision, provide program success stories as well as quality assurance for resources for all programs within the organization, process and document completed training certificates, provide certified recovery support work to an individual client,

October 2018- July 2020 The Family Resource Center, Strength to Succeed – Recovery Based Reunification Specialist- Berlin NH- Provide in-home support to at-risk families. Create support plans based on family's needs including treatment centers, parenting skills, child development, and referrals to outside services. Use reflective and active listening skills, practice high confidentiality, record keeping, and provide creativity and flexibility with planning for each families.

May 2015- October 2018- Androscoggin Valley Hospital- Accounts Specialist- Berlin NH- Send out bill claims to insurance companies for payment. Process payments

November 2014-February 2015- North Country Independent Living- Conway NH- Residential Advisor- Skills to work with residents that have suffered brain injuries. Assisting clients with everyday tasks including food prep, house chores and community involvement.

Education:

January 2021-present- Southern New Hampshire University- Manchester, NH- Degree: Psychology with a concentration in Mental Health- Projected graduation date 07/2025.

Certification:

Certified Recovery Support Worker (CRSW) 03/2020

Ages and Stages Developmental Screening Certificate 03/05/2019

Ethical Considerations for Recovery Coaches Certificate 04/2022

CONTRACTOR NAME- The Family Resource Center at GorhamKey Personnel

Name	Job Title	Salary Amount Paid from this Contract
Patricia Stolte	Executive Director	\$4,439.76
Gabrielle Flanders	Director of Family Support Services	\$22,230.00
Briana Shannon	Program Manager	\$43,680.00
Ann-Marie Smith	Supervisor	\$38,402.00
Open Position	Clinician	\$7,800.00
Merrilee Turgeon	HFA Nurse	\$67,340.00
Tikatia Morris	Training Manager	\$5,525.00
Leah White	QA Manager	\$5,720.00
Joanne Bevins	Family Support Specialist	\$32,760.00
Kailee Guevin	Family Support Specialist	\$33,743.00
Michelle Lucas	Family Support Specialist	\$34,580.00
Melissa Vashaw	Family Support Specialist	\$32,760.00
Shayna Henry	Family Support Specialist	\$32,760.00
Julie Kinerson	FSS/PT Supervisor	\$35,280.00
Lindsey Olmsted	QA Data Entry	\$14,040.00



Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

ARC
39

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

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

December 29, 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, and the Division of Children, Youth and Families, to enter into **Retroactive** contracts with the contractors listed below in an amount not to exceed \$8,847,771 to provide home visiting services, with the option to renew for up to four (4) additional years, effective retroactive to October 1, 2022, upon Governor and Council approval through September 30, 2024, 73.67% Federal Funds, 25.11% General Funds, 1.22% Other Funds.

Contractor Name	Vendor Code	Area Served*	Contract Amount
Community Action Partnership of Strafford County	177200-B004	Rochester Catchment Area	\$1,224,446
Granite VNA, Inc.	177244-B002	Conway Catchment Area	\$481,084
The Family Resource Center at Gorham	162412-B001	Berlin and Littleton Catchment Areas	\$1,590,113
Waypoint	177166-B002	Concord, Manchester, Seacoast and Southern Catchment Areas	\$5,572,148
		Total:	\$8,847,771
* Note the Department did not receive vendor responses for some areas of the state and is currently in the process of re-soliciting for those remaining regions to ensure statewide coverage.			

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Years 2024 and 2025, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

Because the Bridges System is used to process and monitor payments for these agreements, no purchase order number is assigned. The New Hampshire First System will not be used to encumber these funds. Depending on the eligibility of the client, funding type is determined at the time of the payment.

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

See attached fiscal details.

EXPLANATION

This request is **Retrospective** to avoid any interruption in these services and to allow for continuity of care for families in these regions. This was a complex procurement collaboratively sought by the Division of Public Health Services and the Division for Children, Youth and Families with multiple funding sources. The Department needed additional time to confirm funding details and finalize the contracts and therefore did not have executed contracts in time to present to Governor and Council to prevent the previous contracts from expiring.

The purpose of this request is to provide home visiting services to pregnant individuals, and families with children up to age five (5), by utilizing the evidence-based home visiting model from Healthy Families America and its' Child Welfare Protocols. This nationally recognized program demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. This model has also demonstrated reduction in child maltreatment and family violence. Healthy Families America is currently being provided in every County in New Hampshire. The purpose of this request is to ensure continuity of services, while supporting expansion of the program, making it available to a broader population of families, including those involved in New Hampshire's child welfare system.

Approximately 354 individuals will be served during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will monitor services by:

- Conducting monthly, quarterly, and annual data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Conducting quarterly and annual data reviews of program performance across 19 federally-defined performance measures.
- Reviewing data entered into model-specific tracking documents by each sub-contractor to ensure fidelity to the requirements of the evidence-based model.

The Division for Children, Youth, and Families will monitor services using the following performance measures:

¹ HFA Evidence of Effectiveness 2022 Website.pdf (healthyfamiliesamerica.org)

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

- **Referrals**
 - Share of families who are referred to Healthy Families America from Division for Children, Youth and Families. (Number of families currently enrolled in Healthy Families America Child Welfare Protocols and percentage of Healthy Families America Child Welfare Protocol slots currently used.)
 - Share of Division for Children, Youth and Families-referred families that were enrolled between three (3) and twenty-four (24) months of age.
 - Share of Division for Children, Youth and Families-referred families with a recent assessment of a Substance Exposed Infant.
- **Enrollments**
 - Average time to enrollment from the time and date of referral.
 - Number of days from referral date to the first home visit.
 - Share of families that are offered Healthy Family America and percentage of offered families who decide to receive Healthy Family America.
 - Proportion of families that are retained in the program over specified periods of time, (3 months, 6 months, and every 6 months thereafter) after receiving a first home visit.
 - Proportion of families who receive at least seventy-five percent (75%) of the appropriate number of home visits based upon the individual level of service to which they are assigned.
- **Program Completion**
 - Share of families who do not complete the program, including, reason for non-completion and/or discharge.
 - Share of families that discharged who completed a minimum of specified periods of service. (Starting at 6 months, and every 6 months thereafter up until 36 months of service.)
- **Short-term Outcomes**
 - Share of families with a new case opened to the Division for Children, Youth and Families, or a new report of maltreatment, within 6 months after discharge.
 - Share of children who enter out-of-home placement within 6 months after discharge, including breakdown of placement type.
 - Share of children who enter any form of out-of-home placement within 12 months of discharge.
 - Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

The Department selected the contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from June 29, 2022 through August 2, 2022. The Department received four (4) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

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

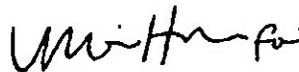
As referenced in Exhibit A, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request over 200 New Hampshire families will experience a lapse in preventive services they've come to depend on, leaving vulnerable families without access to proven support for preventing child abuse and neglect, family violence, low birth weight, maternal depression, and developmental delays.

Source of Federal Funds: Assistance Listing Number # 93.870, FAIN # X1043595, X1046878, X1145263; Assistance Listing Number # 93.658, FAIN # (FFPSA) 2201NHFOST; and Assistance Listing Number # 93.391, FAIN # NH75OT000031

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

Respectfully submitted,



Lori A. Weaver
Interim Commissioner

FISCAL DETAIL SHEET
SFY 23, 24 & 25 HOME VISITING SERVICES CONTRACTS

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT

100% FEDERAL CFDA #93.870 FAIN # X1043595, X1046878

Community Action Partnership of Strafford County - Vendor #177200-8004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$192,620.00
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Services	90083208	\$16,995.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$317,640.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$79,410.00
SUBTOTAL:				\$606,665.00

Waypoint - Vendor #177166-8002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$692,250.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$950,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$237,500.00
SUBTOTAL:				\$1,879,750.00

Community Action Partnership of Strafford County - Vendor #177200-8004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$80,533.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$109,446.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$27,540.00
SUBTOTAL:				\$217,519.00

The Family Resource Center at Gorham - Vendor #162412-8001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	\$269,729.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$378,354.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	\$92,583.00
SUBTOTAL:				\$740,666.00
Total of AU 5896				\$3,444,600.00

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05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION
FUNDS

100% OTHER FUNDS

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	074-500589	Grants for Pub Asst and Rel	92057502	\$108,000.00
SUBTOTAL:				\$108,000.00
TOTAL OF AU 3382				\$108,000.00

05-95-09-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC
BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH, HEALTH DIV

100% GENERAL FUNDS

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Svcs	90004019	\$56,250.00
2024 (7-1-23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	\$75,000.00
2025 (7/1/24-9/30/24)	102-500731	Contracts for Program Svcs	80004019	\$18,750.00
SUBTOTAL:				\$150,000.00
TOTAL OF AU 5190				\$150,000.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC
HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

100% FEDERAL FUNDS CFDA #93.391 FAIN#NH750T000031

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577160	\$105,000.00
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$157,500.00
SUBTOTAL:				\$262,500.00

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	\$86,512.00
SUBTOTAL:				\$86,512.00
TOTAL OF AU 5771				\$349,012.00

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES,
HHS: PUBLIC HEALTH DIV, BUEAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING 100%
FEDERAL FUNDS CFDA #93.870, FAIN# X1141935 & X1145263

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	\$17,532.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$54,231.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	\$13,558.00
SUBTOTAL:				\$85,321.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assl and Rel	90083206	\$114,064.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assl and Rel	90083207	\$125,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assl and Rel	90083207	\$142,350.00
SUBTOTAL:				\$381,414.00

Grant VNA - Vendor #177244-B002				
State Fiscal Year	Class / Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assl and Rel	90083206	\$11,452.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assl and Rel	90083207	\$0.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assl and Rel	90083207	\$0.00
SUBTOTAL:				\$11,452.00

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assl and Rel	90083206	\$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assl and Rel	90083207	\$50,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assl and Rel	90083207	\$58,532.00
SUBTOTAL:				\$175,246.00
TOTAL OF AU 2451				\$653,433.00

DPHS SUBTOTAL: \$4,705,045.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-2958, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES
 50% FEDERAL CFDA #93.858 FAIN # 2201NHFOST

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$199,673.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$266,230.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$66,557.00
SUBTOTAL:				\$532,460.00

Granite VNA - Vendor #177244HE002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$87,035.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$116,046.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$29,012.00
SUBTOTAL:				\$232,093.00

The Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$164,133.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$218,845.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$54,711.00
SUBTOTAL:				\$437,689.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$1,102,682.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$1,470,242.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	\$367,560.00
SUBTOTAL:				\$2,940,484.00
Total of AU 2958				\$4,142,726.00

DCYF SUBTOTAL: \$4,142,726.00

COMBINED HOME VISITING SERVICES CONTRACT TOTAL:	\$8,847,771.00
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**New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet**

Project ID # RFP-2023-DPHS-01-HOMEV

Project Title Home Visiting Services

	Maximum Points Available	Community Action Partnership of Strafford County	Granite VNA, Inc.	The Family Resource Center at Gorham	Waypoint
Technical					
Experience	30	25	24	30	28
Organizational Capacity	35	30	29	33	30
Performance Improvement	25	20	22	24	24
Subtotal - Technical	90	75	75	87	82
Cost					
Budget Sheet (Appendix F & F-1)	6	3	3	4	3
Program Staff List (Appendix G)	5	3	3	4	4
Subtotal - Cost	10	6	6	8	7
TOTAL POINTS	100	81	81	95	89
TOTAL PROPOSED VENDOR COST		\$1,064,920	\$464,188	\$1,750,754	\$5,840,968

Reviewer Name	Title
1. Gayleen Smith	Administrator III, Finance
2. Lisa Caoccola (Lampron)	Administrator II, DPHS Finance
3. Kristi Hart	Program Specialist IV, DPHS
4. Ashley Janos	Program Specialist IV, DCYP
5. Koby McCormac	Assessment Supervisor IV, DCYP
6. Aurella Moran	Supervisor V, DPHS

Subject: Home Visiting Services / RFP-2023-DPHS-01-HOMEV-03

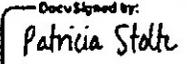
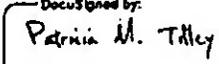
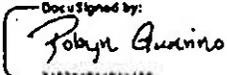
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

I. 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 The Family Resource Center at Gorham		1.4 Contractor Address 123 Main Street Gorham, NH 03851	
1.5 Contractor Phone Number 603-466-5190	1.6 Account Number 05-095-090-902010-5896 05-095-090-902010-5190 05-095-090-902010-2451 05-095-042-421010-2958 05-095-090-901010-5771	1.7 Completion Date 9/30/2024	1.8 Price Limitation \$1,590,113.00
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: 1/5/2023		1.12 Name and Title of Contractor Signatory Patricia Stolte Executive Director	
1.13 State Agency Signature DocuSigned by:  Date: 1/6/2023		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: 1/6/2023			
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.

Contractor Initials PS
Date 1/5/2023

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 Initials PS
Date 1/5/2023

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
Home Visiting Services

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

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 as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").

1.2. 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 to four (4) 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.

1.3. 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
Home Visiting Services**

EXHIBIT B

Scope of Services

1. Introduction

1.1. The Contractor must provide services in accordance with Department requirements and the Healthy Families America (HFA) program, which is designed to reduce the risk of child maltreatment by strengthening parent-child relationships, promoting healthy childhood growth, and enhancing family functioning and protective factors. Families enroll voluntarily with HFA, and meet regularly with a Family Support Specialist and receive services tailored to their needs.

HFA is both culturally-inclusive and trauma-informed, and teaches parents about healthy child development and appropriate activities for keeping their child(ren) healthy and thriving. The Contractor must provide services to assist in:

- Increasing caregivers' ability to build attachments with their child(ren);
- Creating foundations for nurturing relationships;
- Enhancing family functioning through reducing risk and increasing protective factors; and
- Developing connections to additional resources, which include, but are not limited to:
 - Housing.
 - Food.
 - Various forms of treatment.
 - School readiness.
 - Childcare.
 - Access to diapers and other supplies.

1.2. The Department, through this Agreement, seeks to assess needs more holistically, and to create crucial linkages across systems that touch vulnerable populations to seamlessly connect them to supports and enhance available services at all levels of needs. The Department's Division of Public Health Services (DPHS) in conjunction with the Division for Children, Youth and Families (DCYF) are collaborating their efforts to achieve this goal. The Contractor must provide services using the HFA program to children and families on behalf of both Divisions.

1.3. For the purposes of this Agreement, all references to day(s) mean Monday through Friday, business days, excluding state and federal holidays.

2. Key Definitions & Terminology

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT B

- 2.1. **Begin Date of Services** – The date the Contractor initiated contact with the client/family, and corresponds with the date listed as "begin date of services" on the Division for Children, Youth and Families (DCYF) Service Authorization Form.
- 2.2. **CPS** – Child Protective Services.
- 2.3. **CQI** – Continuous Quality Improvement.
- 2.4. **Cultural Humility** – Maintaining a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather what you learn about a participant's culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture.
- 2.5. **CWP** – Child Welfare Protocols.
- 2.6. **DCYF** – Division for Children, Youth and Families.
- 2.7. **DHHS** – Department of Health and Human Services.
- 2.8. **DPHS** – Division of Public Health Services.
- 2.9. **DO** – District Office.
- 2.10. **Face-to-face** – An in-person or virtual interaction or home visit (defined below) following the date on which the referral was made in which a provider begins working with the families to deliver HFA.
- 2.11. **FFPSA** – Family First Prevention Services Act.
- 2.12. **FTE** – Full time equivalent is a figure calculated from the number of full-time and part-time employees in an organization that represents these workers as a comparable number of full-time employees.
- 2.13. **GGK** – Growing Healthy Kids is a user friendly and truly comprehensive strength-based approach to growing nurturing parent-child relationships and supporting healthy childhood development.
- 2.14. **HFA** – Healthy Families America.
- 2.15. **HFA model** – A well-supported practice that provides home visiting designed to work with families who may have histories of trauma, intimate partner violence, mental health challenge, and/or substance use disorders. HFA services are delivered voluntarily, intensively, and over the long-term.
- 2.16. **HFA BPS** – Healthy Families America Best Practice Standards.
- 2.17. **HFA CWP model** – A set of protocols that requires the existing model requirements be provided, while offering additional guidance related to enrollment, caseload management, and establishing a formal MOU with child welfare in order to best serve families. Services are offered for a minimum of three years, regardless of the age of the child at intake, and supports families

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT B

with children through age five, which allows sites to enroll families referred by child welfare up to age twenty-four months.

- 2.18. **HRSA** – Health Resource and Services Administration is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable and the funding source of the MIECHV.
- 2.19. **MIECHV** – Maternal, Infant and Early Childhood Home Visiting – a program that supports pregnant individuals and families and helps at-risk parents of children from birth to kindergarten entry to tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.
- 2.20. **MOU/MOA** – Memorandum of Understanding/Memorandum of Agreement – a written agreement between two (2) parties to provide certain services.
- 2.21. **Open Assessment** – Any report of concern received by DCYF that is screened in by DCYF's central intake, and is being investigated by child protection staff.
- 2.22. **Open Case** – Any case opened to DCYF, including community-based/internal voluntary cases.
- 2.23. **Out-of-Home Placement** – The removal of a child from their normal place of residence to reside in a court-ordered substitute care setting under the placement and care responsibility of DCYF.
- 2.24. **PAT** – Parents As Teachers – a foundational curriculum used as an approach to working with families that is relationship-based and parenting-focused.
- 2.25. **PII** – Personally Identifiable Information.
- 2.26. **QA** – Quality Assurance.
- 2.27. **Virtual Home Visit** - A home visit, as described in an applicable service delivery model that is conducted solely by the use of electronic information and telecommunications technologies.¹
- 2.28. **Well-supported practice** – An evidence-based service that has at least two (2) contrasts, with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one (1) of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one (1) target outcome.

3. Statement of Work

3.1. The Contractor must provide face-to-face voluntary home visiting services to

¹ Text - H.R.133 - 116th Congress (2019-2020): Consolidated Appropriations Act, 2021 | Congress.gov | Library of Congress

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

pregnant individuals and families with children up to age five (5) by utilizing the evidence-based home visiting model from HFA.

3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Health Services) must fall within one (1) or more of the federally defined priority populations below:

3.2.1. Are first-time parents.

3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.

3.2.3. Are less than twenty-one (21) years of age.

3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.

3.2.5. Have a history of substance misuse or need substance use disorder treatment.

3.2.6. Are users of tobacco products in the home.

3.2.7. Have or have had a child(ren) with low student achievement.

3.2.8. Have a child(ren) with developmental delays or disabilities.

3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.

3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Berlin and Littleton DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than four (4) DCYF families during the first six (6) months of the contract period and no less than eight (8) families thereafter through the end of the contract period.

3.4. The Contractor must serve families under the traditional HFA model by DCYF Catchment Area as follows: Berlin - 25, Littleton - 20.

3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:

3.5.1. Pregnant or parenting youth in foster care.

3.5.2. Families with an infant born exposed to substances.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

- 3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.
- 3.5.4. Families with an open DCYF case who have recently reunified.
- 3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:
 - 3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.
 - 3.6.2. Strengthening parent-child relationships.
 - 3.6.3. Promoting healthy childhood growth.
 - 3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.
- 3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:
 - 3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:
 - 3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.
 - 3.7.1.2. Have HFA CWP available in the Berlin and Littleton DCYF Catchment Areas within six (6) months of Governor and Executive Council approval of this Agreement.
 - 3.7.1.2.1. Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.
 - 3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contract must develop a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than thirty (30) business days from the date of the denial.
 - 3.7.2. Select and implement an evidence-based curriculum to support

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT B

- prenatal individuals and newly parenting families. Family Support Specialists (FSS) must be trained within six (6) months of hire on the following:
- 3.7.2.1. Parents as Teachers (PAT), as an annually trained "Approved user," or
 - 3.7.2.2. Growing Great Kids (GGK) with certification of training.
 - 3.7.3. Collaborate with other early childhood and social service agencies to support linkages to services beneficial to families.
 - 3.7.4. Ensure the twelve (12) critical elements that make up the essential components of the HFA model are addressed in agency policies.
 - 3.7.5. Enter personally identifiable information (PII) for all participants served under this Agreement into the Department's designated Home Visiting Data System.
- 3.8. The Contractor must identify positive ways to establish relationships with each family and keep families engaged and connected over time, as participants may be reluctant to engage in services and may have difficulty building trusting relationships. The Contractor must use creative outreach strategies, such as Motivational Interviewing, to re-engage families who have disengaged.
 - 3.9. The Contractor must adhere to HFA's site requirements by ensuring weekly individual supervision is received by all direct service staff.
 - 3.10. The Contractor must provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health consultant.
 - 3.11. The Contractor must offer home visits by licensed nurses (registered nurse (RN) or greater education level) during the prenatal and post-partum periods at a frequency of once per trimester prenatally, and once per quarter during the first year post-partum.
 - 3.12. The Contractor must offer services that are comprehensive and focus on supporting the parent/caregiver, as well as supporting the parent-child interaction and child development. Additionally, all families must be linked to a medical provider and other services, as appropriate.
 - 3.13. The Contractor must obtain all necessary authorizations for release of information. All forms developed for authorization for release of information must be made available for review by the Department during site visits for selected case reviews.
 - 3.14. The Contractor must coordinate, where possible, with other local service providers including, but not limited to:
 - 3.14.1. Health care providers.
 - 3.14.2. Social workers.

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT B

- 3.14.3. Social services.
- 3.14.4. Early interventionists.
- 3.15. The Contractor must develop and maintain an advisory group comprised of community partners, family participants, and agency staff with a wide range of skills and abilities, including representatives with diverse skills, strengths, community knowledge, professions, and cultural diversity. The Contractor must:
 - 3.15.1. Promote equity in all facets of operations with families, staff, and community.
 - 3.15.2. Maintain policy or other written guidance expressing the Contractor's commitment to respectful staff interactions and supporting staff to continually strengthen their relational skills focused on diversity, equity, and inclusion.
 - 3.15.3. Gather information to reflect on and better understand issues impacting staff and families served and to examine the effectiveness of its equity strategies.
 - 3.15.4. Develop an equity plan based on what it learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within to set a course for continuous improvement to achieve greater equity in all facets of its work.
- 3.16. The Contractor must evaluate the progress of each program participant, as well as the performance of programs and services provided.
- 3.17. The Contractor must ensure that they:
 - 3.17.1. Collaborate with relevant DCYF staff and related stakeholders when a valid release of information has been signed or a subpoena has been issued by the court.
 - 3.17.2. Make reports to DCYF Central Intake if they suspect child abuse or neglect, consistent with their responsibility, as mandated reporters under New Hampshire law.
- 3.18. The Contractor must actively and regularly collaborate monthly, with both Divisions, to enhance contract management, improve results, and adjust program delivery and policy, based on successful outcomes.
- 3.19. **Compliance Standards**
 - 3.19.1. The Contractor must offer services to all families referred by the Department unless that family is identified as ineligible for HFA under model specifications and requirements.
 - 3.19.2. The Contractor must ensure referrals are accepted from multiple

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT B

sources within the child welfare system including, but not limited to:

3.19.2.1. DCYF Juvenile Justice Services.

3.19.2.2. DCYF Child Protective Services (CPS).

3.19.3: The Contractor must adhere to all specifications and requirements, in compliance with NH DCYF's 5-year prevention plan and the Family First Prevention Service Act (FFPSA), for HFA CWP cases, including but not limited to:

3.19.3.1. All data reporting;

3.19.3.2. Record keeping and retention;

3.19.3.3. Fiscal compliance;

3.19.3.4. Maintenance of an evidence-based program identified as well-supported through the Title IV-E Clearinghouse;

3.19.3.5. Documented prevention type on the DCYF service authorization (which will be completed by the Department); and

Submitting a completed prevention plan every twelve (12) months for every DCYF-referred family. DCYF staff will complete the initial prevention plan for families, and the Contractor must update the plans at the 12-month mark and annually. The Department will distribute associated guidance after DCYF's 5-year plan is reviewed and approved.

3.19.4. The Contractor must collaborate with the Department to ensure that all program policies, procedures, and documents align with NH DCYF and DPHS policies, NH state law, and Department needs.

3.19.5. The Contractor must identify staff responsible for submitting reports and data to the Department within 30 days of the Agreement effective date.

3.20. Staffing:

3.20.1. The Contractor must follow all HFA Essential and Safety standards for staffing, hiring, training, and supervision, as outlined in HFA BPS.

3.20.2. The Contractor must ensure HFA home visiting staff have at least a high school diploma or equivalent, experience providing services to families, and knowledge of child development. Supervisors and Program Managers must have at least a Bachelor's degree with three (3) years prior experience.

3.20.3. The Contractor must ensure FSSs receive extensive training in the program model before delivering the service and on a recurring basis.

PS

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

Training must comply with all HFA model specifications and requirements, including but not limited to:

3.20.3.1. Attending a four-day core training that is specialized based on role (assessors, home visitors, and supervisors).

3.20.3.2. Supervisors attending one (1) additional day for the core training and an optional three (3) days of training that focuses on building reflective supervision skills.

3.20.3.3. Program managers are required to attend core training plus three (3) days of training focused on how to implement the model to fidelity using the HFA BPS.

3.20.4. The Contractor must ensure additional available training is beneficial to the staff in delivering HFA. Training and conferences topics must include but are not limited to:

3.20.4.1: Substance use.

3.20.4.2. Childhood Maltreatment (Abuse/Neglect).

3.20.4.3. Parenting techniques.

3.20.4.4. Cultural competence/humility.

3.20.4.5. Childhood and generational trauma (Trauma-Informed).

3.20.4.6. Engagement strategies.

3.20.5. The Contractor must ensure each Family Support Specialist (FSS) maintains a caseload of no more than ten (10) to twelve (12) families per 1 FTE for the first two (2) years of employment and no more than fifteen (15) to twenty (20) families per one (1) FTE after completing 24 months of employment for traditional HFA; and no more than ten (10) to twelve (12) families at any time for HFA CWP. These caseload maximums shall be prorated per HFA requirements for staff with less than 40 hours per week dedicated to the role of FSS.

3.21. The Contractor must maintain HFA accreditation and follow all BPS related to hiring, staffing levels, training, and supervision among other components of the model.

3.22. Discharge from HFA services:

3.22.1. The Contractor must develop a discharge plan for each family, beginning at the time of admission and continuing throughout service.

3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.

3.23. Extending HFA services:

3.23.1. The Contractor must offer HFA Services to the child and family for a

PS

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

minimum of three (3) years in total.

3.24. Reporting

- 3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2 on a form provided by the Department. This document must be submitted to DPHS no later than the 15th of each month, containing the prior month's data.
- 3.24.2. The Contractor, on a quarterly (January, April, July, and October) and annual (October) basis, must submit to DCYF:
 - 3.24.2.1. Form 1, which is attached as Attachment 3.
 - 3.24.2.2. Form 2, which is attached as Attachment 4.
- 3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including client-level demographic, performance, and service data to the Department in a format specified by the Department.

3.25. Background Checks

- 3.25.1. For all Contractor employees, interns, volunteers, and any subcontractor employees, interns, and volunteers providing services under this Agreement, the Contractor must, at its own expense, after obtaining a signed and notarized authorization form from the individual(s) for whom information is being sought:
 - 3.25.1.1. Submit the person's name for review against the Bureau of Elderly Adult Services (BEAS) state registry maintained pursuant to RSA 161-F:49;
 - 3.25.1.2. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) center registry pursuant to RSA 169-C:35;
 - 3.25.1.3. Complete a criminal records check to ensure that the person has no history of:
 - 3.25.1.3.1. Felony conviction; or
 - 3.25.1.3.2. Any misdemeanor conviction involving:
 - 3.25.1.3.2.1. Physical or sexual assault;
 - 3.25.1.3.2.2. Violence;
 - 3.25.1.3.2.3. Exploitation;
 - 3.25.1.3.2.4. Child pornography;
 - 3.25.1.3.2.5. Threatening or reckless conduct;

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

- 3.25.1.3.2.6. Theft;
- 3.25.1.3.2.7. Driving under the influence of drugs or alcohol; or
- 3.25.1.3.2.8. Any other conduct that represents evidence of behaviors that could endanger the well-being of any individual served under this Agreement; and

3.25.2. Unless approval is granted by the Department, the Contractor must not permit any employee, volunteer, intern, or subcontractor to provide services under this Agreement until the Contractor has confirmed:

- 3.25.2.1. The individual's name is not on the BEAS state registry;
- 3.25.2.2. The individual's name is not on the DCYF central registry;
- 3.25.2.3. The individual does not have a record of a felony conviction; or
- 3.25.2.4. The individual does not have a record of any misdemeanors as specified above.

3.26. Confidential Data

- 3.26.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Exhibit K, DHHS Information Security Requirements.
- 3.26.2. The Contractor must ensure any staff and/or volunteers involved in delivering services through this Agreement, sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Exhibit K. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.
- 3.26.3. Upon request, the Contractor must allow the Department to conduct a Privacy Impact Assessment (PIA) of its system. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:
 - 3.26.3.1. How PII is gathered and stored;
 - 3.26.3.2. Who will have access to PII;
 - 3.26.3.3. How PII will be used in the system;

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

3.26.3.4. How individual consent will be achieved and revoked and

3.26.3.5. Privacy practices.

3.26.4. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

3.27. Contract End-of-Life Transition Services

3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.

3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.

3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.

3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B.

3.27.6. In the event where the Contractor has comingled Department Data and the destruction of Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction.

3.28. Website and Social Media

3.28.1. Contractor agrees that if performance of services on behalf of the Department involves using social media or a website to solicit information of individuals, or Confidential data, the Contractor must work with the Department's Communication Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all of the Department's and NH Department of Information Technology's website and social media requirements and policies.

3.28.2. Contractor agrees that protected health information (PHI), personal identifiable information (PII), or other confidential information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed, unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other confidential information is subject to the Information Security Requirements Exhibit, the Business Associates Agreement Exhibit and all applicable state rules and state and federal laws. Unless specifically required by the Contract and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation will not be tracked, disclosed or used for website or social medial analytics or marketing.

3.29. Performance Measures

3.29.1. For services provided for DPHS, the Department will monitor Contractor performance by reviewing indicated reporting requirements on Form 1, which is attached as Attachment 3, and Form 2, which is attached as Attachment 4, and working with the Contractor to select areas to improve upon utilizing CQI strategies through a data driven process.

3.29.2. For services provided for DCYF, the Department will focus on specific data points collected through its internal data systems, monthly, quarterly and annual submissions via email, and existing HFA data collection reports on DCYF Key Performance Metrics, which are attached as Attachment 5.

4. Exhibits Incorporated

4.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

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.

- 4.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 4.3. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

- 5.1.1. 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.

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

- 5.2.1. The Contractor must 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.

5.3. Credits and Copyright Ownership

- 5.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must 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."
- 5.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 5.3.3. The Department must retain copyright ownership for any and all

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

original materials produced, including, but not limited to:

- 5.3.3.1. Brochures.
- 5.3.3.2. Resource directories.
- 5.3.3.3. Protocols or guidelines.
- 5.3.3.4. Posters.
- 5.3.3.5. Reports.

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

5.4. Operation of Facilities: Compliance with Laws and Regulations

5.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

6. Records

6.1. The Contractor must keep records that include, but are not limited to:

6.1.1. 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.

6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT B

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- 6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must 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.
- 6.2. 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 must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Attachment 1: DCYF Catchment Area Locations

Berlin <i>(650 Main Street Suite 200, Berlin NH 03570)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Atkinson and Gilmanton ▪ Academy Grant ▪ Bean's Grant ▪ Bean's Purchase ▪ Berlin ▪ Bretton Woods ▪ Cambridge ▪ Carroll ▪ Cascade ▪ Chandlers Purchase ▪ Clarksville ▪ Colebrook ▪ Columbia ▪ Coos Junction ▪ Crawford's Purchase ▪ Crystal ▪ Cutt's Grant ▪ Dalton ▪ Dix's Grant ▪ Dixville 	<ul style="list-style-type: none"> ▪ Dummer ▪ Errol ▪ Ervings Location ▪ Fabyan Gorham ▪ Grange Greens Grant ▪ Groveton ▪ Hadley's Purchase ▪ Jefferson ▪ Kilkenny ▪ Lancaster ▪ Low and Burbank's Grant ▪ Maplewood ▪ Martin's Location ▪ Milan ▪ Millsfield ▪ North Stratford ▪ Northumberland ▪ Odell ▪ Percy ▪ Pinkham's Grant 	<ul style="list-style-type: none"> ▪ Pittsburg ▪ Randolph ▪ Riverton ▪ Sargent's Purchase ▪ Second College Grant ▪ Shelburne ▪ South Lancaster ▪ Stark ▪ Stewartstown ▪ Stratford ▪ Stratford Hollow ▪ Success ▪ Thompson & Meserve's Purchase ▪ Twin Mountain ▪ Wentworth's Location ▪ West Milan ▪ West Stewartstown ▪ Whitefield

Littleton <i>(80 North Littleton Road, Littleton, NH 03561)</i>	
Serving the cities, towns, and locations of:	
<ul style="list-style-type: none"> ▪ Apthorp ▪ Bath ▪ Benton ▪ Bethlehem ▪ Bethlehem Junction ▪ Center Haverhill ▪ East Haverhill ▪ Easton ▪ Franconia ▪ Glenciff ▪ Haverhill ▪ Landaff ▪ Lincoln 	<ul style="list-style-type: none"> ▪ Lisbon ▪ Littleton ▪ Livermore ▪ Lyman ▪ Monroe ▪ North Haverhill ▪ North Woodstock ▪ Pierce Bridge ▪ Piermont ▪ Pike ▪ Sugar Hill ▪ Warren ▪ Woodstock ▪ Woodsville

Attachment 1: DCYF Catchment Area Locations

Conway <i>(71 Hobbs Street, Conway NH 03818)</i>		
<p>Serving the cities, towns, and locations of:</p> <ul style="list-style-type: none"> ▪ Albany ▪ Bartlett ▪ Brookfield ▪ Center Conway ▪ Center Effingham ▪ Center Ossipee ▪ Center Sandwich ▪ Center Tuftonboro ▪ Chatham ▪ Chocorua ▪ Conway ▪ East Conway ▪ East Wakefield ▪ Eaton ▪ Effingham 	<ul style="list-style-type: none"> ▪ Freedom ▪ Glen ▪ Granite ▪ Hale's Location ▪ Hart's Location ▪ Intervale ▪ Jackson ▪ Kearsarge ▪ Madison ▪ Melvin Village ▪ Mirror Lake ▪ Moultonborough ▪ Moultonville ▪ North Conway ▪ North Sandwich ▪ Ossipee 	<ul style="list-style-type: none"> ▪ Redstone ▪ Sanbornville ▪ Sandwich ▪ Silver Lake ▪ Snowville ▪ South Chatham ▪ South Effingham ▪ South Tamworth ▪ Tamworth ▪ Tuftonboro ▪ Union ▪ Wakefield ▪ West Ossipee ▪ Wolfeboro ▪ Wolfeboro Falls ▪ Wonalancet

Claremont <i>(17 Water Street, Suite 301, Claremont NH 03743)</i>		
<p>Serving the cities, towns, and locations of:</p> <ul style="list-style-type: none"> ▪ Acworth ▪ Bearegard Village ▪ Burkehaven ▪ Canaan ▪ Charlestown ▪ Claremont ▪ Cornish ▪ Cornish Flat ▪ Croydon ▪ East Lempster ▪ Enfield ▪ Enfield Center ▪ Etna 	<ul style="list-style-type: none"> ▪ Georges Mills ▪ Goshen ▪ Grafton ▪ Grantham ▪ Guild ▪ Hanover ▪ Langdon ▪ Lebanon ▪ Lempster ▪ Lyme ▪ Lyme Center ▪ Meriden ▪ Mount Sunapee ▪ Newport 	<ul style="list-style-type: none"> ▪ Orange ▪ Orford ▪ Plainfield ▪ South Acworth ▪ South Charlestown ▪ Springfield ▪ Sunapee ▪ Unity ▪ Washington ▪ West Canaan ▪ West Lebanon ▪ West Springfield ▪ West Unity

Attachment 1: DCYF Catchment Area Locations

Keene <i>(111 Key Road, Keene NH 03431)</i>		
<p>Serving the cities, towns, and locations of:</p> <ul style="list-style-type: none"> ▪ Alstead ▪ Antrim ▪ Ashuelot ▪ Bennington ▪ Chesterfield ▪ Deering ▪ Drewsville ▪ Dublin ▪ East Sullivan ▪ East Swanzey ▪ East Westmoreland ▪ Fitzwilliam ▪ Gilsom ▪ Greenfield ▪ Greenville ▪ Hancock 	<ul style="list-style-type: none"> ▪ Harrisville ▪ Hillsborough ▪ Hillsborough Upper Village ▪ Hinsdale ▪ Jaffrey ▪ Keene ▪ Marlborough ▪ Marlow ▪ Munsonville ▪ Nelson ▪ New Ipswich ▪ North Swanzey ▪ North Walpole ▪ Peterborough ▪ Richmond ▪ Rindge ▪ Roxbury 	<ul style="list-style-type: none"> ▪ Sharon ▪ Spofford ▪ Stoddard ▪ Sullivan ▪ Surry ▪ Swanzey ▪ Temple ▪ Troy ▪ Walpole ▪ West Chesterfield ▪ West Deering ▪ West Peterborough ▪ West Swanzey ▪ Westmoreland ▪ Westport ▪ Winchester ▪ Windsor

Laconia <i>(65 Beacon Street West, Laconia NH 03246)</i>		
<p>Serving the cities, towns, and locations of:</p> <ul style="list-style-type: none"> ▪ Alexandria ▪ Alton ▪ Alton Bay ▪ Ashland ▪ Barnstead ▪ Bear Island ▪ Belmont ▪ Bridgewater ▪ Bristol ▪ Campton ▪ Center Barnstead ▪ Center Harbor ▪ Dorchester ▪ East Holderness 	<ul style="list-style-type: none"> ▪ Ellsworth ▪ Gilford ▪ Gilmanton ▪ Gilmanton Corners ▪ Gilmanton Iron Works ▪ Glendale ▪ Governor Isle ▪ Groton ▪ Hebron ▪ Holderness ▪ Laconia ▪ Lakeport ▪ Lochmere ▪ Lower Gilmanton ▪ Meredith 	<ul style="list-style-type: none"> ▪ Meredith Center ▪ New Hampton ▪ North Sanbornton ▪ Plymouth ▪ Quincy ▪ Rumney ▪ Sanbornton ▪ Thornton ▪ Tilton ▪ Waterville Valley ▪ Weirs ▪ Wentworth ▪ West Alton ▪ West Rumney ▪ Winnisquam

Attachment 1: DCYF Catchment Area Locations

Concord! <i>(40 Terrill Park Drive, Concord NH 03301)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none">▪ Allenstown▪ Andover▪ Blodgett Landing▪ Boscawen▪ Bow▪ Bradford▪ Canterbury▪ Chichester▪ Concord▪ Contoocook▪ Danbury▪ Davisville▪ Dunbarton▪ East Andover▪ East Concord▪ East Sutton▪ Elkins	<ul style="list-style-type: none">▪ Epsom▪ Francestown▪ Franklin▪ Gerrish▪ Goffstown▪ Gossville▪ Henniker▪ Hill▪ Hooksett▪ Hopkinton▪ Loudon▪ New Boston▪ New London▪ Newbury▪ North Sutton▪ North Wilmot▪ Northfield▪ Pembroke	<ul style="list-style-type: none">▪ Penacook▪ Pinardville▪ Pittsfield▪ Potter Place▪ Salisbury▪ Short Falls▪ South Danbury▪ South Sutton▪ Suncook▪ Sutton▪ Warner▪ Weare▪ Webster▪ Webster Lake▪ West Franklin▪ Wilmot▪ Wilmot Flat

Manchester: <i>(1050 Perimeter, Suite 501, Manchester, NH 03103)</i>
Serving the city of: Manchester

Attachment 1: DCYF Catchment Area Locations

Rochester <i>(150 Wakefield Street Suite 22, Rochester NH 03867)</i>	
Serving the cities, towns, and locations of:	
<ul style="list-style-type: none"> ▪ Barrington ▪ Center Strafford ▪ Dover ▪ Durham ▪ East Rochester ▪ Farmington ▪ Gonic ▪ Lee 	<ul style="list-style-type: none"> ▪ Madbury ▪ Middleton ▪ Milton ▪ Milton Mills ▪ New Durham ▪ Rochester ▪ Rollinsford ▪ Strafford

Seacoast <i>(19 Rye St. Portsmouth, NH 03801)</i>		
Serving the cities, towns, and locations of:		
<ul style="list-style-type: none"> ▪ Auburn ▪ Brentwood ▪ Candia ▪ Danville ▪ Deerfield ▪ East Kingston ▪ Epping ▪ Exeter ▪ Fremont ▪ Greenland ▪ Hampton 	<ul style="list-style-type: none"> ▪ Hampton Beach ▪ Hampton Falls ▪ Kensington ▪ Kingston ▪ New Castle ▪ Newfields ▪ Newington ▪ Newmarket ▪ Newton ▪ Newton Junction ▪ North Hampton 	<ul style="list-style-type: none"> ▪ Northwood ▪ Nottingham ▪ Portsmouth ▪ Raymond ▪ Rye ▪ Rye Beach ▪ Seabrook ▪ Somersworth ▪ South Hampton ▪ Stratham ▪ West Nottingham

Southern <i>(26 Whipple St. Nashua, NH 03060)</i>		
District Office serving the cities, towns, and locations of:		Southern Telework serving the cities, towns, and locations of:
<ul style="list-style-type: none"> ▪ Amherst ▪ Bedford ▪ Brookline ▪ Hollis ▪ Hudson ▪ Litchfield ▪ Lyndeborough ▪ Mason ▪ Merrimack 	<ul style="list-style-type: none"> ▪ Milford ▪ Mont Vernon ▪ Nashua ▪ North Salem ▪ Pelham ▪ Reeds Ferry ▪ Salem ▪ Wilton ▪ Windham 	<ul style="list-style-type: none"> ▪ Atkinson ▪ Chester ▪ Derry ▪ East Derry ▪ East Hampstead ▪ Hampstead ▪ Londonderry ▪ Plaistow ▪ Sandown

Attachment 2 - Capacity Analysis Report

CASELOAD AND CAPACITY ANALYSIS <small>(to be completed for each month of the reporting period)</small>	
INTRODUCTION	<p>1. Click on a home visitor worksheet (HV) tab below. Enter the home visitor's information into the GREEN CELLS only: their Name, # hours per week paid by MFA, and % of MFA time as a home visitor.</p> <p>2. Enter the number of families on each level that the home visitor law in the reporting month.</p> <p>3. Repeat Steps 1-2 for each home visitor allocated to MFA Home Visiting during the month, in the separate tabs provided.</p> <p>4. If you have a home visitor position that is currently vacant, please indicate this using "RECRUITMENT" instead of the home visitor's name.</p> <p>5. Click the "Capacity Analysis" worksheet tab to review the analysis for your local implementing Agency this month.</p> <p>NOTE: to optimize your case-assignment planning, use next month's workbook to model your family and case weight numbers, and see what your performance results will be!</p>
USF	<p>PLEASE NOTIFY YOUR LOCAL SERVICE WORKERS CHANGED IN THE REPORTING MONTH</p> <p>If your MFA home visiting staff changed, but the number of MFA home visitors did not exceed 5, simply change the "Name of staff member" in Col B2. Return to USF Step 1.</p>
DATA MAINTENANCE	<p>If the number of MFA home visitors during the reporting month was greater than 5, contact the State Team for technical assistance. OR:</p> <p>1. Duplicate the last FSW worksheet tab (right-click, select "move or copy", click box "create a copy", move to "before Capacity Analysis")</p> <p>2. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheet:</p> <ul style="list-style-type: none"> a. # families served, per case weight category (cells E3:J3) b. % of monthly home visitor capacity utilized (cells E7, F7) c. Service Utilization % (cells E10, F10)
<p>Notes: The # of hours paid should be the salaryed or expected contracted hours for MFA only, regardless of vacation days, out of office, sick, etc.</p> <p>NOTE: The % of time spent home visiting should be the % of time - of the MFA hours recorded above - doing home visiting work. For FSWs who are NOT also doing FAW work, the % will be 100%.</p> <p>When the green cells are filled, all orange fields and the Capacity Analysis worksheet will auto-calculate for the individual home visitors and for your LA. If the total number of families or the total weighted caseload is above the maximum, the corresponding field will turn red.</p>	

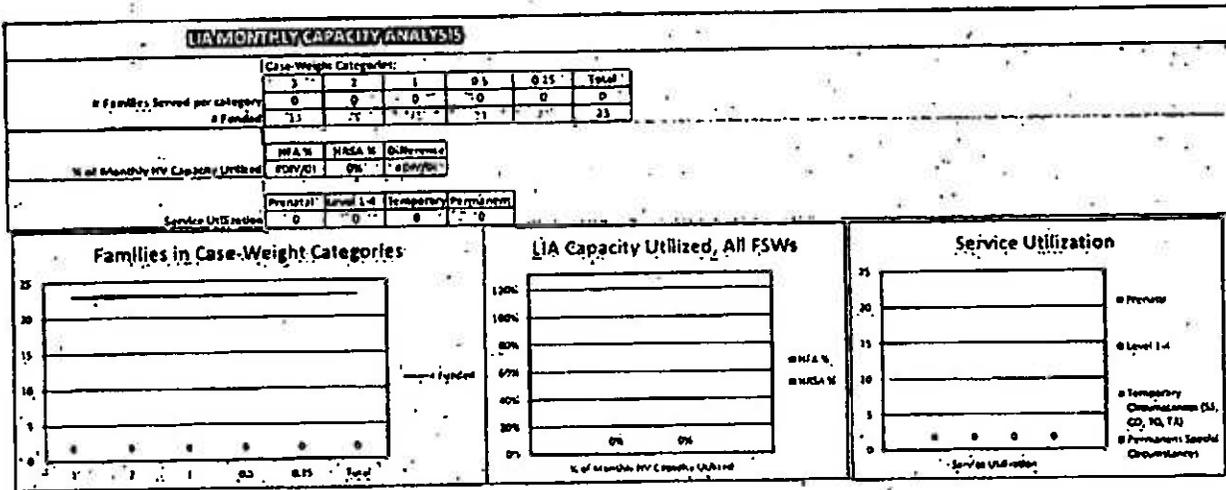
Attachment 2 - Capacity Analysis Report

Branch (or Campus) Address		N/TW/RT	Maximum Special Circumstances (PSC) families should be taken off above or below level. AND in the section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs								
Branch (or Campus) Address: February 2017 How Data (How Many) and/or 7.0 months away Reason of staff absence 0 hours per week worked for HR & only Of this hours above, % time by MTA home visitor			# of families with additional circumstance due to PSC:								
Level	Description	Number of Families on Level	Weight	Weighted Circumstances per Level	0.5	1	1.5	2	2.5	3	Extra Care Weight
Level 2P	Physical - visits every other week during first and second trimester		1.00	0							0
Level 1P	Physical - visits every week in third trimester (or earlier if needed)		1.00	0							0
Level 1	Visit 1 monthly after birth or appointment - visits every week		1.00	0							0
Level 2	Visit 2 every other week		1.50	0							0
Level 3	Visit 3 once per month		0.50	0							0
Level 1A3	Visit 3a continuation - visits weekly, or more if needed		1.00	0							0
Level 4	Visits once per quarter		0.25	0							0
Outgoing Out-of-Home (OOH)	Outgoing Out-of-Home (OOH) is for families that completed all 4 levels.		1.00	0							0
Level 4D1	Home visit but become leaving again		1.00	0							0
Level 4D2	OOH families are given the same Circumstance they had prior to going on OOH, to receive same if reengaged		0.50	0							0
Level 4D3	Temporary Out-of-Home (TOH): for up to 3 months, families go from the same circumstance they had prior to going on OOH, to receive same if reengaged		1.00	0							0
Level 4D4	Temporary Out-of-Home (TOH): for up to 3 months, families go from the same circumstance they had prior to going on OOH, to receive same if reengaged		1.00	0							0
Level 1B1	Temporary Out-of-Home (TOH): for up to 3 months, families go from the same circumstance they had prior to going on OOH, to receive same if reengaged		0.50	0							0
Level 1B2	Temporary Out-of-Home (TOH): for up to 3 months, families go from the same circumstance they had prior to going on OOH, to receive same if reengaged		0.50	0							0
Level 7A	Additional re-assignment to another PSC due to a log or turnover		0.10	0							0
Actual Total		0	0	0	Total additional PSC circumstances						
Maximum per Branch		0	0	0							
MFA CAPACITY CALCULATION		0	0	0							
PSC Contribution to MFA CAPACITY CALCULATION		0	0	0							

Attachment 2 - Capacity Analysis Report

Month for Capacity Analysis			Permitted Special Circumstances (PSC) families should be captured above in this level. Add in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs. # of families with additional travel time due to PSC:							Level Case Weight		
Number of staff employed			Number of Families on Level	Weight	Weighted Case type per Level	0.5	1	1.5	2		2.5	3
Level 1P	On-call - visits every other week during Am and second trimester			1.00	0							0
Level 1P	On-call - visits every week in third trimester (or earlier if needed)			1.00	0							0
Level 1	1st 6 months after birth to postpartum - visits every week			1.00	0							0
Level 2	Wkly visits after 6 months			1.00	0							0
Level 3	Visits once per month			0.50	0							0
Level 3L1	Crash line consultation - visits weekly, or more if a need			1.00	0							0
Level 4	Visits once per quarter			0.25	0							0
Obstetric Data Entry (ODE)	Creation (Data Entry) for families that completed ultrasound			1.00	0							0
Level CD1	Being visit but become discharged			1.00	0							0
Level CD1	CD families or a down the same or overnight they had prior to going on CD			0.50	0							0
Level CD1	CD, no arrival, visit if coming early			0.50	0							0
Temporary Discharge (TD)	Temporary Discharge (TD) for up to 3 months, families are given the same frequency they had prior to going on CD, to ensure visit of remaining visit.			1.00	0							0
Level TD1	Temporary Discharge (TD) for up to 3 months, families accept			0.50	0							0
Level TD1	Temporary Discharge (TD) for up to 3 months, families accept			0.50	0							0
Level TD	Temporary Discharge (TD) for up to 3 months, families accept			0.50	0							0
Actual level 1				0	0							0
Maximum for Births				0	0							0
MAX CAPACITY CALCULATION				0.00	0							0
Total Contribution to WBLD CAPACITY CALCULATION				0.00	0							0

Attachment 2: Capacity Analysis Report



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Attachment 3 - FORM 1

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

DEMOGRAPHIC, SERVICE UTILIZATION, AND SELECT CLINICAL INDICATORS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 560 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 24, 2018

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 Expires Date: 07/31/2011

Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV

Participants	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Pregnant Women			
Female Caregivers			
Male Caregivers			
All Adults (Auto Calculate)			
Female Index Children			
Male Index Children			
All Index Children (Auto Calculate)			

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

Households	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Number of Households			

Notes:

Table 3: Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)

Participants and Households	Total Number Served during Reporting Period
Pregnant Women	
Female Caregivers	
Male Caregivers	
All Adults (Auto Calculate)	
Female Index Children	
Male Index Children	
All Index Children (Auto Calculate)	
Number of Households	

Notes:

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Expiration Date: 07/31/2011

Attachment 3 - Form 1

Table 4: Adult Participants by Age

Adult Participants	≤17	18-19	20-21	22-24	25-29	30-34	35-44	45-54	55-64	≥65	Unknown/Did not Report*	Total
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 5: Index Children by Age

Index Children	<1 year	1-2 years	3-4 years	5-6 years	Unknown/Did not Report*	Total
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 6: Participants by Ethnicity

Participants	Hispanic or Latino	Not Hispanic or Latino	Unknown/Did not Report*	Total
Pregnant Women				
Female Caregivers				
Male Caregivers				
All Adults (Auto Calculate)				
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

OSID No: 0986-0017
 Expiration Date: 07/31/2021

Attachment 3 - Form 1

Notes:

Table 7: Participants by Race

Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race	Unknown/Did not Report*	Total
Pregnant Women								
Female Caregivers								
Male Caregivers								
All Adults (Auto Calculate)								
Female Index Children								
Male Index Children								
All Index Children (Auto Calculate)								

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 8: Adult Participants by Marital Status

Adult Participants	Never Married (Excluding Not Married but Living Together with Partner)	Married	Not Married but Living Together with Partner	Separated/Divorced/Widowed	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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 Expiration Date: 01/01/2021

Attachment 3 - Form 1

Notes:

Table 9: Adult Participants by Educational Attainment

Adult Participants	Less than HS diploma	HS Diploma/GED	Some college/training	Technical training or certification	Associate's Degree	Bachelor's Degree or higher	Other	Unknown/Did not Report*	Total
Pregnant Women									
Female Caregivers									
Male Caregivers									
All Adults (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 10: Adult Participants by Employment Status

Adult Participants	Employed Full Time	Employed Part-Time	Not employed	Unknown/Did not Report*	Total
Pregnant Women					
Female Caregivers					
Male Caregivers					
All Adults (Auto Calculate)					

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

OS18 No: 8904-8013
 Expiration Date: 07/31/2021

Attachment 3 - Form 1

Table 11: Adult Participants by Housing Status

	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
	Owns or shares own home, condominium, or apartment	Rents or shares own home or apartment	Lives in public housing	Lives with parent or family member	Some other arrangement		Homeless and sharing housing	Homeless and living in an emergency or transitional shelter	Some other arrangement			
Adult Participants												
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 12: Primary Language Spoken at Home

Index Children	Number	Percent
English		
Spanish		
Other		
Unknown/Did Not Report*		
All Index Children (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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OSIS No: 0904-0017
Expiration Date: 07/31/2021

Attachment 3 - Form 1

Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

Households	Yes	No	Unknown/Did not Report*	Total
1. Low income household				
2. Household contains an enrollee who is pregnant and under age 21				
3. Household has a history of child abuse or neglect or has had interactions with child welfare services				
4. Household has a history of substance abuse or needs substance abuse treatment				
5. Someone in the household uses tobacco products in the home				
6. Someone in the household has attained low student achievement or has a child with low student achievement				
7. Household has a child with developmental delays or disabilities				
8. Household includes individuals who are serving or formerly served in the US armed forces				

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

DocuSign Envelope ID: AC2835E0-92F6-4020-BD2E-344DE4F93C1C

OMB No: 0906-0017
 Expiration Date: 07/31/2021
Attachment 3 - Form 1

SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

Households	Number of Households	Percent
Currently receiving services		
Completed program		
Stopped services before completion		
Enrolled but not currently receiving services/Other		
Unknown/Did not Report*		
All Categories (Auto Calculate)		

* When the percent of data that is "Unknown/Did not Report" is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 17: Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach

Home Visiting Model (Select One per Row - Add Rows for Additional Models)	Number Newly Enrolled	Number Continuing During Reporting Period	Total

Notes:

DocuSign Envelope ID: AC2835E0-92F6-4020-B07E-344DE4F95C1C

DAIB No: 0986-0017
Expiration Date: 07/31/2011

Attachment 3 - Form 1

SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

Participants	No Insurance Coverage	Medicaid or CHIP	Tri-Core	Private or Other	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 19: Index Children by Usual Source of Medical Care

Index Children	Doctor's/Nurse Practitioner's Office*	Hospital Emergency Room	Hospital Outpatient	Federally Qualified Health Center	Retail Store or Minute Clinic	Other	None	Unknown/Did not Report*	Total
Female Index Children									
Male Index Children									
All Index Children (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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OSR No: 0106-0017
Expiration Date: 07/31/2021

Attachment 3 - Form 1

Table 20: Index Children (≥ 12 months of age) by Usual Source of Dental Care

Index Children	Have a Usual Source of Dental Care	Do not have a Usual Source of Dental Care	Unknown/Did not Report*	Total
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

DocuSign Envelope ID: AC2835E0-92F6-4020-BD2E-344DE4F95C1C

QAID No: 0106-0017
Expiration Date: 07/31/2021
Attachment 3 - Form 1

DEFINITIONS OF KEY TERMS

July 24, 2018

11

OMB No: 0906-0017
 Expiration Date: 07/31/2011

Attachment 3 - Form 1

Table Number	Field	Key Terms Requiring Definitions
All Tables		<p>MIECHV Household: For the purposes of reporting to HRSA on Form 1, a "MIECHV household" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below:</p> <ol style="list-style-type: none"> 1. Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. 2. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. <p>Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.</p>
1	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	<p>New Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Continuing Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).</p> <p>Pregnant women are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period.</p> <p>Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).</p>

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OMB No: 0966-0017
Expiration Date: 07/31/2021

Attachment 3 - Form 1

		<p>Male caregivers include those male household members (e.g. expectant fathers, biological fathers, step-fathers, and partners) who also meet the definition of an enrollee.</p> <p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p>
2	Unduplicated Count of Household Served by MIECHV	<p>New Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who signs up to participate in the home visiting program at any time during the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p> <p>Continuing Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period. The household may include multiple caregivers depending on model-specific definitions.</p>
3	Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)	Participant Served by a State Home Visiting Program (non-MIECHV): A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a non-MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).
4	Adult Participants by Age	Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.
5	Index Children by Age	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
6	Participants by Ethnicity	The responses regarding ethnicity should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. If ethnicity is unknown or not reported for some participants, enter that count in the respective "Unknown/Did not report" column.
7	Participants by Race	The responses regarding race should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. Participants who select more than one race should be reported in the "More than one race" category. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective "Unknown/Did not Report" columns.
8	Adult Participants by Marital Status	Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.

July 24, 2018

13

QAIB No: 0794-0017
 Expiration Date: 07/31/2021

Attachment 3 - Form 1

		<p>If more than one individual is enrolled in the program, enter the status for all enrollees. For example, if a pregnant woman is enrolled with her spouse in the program, both participants would be counted under the married category.</p>
9	Adult Participants by Educational Attainment	<p>Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.</p> <p>Less than high school diploma includes individuals who have not completed their high school education.</p> <p>The Some college/training category includes those who are currently enrolled and those who attended in the past.</p> <p>The Technical training or certification category includes those who received technical training or certification in the past.</p> <p>The Associate's Degree category includes those who obtained an Associate's Degree.</p> <p>The Bachelor's Degree category includes those who obtained a Bachelor's Degree.</p> <p>The Other category includes those individuals who did not fall into the specified categories.</p>
10	Adult Participants by Employment Status	<p>Employed: refers to whether the person is currently working for pay.</p> <p>Employed Full Time: an employee who works an average of at least 30 hours per week</p> <p>Employed Part Time: an employee who works an average of less than 30 hours per week¹</p> <p>Not Employed: indicates that the person is not working for pay (this category may include, for example, students, homemakers and those enrollees actively seeking work but currently not employed)</p>
11	Adult Participants by Housing Status	<p>Not homeless: individuals who have a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p> <p>Not homeless and lives in public housing: individuals who live in a public housing unit that is administered by a public housing agency (excludes individuals who utilize housing voucher programs)</p> <p>Homeless: individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and</p>

¹ Healthcare.gov Glossary, <https://www.healthcare.gov/glossary/full-time-employee/>

OMB No: 0966-0117
Expiration Date: 07/31/2021

Attachment 3 - Form 1

		<p>Have a history of substance abuse or need substance abuse treatment: Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.</p> <p>Are users of tobacco products in the home: Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).</p> <p>Have, or have children with, low student achievement: Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement.</p> <p>Have a child or children with developmental delays or disabilities: Based on self-report or home visitor/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability.</p> <p>Are in families that are or have served in the armed forces: Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.</p>
15	Service Utilization	Home visit refers to the definition of a completed home visit enacted by the various evidence-based home visiting models approved for implementation through the MIECHV program or a Promising Approach. Please refer to model-specific guidance for specific definitions.
16	Family Engagement by Household	<p>Currently receiving services refers to families that are participating in services at the end of the reporting period.</p> <p>Completed program refers to families who have completed the program according to model-specific definitions and criteria during the reporting period.</p> <p>Stopped services before completion refers to families who left the program for any reason prior to completion.</p> <p>Enrolled but not currently receiving services/Other refers to those families who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively sever ties, etc.)</p>
17	Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach	A Household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of or during the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions.

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OMB No: 0966-0017
 Expiration Date: 07/31/2021

Attachment 3 - Form 1

18	Participants by Type of Health Insurance Coverage	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access; receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.</p>
19	Index Children by Usual Source of Medical Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of care: the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.</p>
20	Index Children (≥ 12 months of age) by Usual Source of Dental Care	<p>Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.</p> <p>Usual source of dental care: a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients and should be established no later than 12 months of age.¹</p>

¹ American Academy of Pediatric Dentistry. Dental Home Resource Center. <http://www.aapd.org/advocacy/dentalhome/>

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 19, 2018

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 1

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: PRETERM BIRTH	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment	
4. SPECIFICATION NUMERATOR: Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment DENOMINATOR: Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 2

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: BREASTFEEDING	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	
4. SPECIFICATION NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 3

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: DEPRESSION SCREENING</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery</p> <p>DENOMINATOR: For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

7.
NOTES

8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

July 19, 2018

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 4

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: WELL CHILD VISIT</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

ONR No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 5

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: POSTPARTUM CARE</p>	
<p>2. TYPE OF MEASURE Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery</p>	
<p>4. SPECIFICATION NUMERATOR: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage) Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 6

<p>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</p> <p>CONSTRUCT: TOBACCO CESSATION REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

All cases of missing data should be excluded from the measure calculation.	
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMH No: 0906-0017
 Expiration Date: 07/31/2021

MEASURE 7

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: SAFE SLEEP</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of Infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing and without soft bedding</p> <p>DENOMINATOR: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible; plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 8

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: CHILD INJURY</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (rate)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMH No: 0906-0017
 Expiration Date: 07/31/2021

MEASURE 9

<p>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</p> <p>CONSTRUCT: CHILD MALTREATMENT</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period</p> <p>DENOMINATOR: Number of children (index child) enrolled in home visiting</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
 Expiration Date: 07/31/2021

MEASURE 10

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: PARENT-CHILD INTERACTION</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.n. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the index child received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the index child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

Attachment 4 - Form 2

OSID No: 0906-0017

Expiration Date: 07/31/2021

<p>7. NOTES</p>
<p>8. Measurement Tool Utilized</p> <p>Indicate the validated measurement tool(s) utilized to address this measure</p>

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 11

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day DENOMINATOR: Number of children (index child) enrolled in home visiting	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

QAID No: 0906-0017
 Expiration Date: 07/31/2021

MEASURE 12

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: DEVELOPMENTAL SCREENING</p>	
<p>2. TYPE OF MEASURE Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool</p>	
<p>4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period DENOMINATOR: Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage) Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

Attachment 4 - Form 2 Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

**8.
Measurement Tool Utilized**

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 13

<p>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</p> <p>CONSTRUCT: BEHAVIORAL CONCERNS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of postnatal home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning</p> <p>DENOMINATOR: Total number of postnatal home visits during the reporting period</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible - i.e., postnatal visit), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value - Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

Attachment 4 - Form 2

OXID No: 0906-0017
Expiration Date: 07/31/2021

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

July 19, 2018

Attachment 4 - Form 2

OMR No: 0906-0017
 Expiration Date: 07/31/2021

MEASURE 14

<p>1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING</p>	
<p>2. TYPE OF MEASURE Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool</p>	
<p>4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage) Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool (including if a screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

<p>7. NOTES</p>
<p>8. Measurement Tool Utilized</p> <p>Indicate the validated measurement tool(s) utilized to address this measure</p>

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 15

<p>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY</p> <p>CONSTRUCT: PRIMARY CAREGIVER EDUCATION</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting.</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers without a high school degree or equivalent at enrollment</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>
<p>7. NOTES</p>	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 16

1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator:
	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OID No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 17

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: COMPLETED DEPRESSION REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Systemic Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

Attachment 4 - Form 2

OXID No: 0906-0017
Expiration Date: 07/31/2021

7.
NOTES

8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 18

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Systems Outcome</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the condition specified in the denominator)</p> <p>DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	Numerator:
	Denominator:
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

Attachment 4 - Form 2

ONIR No: 0906-0017
Expiration Date: 07/31/2021

eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

MEASURE 19

<p>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</p> <p>CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS</p>	
<p>2. TYPE OF MEASURE</p> <p>Performance Indicator</p>	
<p>3. PERFORMANCE MEASURE</p> <p>Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources</p>	
<p>4. SPECIFICATION</p> <p>NUMERATOR: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)</p> <p>DENOMINATOR: Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment</p>	
<p>5. VALUE FOR REPORTING PERIOD (percentage)</p> <p>Value:</p>	<p>Numerator:</p> <hr/> <p>Denominator:</p>
<p>6. MISSING DATA*</p> <p>6.a. Definition</p> <p>Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of</p>	<p>6.b. Value – Enter the number of cases missing from measure calculation:</p>

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Attachment 4 - Form 2

OMB No: 0906-0017
Expiration Date: 07/31/2021

DEFINITIONS OF KEY TERMS

July 19, 2018

Attachment 4 - Form 2

OMB No: 0986-0017
Expiration Date: 07/31/2021

Construct Number	Construct	Key Term Definitions
1.	Preterm Birth	Preterm Birth: a birth before 37 completed weeks of gestation (defined as up to 36 weeks and 6 days). ¹
2.	Breastfeeding	Breastfeeding: in addition to breast milk fed directly from the mother to the infant, breastfeeding also includes feeding the infant pumped or expressed breast milk.
3.	Depression Screening	Depression: aligned with each grantee's validated depression screening tool's definition of depression.
4.	Well-Child Visit	AAP schedule for Well-Child Visits: Updated AAP 2017 Recommendations for Pediatric Preventive Health Care https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
5.	Postpartum Care	Postpartum Care Visit: A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit within 6 weeks after delivery. ²
6.	Tobacco Cessation Referrals	Tobacco Use: combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS.
7.	Safe Sleep	No definitions required
8.	Child Injury	Injury-related Emergency Department Visit: Injuries refer to the following causes of mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment. ³
9.	Child Maltreatment	Investigated Case: all children with an allegation of maltreatment that were screened-in for investigation or assessment and further received an investigation. ⁴ A screened-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria. ⁵
10.	Parent-Child Interaction	No definitions required
11.	Early Language and Literacy Activities	No definitions required
12.	Developmental Screening	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory,

¹ Behrman R, Stith Butler A, eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2001.

² Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187-92. Retrieved from <https://www.acog.org/clinical/committees/Opinions/Committee-on-Obstetric-Practice/666.pdf?dmc=1&ts=20180221T142143Z301>

³ Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from <http://www.cdc.gov/safekids/NAP/background.html#inim>

⁴ Child Welfare Information Gateway. Child Maltreatment 2013: Summary of Key Findings. Retrieved from <https://www.childwelfare.gov/pubs/factsheets/csm2013/>

⁵ Child Welfare Information Gateway. Screening and Intake. Retrieved from <https://www.childwelfare.gov/pubs/factsheets/screening/>

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Attachment 4 - Form 2

QMR No: 0906-0017
Expiration Date: 07/31/2021

		and emotional development. ⁴
13.	Behavioral Concerns	No definitions required
14.	IPV Screening	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ¹
15.	Primary Caregiver Education	No definitions required
16.	Continuity of Insurance Coverage	Continuous Health Insurance Coverage: having health insurance coverage without any lapses.
17.	Completed Depression Referrals	Recommended services: specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client. ²
18.	Completed Developmental Referrals	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory, and emotional development. ³
19.	IPV Referrals	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ¹

⁴ U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <http://pubs.nlm.nih.gov/psi/psychindex/terms/>

¹ Centers for Disease Control and Prevention, Injury Prevention and Control, Division of Violence Prevention, 2015. Retrieved from <http://www.cdc.gov/injury/pressroom/intimate-partner-violence/factsheet.html>

² Home Visiting Collaborative Improvement and Innovation Network.

July 19, 2018

**New Hampshire Department of Health and Human Services
Home Visiting Services**

Attachment 5 - DCYF Key Performance Metrics

Key Performance Metrics
<i>Referrals</i>
Share of families who are referred to HFA from DCYF. (# of families currently enrolled in HFA CWP and % of HFA CWP slots currently used)
Share of DCYF-referred families that were enrolled between three (3) and twenty-four (24) months of age.
Share of DCYF-referred families with a recent assessment of a Substance Exposed Infant (SEI).
<i>Enrollments</i>
Average time to enrollment from the time and date of referral.
of days from referral date to the first home visit.
Share of families that are offered HFA and % of offered families who decide to receive HFA.
Relative rate of families enrolled by racial/ethnic and geographic characteristics.
Proportion of families that are retained in the program over specified periods of time (6 months, 12 months, 24 months, 36 months, etc.) after receiving a first home visit.
Proportion of families who receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.
<i>Program Completion</i>
Share of families who do not complete the program (incl. reason for non-completion/discharge).
Share of families that discharged who completed a minimum of specified periods of service. (3 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months).
Proportion of families who complete program by racial/ethnic and geographic characteristics.
<i>Short-term Outcomes</i>
Share of families with a new case opened to DCYF, or a new report of maltreatment, within six months after discharge.
Share of children who enter out-of-home placement within six months after discharge (incl. breakdown of placement type).
Share of children who enter any form of out-of-home placement within 12 months of discharge:
Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 61.5% Federal funds from:
 - 1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
 - 1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.
 - 1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
 - 1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
 - 1.1.5. New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on May 27, 2021, by the DHHS Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH75OT000031.
 - 1.1.6. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
 - 1.2. 38.5% General funds.
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. 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.
4. 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.
5. 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

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

6. Audits

6.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

6.1.1. 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.

6.1.2. 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.

6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

6.2. 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.

6.2.1. 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.

6.3. 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.

6.4. In addition to, and not in any way in limitation of obligations of the Agreement, 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 Agreement to which exception has been taken, or which have been disallowed because of such an exception.

A. Payment Terms Respective to Traditional Home Visiting Services for the Division of Public Health Services (DPHS):

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

the approved line items, as specified in Exhibits C-1, Budget through C-10, Budget.

- 8. 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:
 - 8.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
 - 8.3. Identifies and requests payment for allowable costs incurred in the previous month.
 - 8.4. 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.
 - 8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
 - 8.6. 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

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services:

- 9. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B, Scope of Work Section 3.4, and in accordance with the following:
 - 9.1. **Weekly Rate:** For the purposes of this Agreement, a weekly rate shall be paid in the amount of \$404.39 per client (family) once per week.
 - 9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.
 - 9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	\$89,168
SFY 2024	\$108,983

**New Hampshire Department of Health and Human Services
Home Visiting Services**

EXHIBIT C

SFY 2025	\$54,711
Sub-Total	\$252,862

9.4. The Contractor shall submit non-clinical expenses via the Website: <https://business.nh.gov/beb/PaOes/Index.asDx>.

9.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

C. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services:

10. 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, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to initiate payment.

10.1. Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	\$74,965
2024	\$109,862
2025	\$0*
Sub-Total	\$184,827
*The Contractor will only bill for direct services in SFY 25.	

10.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

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

10.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

New Hampshire Department of Health and Human Services Contractor Name: <i>The Family Resource Center at Gorham</i> Home Visiting Services - Budget Request for: <i>Home Visiting Formula Grant</i> Budget Period: <i>SFY 2023 (10/01/2022 - 06/30/2023)</i> Indirect Cost Rate (if applicable): 9%	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	157731.00
2. Fringe Benefits	34932.00
3. Consultants	4500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	5000.00
5.(a) Supplies - Educational	
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2000.00
6. Travel	15000.00
7. Software	999.73
8. (a) Other - Marketing/ Communications	1000.00
8. (b) Other - Education and Training	5000.00
8. (c) Other - Other (specify below)	
<i>Other (Occupancy)</i>	12000.00
<i>Other (Liability Insurance)</i>	1200.00
<i>Other (Postage)</i>	300.00
<i>Other (Audit & Legal)</i>	1200.00
<i>Other (Telephone)</i>	3000.00
<i>Other (Annual Fees)</i>	1800.00
9. Subrecipient Contracts	0.00
Total Direct Costs	245662.73
Total Indirect Costs	24066.27
TOTAL	269729.00

Contractor Initials: PS^{OS}

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2024 (07/01/2023 - 06/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	252236.00
2. Fringe Benefits	56052.00
3. Consultants	5000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	715.64
6. Travel	5000.00
7. Software	150.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	550.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	14000.00
Other (Liability Insurance)	2000.00
Other (Postage)	400.00
Other (Telephone)	4000.00
Other (Audit & Legal)	1500.00
Other (Annual Fees)	1800.00
9. Subrecipient Contracts	0.00
Total Direct Costs	344003.64
Total Indirect Costs	34350.36
TOTAL	378354.00

PS

Contractor Initials: _____

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>Home Visiting Formula Grant</u>	
Budget Period: <u>SFY 2025 (07/01/2024 - 09/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	71369.09
2. Fringe Benefits	5098.00
3. Consultants	2572.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	250.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	250.00
6. Travel	1000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	2500.00
Other (Telephones)	700.00
Other (Liability Insurance)	0.00
Other (Annual Fees)	100.00
Other (Audit)	100.00
Other (Postage)	50.00
9. Subrecipient Contracts	0.00
Total Direct Costs	84189.09
Total Indirect Costs	8393.91
TOTAL	92583.00

PS

Contractor Initials: _____

Date: 1/5/2023

New Hampshire Department of Health and Human Services
Contractor Name: The Family Resource Center at Gorham
Home Visiting Services -
Budget Request for: ARP - MIEC Home Visiting
Budget Period: SFY 2023 (10/01/2022 - 06/30/2023)
Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	45809.00
2. Fringe Benefits	3272.00
3. Consultants	4000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	431.73
6. Travel	5000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
Other (audit)	100.00
Other (Occupancy)	3000.00
Other (Telephone)	200.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	62512.73
Total Indirect Costs	6201.27
TOTAL	68714.00

PS

Contractor Initials: _____

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>ARP - MIEC Home Visiting</u>	
Budget Period: <u>SFY 2024 (07/01/2023 - 06/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	33124.00
2. Fringe Benefits	2279.00
3. Consultants	1679.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	300.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	499.82
6. Travel	2000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	200.00
8. (b) Other - Education and Training	300.00
8. (c) Other - Other (specify below)	
Other (occupancy)	4500.00
Other (audit)	300.00
Other (telephone)	300.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	45481.82
Total Indirect Costs	4518.18
TOTAL	50000.00

DS
PS

Contractor Initials: _____

Date: 1/5/2023

New Hampshire Department of Health and Human Services Contractor Name: <i>The Family Resource Center at Gorham</i> Home Visiting Services - Budget Request for: <i>ARP - MIEC Home Visiting</i> Budget Period: <i>SFY 2025 (07/01/2024 - 09/30/2024)</i> Indirect Cost Rate (if applicable): <i>9%</i>	
Line Item:	Program Cost - Funded by DHHS
1. Salary & Wages	45567.70
2. Fringe Benefits	3395.03
3. Consultants	
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	0.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	100.00
6. Travel	1000.00
7. Software	100.00
8. (a) Other - Marketing/ Communications	0.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
<i>Other (Occupancy)</i>	1000.00
<i>Other (Telephones)</i>	100.00
<i>Other (audit)</i>	30.00
<i>Other (please specify)</i>	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	51392.73
Total Indirect Costs	5139.27
TOTAL	56532.00

03
PS

Contractor Initials: _____

Date: 1/5/2023

New Hampshire Department of Health and Human Services Contractor Name: <u>The Family Resource Center at Gorham</u> Home Visiting Services - Budget Request for: <u>Child Health, Health Div</u> Budget Period: <u>SFY 2023 (10/01/2022 - 06/30/2023)</u> Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	36000.00
2. Fringe Benefits	2389.00
3. Consultants	3000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	1200.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	1531.00
6. Travel	1650.00
7. Software	275.00
8. (a) Other - Marketing/ Communications	500.00
8. (b) Other - Education and Training	1000.00
8. (c) Other - Other (specify below)	
Other (occupancy)	3000.00
Other (Telephone)	500.00
Other (Audit & Legal)	100.45
Other (Dues & Fees)	100.00
9. Subrecipient Contracts	0.00
Total Direct Costs	51245.45
Total Indirect Costs	5004.55
TOTAL	56250.00

Contractor Initials: PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>Child Health, Health Div</u>	
Budget Period: <u>SFY 2024 (07/01/2023 - 06/30/2024)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	56965.00
2. Fringe Benefits	4725.91
3. Consultants	500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	100.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	500.00
6. Travel	4000.00
7. Software	100.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	550.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	200.00
Other (Telephone)	300.00
Other (Audit)	
Other (Dues & Fees)	150.00
9. Subrecipient Contracts	0.00
Total Direct Costs	68190.91
Total Indirect Costs	6809.09
TOTAL	75000.00

PS

Contractor Initials: _____

Date: 1/5/2023

New Hampshire Department of Health and Human Services Contractor Name: <i>The Family Resource Center at Gorham</i> Home Visiting Services - Budget Request for: <i>Child Health, Health Div</i> Budget Period: <i>SFY 2025 (07/01/2024 - 09/30/2024)</i> Indirect Cost Rate (if applicable): <i>9%</i>	
Line Item:	Program Cost - Funded by DHHS ¹
1. Salary & Wages	8498.00
2. Fringe Benefits	1120.00
3. Consultants	500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	250.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	500.00
6. Travel	3500.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	500.18
8. (b) Other - Education and Training	1500.00
8. (c) Other - Other (specify below)	
<i>Other (Occupancy)</i>	1500.00
<i>Other (Telephone)</i>	700.00
<i>Other (Annual Fees)</i>	500.00
<i>Other (please specify)</i>	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	17068.18
Total Indirect Costs	1681.82
TOTAL	18750.00

DS
PS

Contractor Initials: _____

Date: 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center at Gorham</u>	
Home Visiting Services -	
Budget Request for: <u>PH COVID-19 Health Disparities</u>	
Budget Period: <u>SFY 2023 (10/01/2022 - 06/30/2023)</u>	
Indirect Cost Rate (if applicable): <u>9%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	58313.00
2. Fringe Benefits	4267.00
3. Consultants	3000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	2164.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2000.00
6. Travel	4000.00
7. Software	500.00
8. (a) Other - Marketing/ Communications	200.00
8. (b) Other - Education and Training	2000.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	2000.00
Other (Phone)	200.00
Other (Postage)	200.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	78844.00
Total Indirect Costs	7668.00
TOTAL	86512.00

Contractor Initials: DS
PS
 Date: 1/5/2023

New Hampshire Department of Health and Human Services Contractor Name: <u>The Family Resource Center of Gorham</u> Budget Request for: <u>Home Visiting Services</u> Budget Period: <u>SFY 2023 (1/1/23-8/31/23), 8 Months</u> Indirect Cost Rate (if applicable): <u>9.87%</u>	
Line Item	Program Cost - Funded by OPHS
1. Salary & Wages	39482.02
2. Fringe Benefits	7547.92
3. Consultants	2000.00
4. Equipment <small>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</small>	1000.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2500.00
6. Travel	6958.56
7. Software	0.00
8.(a) Other - Marketing/ Communications	1700.00
8.(b) Other - Education and Training	2500.00
8.(c) Other - Other (specify below)	
Other (Occupancy)	2200.00
Other (Phone)	1500.00
Other (Postage)	200.00
9. Subrecipient Contracts	0.00
Total Direct Costs	87568.50
Total Indirect Costs	7386.50
TOTAL	74955.00

Contractor Initials DS
PS

Date 1/5/2023

New Hampshire Department of Health and Human Services	
Contractor Name: <u>The Family Resource Center of Gorham</u>	
Budget Request for: <u>Home Visiting Services</u>	
Budget Period: <u>SFY 2024 (7/1/23-6/30/24) 12 Months</u>	
Indirect Cost Rate (if applicable): <u>9.77%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	50370.58
2. Fringe Benefits	10355.22
3. Consultants	4500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	2500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	4500.00
6. Travel	10000.00
7. Software	
8.(a) Other - Marketing/ Communications	2500.00
8.(b) Other - Education and Training	4000.00
8.(c) Other - Other (specify below)	
Other (Occupancy)	6500.00
Other (Phone)	2300.00
Other (Postage)	300.00
Other (Liability Insurance)	1300.00
8. Subrecipient Contracts	0.00
Total Direct Costs	89125.80
Total Indirect Costs	10736.20
TOTAL	100862.00

Contractor Initials PS
 Date 1/5/2023

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

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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: Tha Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:

Patricia Stolte

Name: Patricia Stolte

Title: Executive Director

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:

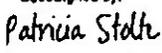
1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection 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: Tha Family Resource Center at Gorham

1/5/2023

Date

DecSigned by:

 Name: Patricia Stolte
 Title: Executive Director

Vendor Initials 
 Date 1/5/2023

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 Order 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

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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: The Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:
Patricia Stolte
 Name: Patricia Stolte
 Title: Executive Director

Contractor Initials

DS
PS

Date 1/5/2023

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

PS

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: Tha Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:

Patricia Stolte

Name: Patricia Stolte

Title: Executive Director

Exhibit G

Contractor Initials

PS

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 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: Tha Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:

Patricia Stolte

Name: Patricia Stolte

Title: Executive Director

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 PS

Date 1/5/2023

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 Associate shall not disclose the PHI.

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 (l). 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.

3/2014

Contractor Initials PS

Date 1/5/2023

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 Associate

3/2014

Contractor Initials

PS

Date 1/5/2023



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.

3/2014

Contractor Initials

PS

Date 1/5/2023



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 of~~

Patricia M. Tilley

Signature of Authorized Representative

Patricia M. Tilley

Name of Authorized Representative
Director

Title of Authorized Representative

1/6/2023

Date

The Family Resource Center at Gorham

~~Name of the Contractor~~

Patricia Stolte

Signature of Authorized Representative

Patricia Stolte

Name of Authorized Representative

Executive Director

Title of Authorized Representative

1/5/2023

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: The Family Resource Center at Gorham

1/5/2023

Date

DocuSigned by:

Patricia Stolte

Name: Patricia Stolte

Title: Executive Director

Contractor Initials

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Date 1/5/2023



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: 019150817/50402
- 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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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

New Hampshire Department of Health and Human Services
Exhibit K
DHHS Information Security Requirements



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.).

New Hampshire Department of Health and Human Services
Exhibit K
DHHS Information Security Requirements



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 Department's 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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New Hampshire Department of Health and Human Services
Exhibit K
DHHS Information Security Requirements



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.

New Hampshire Department of Health and Human Services

Exhibit K

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

New Hampshire Department of Health and Human Services
Exhibit K
DHHS Information Security Requirements



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