



Lori A. Weaver  
Interim Commissioner

Katja S. Fox  
Director

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

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May 25, 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 for Behavioral Health, on behalf of the Governor's Commission on Alcohol and Other Drugs, to enter into a **Sole Source** amendment to an existing contract with Foundation for Healthy Communities (VC#154533-B001), Concord, NH for the continued ability of hospital systems to address substance use disorders across all levels of care for New Hampshire residents experiencing addiction, by increasing the price limitation by \$454,107 from \$5,949,000 to \$6,403,107 and by extending the completion date from June 30, 2023 to June 30, 2024, effective July 1, 2023 upon Governor and Council approval. 11% Federal Funds and 89% Other Funds (Governor's Commission).

The original contract was approved by Governor and Council on July 13, 2016, item #6B. It was subsequently amended on March 7, 2018, item #16, amended on May 15, 2019, item #17, amended on June 24, 2020 (Item #26), amended on June 30, 2021 (Item #17), and most recently amended on January 12, 2022, item #16.

Funds are anticipated to be available in State Fiscal Year 2024, 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.

**See attached fiscal details.**

**EXPLANATION**

This request is **Sole Source** because MOP 150 requires all amendments to agreements previously approved as sole source to be identified as sole source, and the Department is seeking to extend the contract beyond the available renewal options, as directed by the Governor's Commission on Alcohol and Other Drugs. The Contractor is uniquely qualified to continue providing services to subcontracted hospitals due to its established professional relationships with all hospitals in New Hampshire, and its proven ability to work effectively with New Hampshire hospitals and physician practices to implement new programs. The hospitals that are currently participating in this program are Alice Peck Day Memorial Hospital, Androscoggin Valley Hospital, Catholic Medical Center, Concord Hospital, Dartmouth Hitchcock Medical Center, Elliot Hospital, Exeter Hospital, Huggins Hospital, St. Joseph's Hospital of Nashua NH, Upper Connecticut Valley Hospital and Valley Regional Hospital.

The purpose of this request is to continue services that address substance use disorders in hospitals and hospitals' physician practices through provision of screening, assessment and treatment including Medication Assisted Treatment in emergency departments, acute care and outpatient services due to ongoing increased demand. Providing support and technical assistance to medical professionals to recognize and address substance use disorders (SUD)

across the spectrum of hospital services increases opportunities for individuals experiencing SUD issues to not only initiate and maintain their recovery, but also allow for their continuity of treatment.

Approximately 225 individuals will be served during State Fiscal Year 2024.

The Contractor will continue to recruit, engage and provide training and other technical support to develop these services within subcontracted hospitals participating in the program. The Contractor will also support the subcontracted hospitals to design and implement two (2) or more process improvement projects focused on improving care for persons with SUD.

The Department will monitor services by reviewing the quarterly, ad hoc data, and annual reports provided by the Contractor.

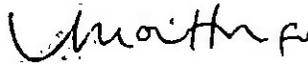
Should the Governor and Council not authorize this request, the availability of these vital services will be limited, and residents in some areas of the State may not receive appropriate treatment for their substance use disorders, resulting in heightened risk from overdose, financial and emotional strains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

Area served: Statewide

Source of Federal Funds: Assistance Listing Number #93.959, FAIN T1085821

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

Respectfully submitted,



Lori A. Weaver  
Interim Commissioner

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2017	102-500734	Contract for Social Svc	49158501	\$1,500,000	\$0	\$1,500,000
2018	102-500734	Contract for Social Svc	4918501	\$300,000	\$0	\$300,000
			<b>Subtotal</b>	<b>\$1,800,000</b>	<b>\$0</b>	<b>\$1,800,000</b>

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2018	102-500734	Contracts for Social Svc	92057501	\$500,000	\$0	\$500,000
2023	074-500589	Community Grants	92056506	\$50,000	\$0	\$50,000
2024	074-500589	Community Grants	92056506	\$0	\$50,000	\$50,000
			<b>Subtotal</b>	<b>\$550,000</b>	<b>\$50,000</b>	<b>\$600,000</b>

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2019	102-500734	Contracts for Social Svc	92058501	\$556,000	\$0	\$556,000
2020	102-500734	Contracts for Social Svc	92058501	\$556,000	\$0	\$556,000
2021	102-500731	Contracts for Program Svc	92058501	\$1,056,000	\$0	\$1,056,000
2022	074-500585	Community Grants	92058501	\$651,893	\$0	\$651,893
2023	074-500585	Community Grants	92058501	\$404,107	\$0	\$404,107
2024	074-500589	Welfare Programs	92058501	\$0	\$404,107	\$404,107
			<b>Subtotal</b>	<b>\$3,224,000</b>	<b>\$404,107</b>	<b>\$3,628,107</b>

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	074-500585	Community Grants	92057048	\$25,000	\$0	\$25,000
			<i>Subtotal</i>	<i>\$25,000</i>	<i>\$0</i>	<i>\$25,000</i>

**05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL (100% FEDERAL FUNDS)**

2023	074-500585	Community Grants	92055501	\$350,000	\$0	\$350,000
			<i>Subtotal</i>	<i>\$350,000</i>	<i>\$0</i>	<i>\$350,000</i>
			<i>TOTAL</i>	<i>\$5,949,000</i>	<i>\$454,107</i>	<i>\$6,403,107</i>

**State of New Hampshire  
Department of Health and Human Services  
Amendment #6**

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

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 13, 2016 (Item #6B), as amended on March 7, 2018 (Item #16), as amended on May 15, 2019, (Item #17), as amended on June 24, 2020 (Item #26), as amended on June 30, 2021 (Item #17), and as amended on January 12, 2022 (Item #16) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

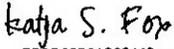
1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:  
June 30, 2024
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$6,403,107
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:  
Robert W. Moore, Director.
4. Modify Exhibit A, Amendment #4, Scope of Services by replacing in its entirety with Exhibit A Amendment #6, Scope of Services, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit B, Amendment #2, Method and Conditions Precedent to Payment, by replacing in its entirety with Exhibit B, Amendment #6, Payment Terms, which is attached hereto and incorporated by reference herein.
6. Add Exhibit B-8, Amendment #6 Budget, which is attached hereto and incorporated by reference herein.

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

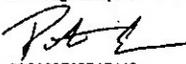
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire  
Department of Health and Human Services

5/31/2023  
Date

DocuSigned by:  
  
Name: Katja S. Fox  
Title: Director

5/31/2023  
Date

Foundation for Healthy Communities  
  
Name: Peter Ames  
Title: Executive Director

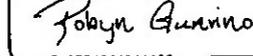
The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5/31/2023

Date

DocuSigned by:



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:



New Hampshire Department of Health and Human Services  
Medication Assisted Services

Exhibit A, Amendment #6

**Scope of Services**

**1. Provisions Applicable to All Services**

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

**2. Scope of Services**

- 2.1. The Contractor shall recruit and subcontract with a minimum of six (6) hospitals to improve the care of persons with Substance Use Disorders (SUDs) who are patients in their hospitals and/or hospital systems, inclusive of Emergency Departments, acute care units and networked outpatient medical practices.
- 2.2. The Contractor shall ensure the subcontracted hospitals (hospitals) design and implement two (2) or more process improvement projects focused on screening, brief interventions, peer recovery support, provision of naloxone, harm reduction education, advanced training for medical providers, connection to community recovery support programs, or incorporation of patient perspectives in patient care services in order to improve care for patients with SUD. The Contractor must ensure hospitals:
  - 2.2.1. Engage in process improvement projects to provide, at a minimum:
    - 2.2.1.1. Universal screening of patients in inpatient, emergency department, and networked primary care practices using validated SUD screening tools, preferably integrated with existing electronic health records; and
    - 2.2.1.2. Brief interventions conducted by providers with patients who screen positive for SUD.
  - 2.2.2. May engage in one (1) or more additional process improvement projects including, but not limited to:
    - 2.2.2.1. Peer recovery support services where appropriate and in consideration of patient choice.

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New Hampshire Department of Health and Human Services  
Medication Assisted Services

Exhibit A, Amendment #6

- 2.2.2.2. Dispensing naloxone at discharge for all patients who may be at risk for opioid use.
- 2.2.2.3. Education on harm reduction principles and practices for patients.
- 2.2.2.4. A specified training series for staff with modules that may address, but are not limited to:
  - 2.2.2.4.1. Neurobiology of substance use disorders.
  - 2.2.2.4.2. Trauma-informed care.
  - 2.2.2.4.3. Recovery supports.
  - 2.2.2.4.4. Care of vulnerable populations.
  - 2.2.2.4.5. Integrated care.
- 2.2.2.5. Establishment of formal relationship with community recovery support organizations.
- 2.2.2.6. A process for regular patient and family engagement to insure that the design and evaluation of patient care services for people with SUD incorporate patient perspectives.
- 2.3. The Contractor shall ensure that personnel provided from each hospital includes one (1) Project Coordinator, who:
  - 2.3.1. Coordinates the practice changes resulting from the process improvement projects as required in this Agreement; and
  - 2.3.2. Develop and update work plans for each process improvement project.
- 2.4. The Contractor shall monitor implementation of work plans to ensure hospitals are achieving progress toward their performance goals.
- 2.5. The Contractor shall ensure the availability of resources and technical assistance inclusive of, but not limited to a Community of Practice, focused on sharing information and experiences related to addiction care in hospital systems, for the hospital personnel provided.
- 2.6. The Contractor shall ensure that hospitals develop a process to assess consistent identification and care for patients with SUDs across all provider practices in the hospital system, inclusive of emergency services, acute care units and networked outpatient medical practices.
- 2.7. The Contractor shall establish performance metrics for each of the process improvement projects, for Department approval, and collect data at baseline and completion of projects.
- 2.8. The Contractor shall submit all subcontracts to the Department for review and approval within 30 days of the Subcontract effective date.

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New Hampshire Department of Health and Human Services  
Medication Assisted Services

Exhibit A, Amendment #6

### 3. Reporting

- 3.1. The Contractor shall provide quarterly status reports that must include, but are not limited to:
  - 3.1.1. A list of process improvement projects per hospital.
  - 3.1.2. A description of progress made, per hospital; including, but not limited to:
    - 3.1.2.1. Establishment of a Project Coordinator.
    - 3.1.2.2. Development of a work plan for each process improvement project.
    - 3.1.2.3. Implementation of work plans.
    - 3.1.2.4. Baseline data of performance metrics.
    - 3.1.2.5. Assessment of consistency of SUD care across the hospital system.
  - 3.1.3. Training and technical assistance provided by the Contractor.
  - 3.1.4. Barriers to implementation.
  - 3.1.5. Other progress to-date.
- 3.2. The Contractor must submit a final report to the Department within 45 days of conclusion of the contract that includes, but is not limited to:
  - 3.2.1. A comprehensive list of hospitals and their process improvement projects.
  - 3.2.2. Summary of progress made in each hospital including, but not limited to:
    - 3.2.2.1. Implementation of work plans.
    - 3.2.2.2. Assessment of consistency of SUD care across the hospital system.
    - 3.2.2.3. Baseline data and final data on performance metrics for each process improvement project at each hospital.
  - 3.2.3. Aggregate change in performance metrics for all hospitals for process improvement projects defined in 2.2.1.
  - 3.2.4. Training and technical assistance provided by the Contractor.
  - 3.2.5. Barriers to implementation.
  - 3.2.6. Lessons learned and recommendations for future development.
- 3.3. The Contractor shall prepare and submit ad hoc data reports, responses to periodic surveys, and other data collection requests as deemed necessary by PA



New Hampshire Department of Health and Human Services  
Medication Assisted Services

Exhibit A, Amendment #6

the Department and/or Substance Abuse and Mental Health Services Administration (SAMHSA).

#### 4. Performance Measures

- 4.1. The Contractor shall meet or exceed six (6) subcontracted hospitals that:
  - 4.1.1. Complete two (2) or more process improvement projects to improve care for patients with SUD within their hospital systems;
  - 4.1.2. Collect and report baseline and final data on performance measures for no less than 12 process improvement projects;
  - 4.1.3. Demonstrate an increased number of patients screened using validated tools for SUD screening; and
  - 4.1.4. Demonstrate an increased number of brief interventions conducted by providers with patients who screen positive for SUD.
- 4.2. The Contractor shall collaborate with the Department to enhance contract management, improve results and adjust program delivery and policy based on successful outcomes.

**New Hampshire Department of Health and Human Services  
Medication Assisted Services  
EXHIBIT B, Amendment #6**

**Payment Terms**

1. This Agreement is funded by:
  - 1.1. 36.16% Federal funds:
    - 1.1.1. 5.47% from the Substance Abuse Prevention and Treatment Block Grant Covid Supplemental, as awarded March 11, 2021 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, ALN 93.959 FAIN TI083509.
    - 1.1.2. 30.30% Federal funds from the Substance Abuse Prevention and Treatment Block Grant, as awarded September 16, 2021 by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, ALN 93.959 FAIN TI083464, TI084659 and TI085821.
    - 1.1.3. 0.39% Federal funds from the State Opioid Response Grant, as awarded August 9, 2021, by the United States Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, ALN # 93.788, FAIN TI083326.
  - 1.2. 7.18% General funds.
  - 1.3. 56.66% Other funds (Governor's Commission).
2. For the purposes of this Agreement the Department has identified:
  - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
  - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits B-1, Budget through Exhibit B-8, Budget, Amendment #6.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the twentieth (20th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
  - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
  - 4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
  - 4.3. Identifies and requests payment for allowable costs incurred in the previous month.

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**New Hampshire Department of Health and Human Services  
Medication Assisted Services  
EXHIBIT B, Amendment #6**

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- 4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
- 4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
- 4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to [dhhs.invoicesforcontracts@dhhs.nh.gov](mailto:dhhs.invoicesforcontracts@dhhs.nh.gov) or mailed to:  

Program Manager  
Department of Health and Human Services  
105 Pleasant Street  
Concord, NH 03301
5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. Audits
  - 8.1. The Contractor must email an annual audit to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) if any of the following conditions exist:
    - 8.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
    - 8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
    - 8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
  - 8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) within 120 days after the close of the

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**New Hampshire Department of Health and Human Services  
Medication Assisted Services  
EXHIBIT B, Amendment #6**

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Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

- 8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.
- 8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 8.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 8.5. 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.

Exhibit B-4, Amendment #6 Budget

New Hampshire Department of Health and Human Services

Contractor Name: Foundation For Healthy Communities

Budget Request for: Medication Assisted Services

Budget Period: 8FY 2024

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 85,200.00	\$ 12,789.00	\$ 98,049.00	\$ -	\$ -	\$ -	\$ 85,200.00	\$ 12,789.00	\$ 98,049.00
2. Employee Benefits	\$ 35,784.00	\$ 5,387.80	\$ 41,151.80	\$ -	\$ -	\$ -	\$ 35,784.00	\$ 5,387.80	\$ 41,151.80
3. Consultants	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00	\$ -	\$ -	\$ -	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 304.85	\$ 45.70	\$ 350.35	\$ -	\$ -	\$ -	\$ 304.85	\$ 45.70	\$ 350.35
6. Travel	\$ 4,800.00	\$ 720.00	\$ 5,520.00	\$ -	\$ -	\$ -	\$ 4,800.00	\$ 720.00	\$ 5,520.00
7. Occupancy	\$ 3,410.00	\$ 511.50	\$ 3,921.50	\$ -	\$ -	\$ -	\$ 3,410.00	\$ 511.50	\$ 3,921.50
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 487.00	\$ 73.05	\$ 560.05	\$ -	\$ -	\$ -	\$ 487.00	\$ 73.05	\$ 560.05
Postage	\$ 200.00	\$ 30.00	\$ 230.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 30.00	\$ 230.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00	\$ -	\$ -	\$ -	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,500.00	\$ 375.00	\$ 2,875.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ 375.00	\$ 2,875.00
11. Staff Education and Training	\$ 2,000.00	\$ 300.00	\$ 2,300.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 300.00	\$ 2,300.00
12. Subcontracts/Agreements	\$ 273,585.00	\$ -	\$ 273,585.00	\$ -	\$ -	\$ -	\$ 273,585.00	\$ -	\$ 273,585.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other-Printing	\$ 1,993.00	\$ 298.95	\$ 2,291.95	\$ -	\$ -	\$ -	\$ 1,993.00	\$ 298.95	\$ 2,291.95
Other-Computer Output Expenses	\$ 1,937.00	\$ 290.55	\$ 2,227.55	\$ -	\$ -	\$ -	\$ 1,937.00	\$ 290.55	\$ 2,227.55
TOTAL	\$ 430,660.65	\$ 23,546.35	\$ 454,107.00	\$ -	\$ -	\$ -	\$ 430,660.65	\$ 23,546.35	\$ 454,107.00

Indirect As A Percent of Direct

5.5%

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

Business ID: 63943

Certificate Number: 0005780289



IN TESTIMONY WHEREOF,

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

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular stamp that matches the Seal of the State of New Hampshire.

David M. Scanlan  
Secretary of State



Foundation for  
Healthy Communities

**CERTIFICATE OF VOTE/AUTHORITY**

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

1. I am the duly elected Secretary/Treasurer of the Foundation for Healthy Communities;
2. The following are true copies of two resolutions duly adopted by action of unanimous consent of the Board of Directors of the Foundation Healthy Communities, duly adopted on October 18, 2021;

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

RESOLVED: That the Executive Director or the Vice President of Quality Improvement or the Secretary / Treasurer for the Foundation for Healthy Communities are hereby authorized on behalf of this corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Peter Ames is the duly appointed Executive Director and Kristine Hering is the duly appointed Vice President of Quality Improvement and Stephen Ahnen is the duly appointed Secretary/Treasurer of the corporation.

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.

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary/Treasurer of the Foundation for Healthy Communities this 30<sup>th</sup> day of May 2023.

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**6/7/2022**

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

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

<b>PRODUCER License # 1780862</b> HUB International New England 275 US Route 1 Cumberland Foreside, ME 04110	<b>CONTACT NAME:</b> Gabe Reissman <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> gabe.reissman@hubinternational.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Hartford Casualty Insurance Company	<b>NAIC #</b> 29424
<b>INSURER B:</b> Twin City Fire Insurance Company	<b>NAIC #</b> 29459
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**INSURED**  
 New Hampshire Hospital Assoc.  
 The Foundation for Healthy Communities  
 Attn: Linda Levesque  
 125 Airport Road  
 Concord, NH 03301

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		08 SBA VW2923 SB	6/22/2022	6/22/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		X	08 SBA VW2923 SB	6/22/2022	6/22/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000												
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	08WECIV5293	6/22/2022	6/22/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">PER STATUTE</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 90%;"></td> </tr> <tr> <td></td> <td></td> <td>E.L. EACH ACCIDENT \$ 500,000</td> </tr> <tr> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$ 500,000</td> </tr> <tr> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$ 500,000</td> </tr> </table>	PER STATUTE	OTH-ER				E.L. EACH ACCIDENT \$ 500,000			E.L. DISEASE - EA EMPLOYEE \$ 500,000			E.L. DISEASE - POLICY LIMIT \$ 500,000
PER STATUTE	OTH-ER																		
		E.L. EACH ACCIDENT \$ 500,000																	
		E.L. DISEASE - EA EMPLOYEE \$ 500,000																	
		E.L. DISEASE - POLICY LIMIT \$ 500,000																	

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

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

<b>CERTIFICATE HOLDER</b>  State of NH Department of Health & Human Services 129 Pleasant Street Concord, NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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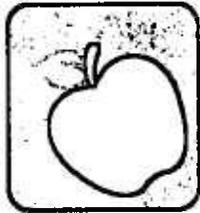
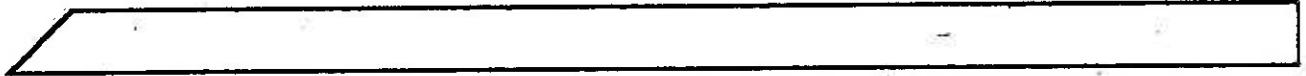
Foundation *for*  
Healthy Communities

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## Foundation for Healthy Communities

### Mission Statement

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



Foundation *for*  
Healthy Communities

FINANCIAL STATEMENTS

and

FEDERAL REPORTS IN ACCORDANCE WITH UNIFORM GUIDANCE

December 31, 2021 and 2020

With Independent Auditor's Report





## INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
Foundation for Healthy Communities

### Report on the Audit of the Financial Statements

#### *Opinion*

We have audited the accompanying financial statements of Foundation for Healthy Communities (Foundation), which comprise the statements of financial position as of December 31, 2021 and 2020, and the related statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation as of December 31, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

#### *Basis for Opinion*

We conducted our audits in accordance with U.S. generally accepted auditing standards 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation 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 opinion.

#### *Responsibilities of Management for the Financial Statements*

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

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 the Foundation's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Board of Trustees  
Foundation for Healthy Communities  
Page 2

### ***Auditor's 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 auditor's 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 U.S. 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 U.S. 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 the Foundation'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 the Foundation'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.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated April 18, 2022 on our consideration of the Foundation'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 the Foundation'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 the Foundation's internal control over financial reporting and compliance.

*Berry Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
April 18, 2022

**FOUNDATION FOR HEALTHY COMMUNITIES**

**Statements of Financial Position**

**December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents	\$ 518,667	\$ 345,201
Accounts receivable, net	194,633	547,234
Due from affiliate	141,135	115,780
Prepaid expenses	<u>10,650</u>	<u>10,334</u>
Total current assets	<u>865,085</u>	<u>1,018,549</u>
Investments	<u>1,082,677</u>	<u>962,689</u>
Property and equipment		
Leasehold improvements	1,118	1,118
Equipment and furniture	<u>147,427</u>	<u>147,427</u>
	148,545	148,545
Less accumulated depreciation	<u>148,545</u>	<u>148,145</u>
Property and equipment, net	<u>-</u>	<u>400</u>
Total assets	<u>\$1,947,762</u>	<u>\$1,981,638</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities		
Accounts payable	\$ 22,995	\$ 21,119
Accrued payroll and related amounts	109,901	91,070
Due to affiliate	98,369	97,731
Deferred revenue	<u>9,110</u>	<u>6,949</u>
Total current liabilities and total liabilities	<u>240,375</u>	<u>216,869</u>
Net assets		
Without donor restrictions		
Operating	1,137,512	923,080
Internally designated	<u>379,316</u>	<u>489,296</u>
Total without donor restrictions	1,516,828	1,412,376
With donor restrictions	<u>190,559</u>	<u>352,393</u>
Total net assets	<u>1,707,387</u>	<u>1,764,769</u>
Total liabilities and net assets	<u>\$1,947,762</u>	<u>\$1,981,638</u>

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

**FOUNDATION FOR HEALTHY COMMUNITIES**  
**Statement of Activities and Changes in Net Assets**  
**Year Ended December 31, 2021**

	Without Donor Restrictions			With Donor Restrictions	Total
	Operating	Internally Designated	Total		
Revenues					
Foundation support	\$ 483,121	\$ -	\$ 483,121	\$ -	\$ 483,121
Program services	1,235,129	-	1,235,129	-	1,235,129
Seminars, meetings, and workshops	123,729	-	123,729	-	123,729
Interest and dividend income	16,943	-	16,943	-	16,943
Net realized and unrealized gain on investments	155,498	-	155,498	-	155,498
Gifts and donations	5	-	5	-	5
Grant support	-	-	-	383,312	383,312
Net assets released from restrictions	408,812	136,334	545,146	(545,146)	-
Net assets released from internally designated	<u>246,314</u>	<u>(246,314)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total revenues	<u>2,669,551</u>	<u>(109,980)</u>	<u>2,559,571</u>	<u>(161,834)</u>	<u>2,397,737</u>
Expenses					
Salaries, taxes and benefits	1,589,529	-	1,589,529	-	1,589,529
Other operating	120,006	-	120,006	-	120,006
Program services	715,818	-	715,818	-	715,818
Seminars, meetings, and workshops	29,366	-	29,366	-	29,366
Depreciation	<u>400</u>	<u>-</u>	<u>400</u>	<u>-</u>	<u>400</u>
Total expenses	<u>2,455,119</u>	<u>-</u>	<u>2,455,119</u>	<u>-</u>	<u>2,455,119</u>
Change in net assets from operations and total change in net assets	214,432	(109,980)	104,452	(161,834)	(57,382)
Net assets, beginning of year	<u>923,080</u>	<u>489,296</u>	<u>1,412,376</u>	<u>352,393</u>	<u>1,764,769</u>
Net assets, end of year	<u>\$1,137,512</u>	<u>\$ 379,316</u>	<u>\$1,516,828</u>	<u>\$ 190,559</u>	<u>\$1,707,387</u>

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

**FOUNDATION FOR HEALTHY COMMUNITIES**  
**Statement of Activities and Changes in Net Assets**  
**Year Ended December 31, 2020**

	Without Donor Restrictions			With Donor Restrictions	Total
	Operating	Internally Designated	Total		
<b>Revenues</b>					
Foundation support	\$ 463,120	\$ -	\$ 463,120	\$ -	\$ 463,120
Program services	3,396,795	-	3,396,795	-	3,396,795
Seminars, meetings, and workshops	22,033	-	22,033	-	22,033
Interest and dividend income	18,519	-	18,519	-	18,519
Net realized and unrealized gain on investments	93,504	-	93,504	-	93,504
Gifts and donations	196	-	196	-	196
Grant support	-	-	-	567,282	567,282
Net assets released from restrictions	338,026	237,213	575,239	(575,239)	-
Net assets released from internally designated	<u>286,413</u>	<u>(286,413)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total revenues	<u>4,618,606</u>	<u>(49,200)</u>	<u>4,569,406</u>	<u>(7,957)</u>	<u>4,561,449</u>
<b>Expenses</b>					
Salaries, taxes and benefits	1,462,230	-	1,462,230	-	1,462,230
Other operating	124,109	-	124,109	-	124,109
Program services	2,865,199	-	2,865,199	-	2,865,199
Seminars, meetings, and workshops	33,130	-	33,130	-	33,130
Depreciation	2,747	-	2,747	-	2,747
Recovery of bad debts	<u>(400)</u>	<u>-</u>	<u>(400)</u>	<u>-</u>	<u>(400)</u>
Total expenses	<u>4,487,015</u>	<u>-</u>	<u>4,487,015</u>	<u>-</u>	<u>4,487,015</u>
Change in net assets from operations and total change in net assets	131,591	(49,200)	82,391	(7,957)	74,434
Net assets, beginning of year	<u>791,489</u>	<u>538,496</u>	<u>1,329,985</u>	<u>360,350</u>	<u>1,690,335</u>
Net assets, end of year	<u>\$ 923,080</u>	<u>\$ 489,296</u>	<u>\$ 1,412,376</u>	<u>\$ 352,393</u>	<u>\$ 1,764,769</u>

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

**FOUNDATION FOR HEALTHY COMMUNITIES**

**Statements of Cash Flows**

**Years Ended December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities		
Change in net assets	\$ (57,382)	\$ 74,434
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	400	2,747
Net realized and unrealized gain on investments	(155,498)	(93,504)
Change in operating assets and liabilities		
Accounts receivable	352,601	(189,782)
Prepaid expenses	(316)	(724)
Due from affiliate	(25,355)	(3,250)
Accounts payable	1,876	(121,842)
Accrued payroll and related amounts	18,831	44,885
Due to affiliates	638	36,044
Deferred revenue	<u>2,161</u>	<u>(1,064)</u>
Net cash provided (used) by operating activities	<u>137,956</u>	<u>(252,056)</u>
Cash flows from investing activities		
Purchases of investments	-	(1,890)
Proceeds from sale of investments	<u>35,510</u>	<u>5,255</u>
Net cash provided by investing activities	<u>35,510</u>	<u>3,365</u>
Net increase (decrease) in cash and cash equivalents	173,466	(248,691)
Cash and cash equivalents, beginning of year	<u>345,201</u>	<u>593,892</u>
Cash and cash equivalents, end of year	<u>\$ 518,667</u>	<u>\$ 345,201</u>

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

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2021 and 2020

#### Organization

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

#### 1. Summary of Significant Accounting Policies

##### Use of Estimates

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

##### Basis of Presentation

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

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

**Net assets with donor restrictions:** Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Foundation or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities and changes in net assets. At December 31, 2021 and 2020, the Foundation did not have any funds to be maintained in perpetuity.

##### Cash and Cash Equivalents

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

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

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2021 and 2020

#### **Accounts Receivable**

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

#### **Investments**

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

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

#### **Property and Equipment**

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

#### **Employee Fringe Benefits**

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

#### **Grants and Contributions**

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

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2021 and 2020

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

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

Grant funds awarded for which restrictions have been met in the year of award are reported in the statement of activities and changes in net assets in program services revenues and expenses.

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

#### Income Taxes

The Foundation is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

#### Subsequent Events

For purposes of the preparation of these financial statements in conformity with U.S. GAAP, the Foundation has considered transactions or events occurring through April 18, 2022, which was the date that the financial statements were available to be issued.

## 2. Availability and Liquidity of Financial Assets

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

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

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

As of December 31, 2021, the Foundation has working capital of \$624,710 and average days (based on normal expenditures) cash on hand of 210, which includes cash and cash equivalents and investments, less donor restricted funds.

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2021 and 2020

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

	<u>2021</u>	<u>2020</u>
Financial assets		
Cash and cash equivalents	\$ 518,667	\$ 345,201
Accounts receivable, net	194,633	547,234
Due from affiliate	141,135	115,780
Investments	1,082,677	962,689
Internally designated funds	(379,316)	(489,296)
Donor restricted funds	<u>(190,559)</u>	<u>(352,393)</u>
Financial assets available at year end for current use to meet general expenditures	<u>\$ 1,367,237</u>	<u>\$ 1,129,215</u>

At December 31, 2021 and 2020, internally designated net assets represent unused grant funds to be used for other unspecified projects by management over the next 12 months. The internally designated net assets are included in cash and cash equivalents and accounts receivable, net.

### 3. Investments and Fair Value Measurement

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

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

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

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

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

**December 31, 2021 and 2020**

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

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

	<u>2021</u>	<u>2020</u>
Marketable equity securities	\$ 204,492	\$ 192,065
Mutual funds	<u>878,185</u>	<u>770,624</u>
	<u>\$ 1,082,677</u>	<u>\$ 962,689</u>

#### 4. Net Assets with Donor Restrictions

Net assets with donor restrictions of \$190,559 and \$352,393 consisted of specific grant programs as of December 31, 2021 and 2020, respectively. The grant programs relate to improvements to access and the delivery of healthcare services.

#### 5. Conditional Promise to Give

During 2016, the Foundation was awarded a grant from the State of New Hampshire in an amount not to exceed \$1,800,000 to facilitate the expansion of New Hampshire's addiction identification and overdose prevention activities. Subsequent to the original award, the State of New Hampshire amended the award amount increasing the grant to an amount not to exceed \$4,575,824. Receipt of the grant and recognition of the related revenue was conditional upon incurring qualifying expenditures. For the year ended December 31, 2020, the Foundation recognized program and grant support related to this award in the amount of \$1,104,493. As of December 31, 2020, the Foundation had received and recognized the full award. No additional awards occurred during 2021.

#### 6. Related Party Transactions

The Foundation leases space from the Association on a monthly basis. Rental expense under this lease for the years ended December 31, 2021 and 2020 was \$41,184 and \$41,255, respectively.

The Association provides various accounting, public relation and janitorial services to the Foundation. The amount expensed for these services in 2021 and 2020 was \$185,431 and \$173,468, respectively. In addition, the Association bills the Foundation for its allocation of shared costs. As of December 31, 2021 and 2020, the Foundation owed the Association \$98,369 and \$97,731, respectively, for services and products provided by the Association.

The Association owed the Foundation \$141,135 and \$115,780 as of December 31, 2021 and 2020, respectively, for support allocated to the Foundation. For the years ended December 31, 2021 and 2020, the Foundation received support from the Association in the amount of \$483,121 and \$463,120, respectively.

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to Financial Statements

December 31, 2021 and 2020

#### 7. Retirement Plan

The Foundation participates in the Association's 401(k) profit-sharing plan, which covers substantially all employees and allows for employee contributions of up to the maximum allowed under Internal Revenue Service regulations. Employer contributions are discretionary and are determined annually by the Foundation. Retirement plan expense for 2021 and 2020 was \$55,724 and \$48,803, respectively.

#### 8. Functional Expenses

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

Expenses by function and natural classification are as follows:

	<u>2021</u>	<u>2020</u>
Program services		
Salaries and related taxes	\$ 1,337,571	\$ 1,256,722
Office supplies and other	508,376	548,910
Occupancy	38,449	37,500
Subrecipients	-	2,068,198
Subcontractors	251,845	298,400
Seminars, meetings and workshops	35,505	36,700
Insurance	3,346	3,138
Depreciation	<u>320</u>	<u>2,198</u>
Total program services	<u>2,175,412</u>	<u>4,251,766</u>
General and administrative		
Salaries and related taxes	251,958	205,508
Office supplies and other	3,689	3,194
Occupancy	21,749	24,306
Recovery of bad debts	-	(400)
Insurance	2,231	2,092
Depreciation	<u>80</u>	<u>549</u>
Total general and administrative	<u>279,707</u>	<u>235,249</u>
	<u>\$ 2,455,119</u>	<u>\$ 4,487,015</u>

**SUPPLEMENTARY INFORMATION**  
**GOVERNMENTAL REPORTS**



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

Board of Trustees  
Foundation for Healthy Communities

We have audited, in accordance with U.S. generally accepted auditing standards 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 Foundation for Healthy Communities (Foundation), which comprise the statement of financial position as of December 31, 2021, and the related statements of activities and changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated April 18, 2022.

**Report on Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Foundation'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 the Foundation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Foundation'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 Foundation'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.

Board of Trustees  
Foundation for Healthy Communities

### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Foundation'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 Foundation'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 Foundation's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Berry Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
April 18, 2022



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE  
FOR THE MAJOR FEDERAL PROGRAM; REPORT ON INTERNAL CONTROL  
OVER COMPLIANCE; AND REPORT ON SCHEDULE OF EXPENDITURES OF  
FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE**

Board of Trustees  
Foundation for Healthy Communities

**Report on Compliance for the Major Federal Program**

***Opinion on the Major Federal Program***

We have audited Foundation for Healthy Communities' (Foundation) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended December 31, 2021. The Foundation's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Foundation complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended December 31, 2021.

***Basis for Opinion on the Major Federal Program***

We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards; 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 Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Foundation 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 the Foundation'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 the Foundation's federal programs.

Board of Trustees  
Foundation for Healthy Communities

### ***Auditor's 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 the Foundation'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 U.S. 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 the Foundation's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with U.S. 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 the Foundation'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 the Foundation'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 the Foundation'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 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.

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Board of Trustees  
Foundation for Healthy Communities

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's 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.

**Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

We have audited the financial statements of the Foundation as of and for the year ended December 31, 2021, and have issued our report thereon dated April 18, 2022, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance, 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 U.S. generally accepted auditing standards. 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.

*Berry Dunn McNeil & Parker, LLC*

Manchester, New Hampshire  
April 18, 2022

**FOUNDATION FOR HEALTHY COMMUNITIES**

**Schedule of Expenditures of Federal Awards**

**Year Ended December 31, 2021**

<u>Federal Program</u>	<u>Federal AL Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Federal Expenditures</u>
U.S. Department of Health and Human Services			
Pass-through programs:			
State of New Hampshire Department of Health and Human Services			
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	05-95-90- 902510-2239	\$ 745,459
Small Rural Hospital Improvement Grant Program	93.301	05-95-90- 901010-2219	123,772
State Rural Hospital Flexibility Program	93.241	05-95-90- 902010-2218	67,797
National Bioterrorism Hospital Preparedness Program	93.889	6U3REP20064 9-01-00	2,000
Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces	93.332	NAVACA21040 0-01-00	<u>16,288</u>
Total expenditures of federal awards			<u>\$ 955,316</u>

## FOUNDATION FOR HEALTHY COMMUNITIES

### Notes to the Schedule of Expenditures of Federal Awards

Year Ended December 31, 2021

1. **Basis of Presentation**

The accompanying schedule of expenditures of federal awards (Schedule) includes the federal grant activity of Foundation for Healthy Communities (Foundation) under programs of the federal government for the year ended December 31, 2021. The information in the Schedule is presented in accordance with 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 portion of the operations of the Foundation, it is not intended to and does not present the financial position, changes in net assets or cash flows of the Foundation.

2. **Summary of Significant Accounting Policies**

Expenditures reported in the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

3. **Indirect Cost Rate**

The Foundation has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

**FOUNDATION FOR HEALTHY COMMUNITIES**

**Schedule of Findings and Questioned Costs**

**Year Ended December 31, 2021**

**Section I. - Summary of Auditor's Results**

Financial Statements

Type of auditor's report issued:	Unmodified			
Internal control over financial reporting:				
Material weakness(es) identified?	___	yes	x	no
Significant deficiency(ies) identified not considered to be material weaknesses?	___	yes	x	none reported
Noncompliance material to financial statements noted?	___	yes	x	no

Federal Awards

Internal control over major programs:				
Material weakness(es) identified?	___	yes	x	no
Significant deficiency(ies) identified not considered to be material weaknesses?	___	yes	x	none reported
Type of auditor's report issued on compliance for major programs:	Unmodified			
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	___	yes	x	no

Identification of Major Programs

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
93.074	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements

Dollar threshold used to distinguish between Type A and Type B programs:	\$750,000
Auditee qualified as low-risk auditee?	x    yes    ___    no

**Section II. - Findings Relating to the Financial Statements Which are Required to be Reported in Accordance with Government Auditing Standards**

None noted

**Section III. - Federal Award Findings and Questioned Costs**

None noted

**FOUNDATION FOR HEALTHY COMMUNITIES**

**Summary Schedule of Prior Audit Findings**

**Year Ended December 31, 2021**

**Section I. - Findings Relating to the Financial Statements Which are Required to be Reported in Accordance with Government Auditing Standards**

None noted

**Section II. - Federal Award Findings and Questioned Costs**

None noted



Foundation for  
Healthy Communities

## BOARD OF DIRECTORS 2023

Lauren Collins-Cline, <b>Chair</b>	Director, Corporate Communications & PR, Catholic Medical Center
Betsey Rhynhart, <b>Vice Chair</b>	Vice President, Population Health, Concord Hospital
Stephen Ahnen, <b>Secretary / Treasurer</b>	President, New Hampshire Hospital Association
Peter Ames, <i>ex officio</i>	Executive Director, Foundation for Healthy Communities
Sue Mooney, MD, <b>Immediate Past Chair</b>	President & CEO, Alice Peck Day Memorial Hospital
Deb Broadhead, RN	Director, Healthcare Management, Anthem
James Culhane	President & CEO, Lake Sunapee Visiting Nurses Association
Mike Decelle	Dean, UNH Manchester
Cherie Holmes, MD	CMO, Cheshire Medical Center
Fuad Kahn, MD, MBA	Sr. Director of Behavioral and Community Health Mass General Brigham, Wentworth-Douglass Hospital
Sally Kraft, MD	Vice President of Population Health, Dartmouth-Hitchcock Health
Eileen Liponis	Executive Director, New Hampshire Food Bank
Lisa Madden	President and CEO, Riverbend Community Mental Health Center
Tom Manion	President and CEO, New London Hospital
Holly McCormack, MSN	CEO, Cottage Hospital
Colin McHugh	President & CEO, Southern New Hampshire Health
Jeremy Roberge, CPA	President & CEO, Huggins Hospital
John Skevington	CEO, Parkland Medical Center
Susan Walsh	Strategic Business Lead, NH, Harvard Pilgrim Health Care
Andrew Watt, MD	CMIO, Catholic Medical Center
Steve Saltzman	President and CEO, New Hampshire Community Loan Fund
Annette Escalante	Senior Vice President, Easterseals/Farnum Center

**DANIEL L. ANDRUS**

**Professional Experience**

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

**Education**

Master of Science, Economics, University of Utah  
Master of Public Administration, University of Utah

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

### **Certifications**

Certified Professional in Healthcare Quality, National Association for Healthcare Quality  
Certified Professional in Patient Safety, Institute for Healthcare Improvement

### **Professional and Community Service Highlights**

#### Current

Member, Board of Directors, New Hampshire Harm Reduction Coalition, October 2022-Present  
Addiction and Recovery Committee, New Hampshire Council of Churches, 2020-Present  
Member, 2020-Present  
Chair, 2022-Present  
Member, Board of Trustees, Granite (formerly Concord Regional) Visiting Nurse Association, 2017-Present  
Member, Health Committee, NAACP Manchester Chapter, 2022-Present  
Member, New Hampshire Public Health Association, March 2014-Present  
Member, New Hampshire Technical Institute Paramedic Program Advisory Board, 2012-Present  
Member, Public Health Advisory Committee Executive Committee, Granite United Way, January 2014-December 2019, March 2021-Present  
Volunteer, New Hampshire Harm Reduction Coalition, 2021-Present

#### Past

Member, Health Care Task Force, Governor's Commission on Alcohol and Other Drugs, 2020-2022  
Member, Prevention Task Force, Governor's Commission on Alcohol and Other Drugs, 2021-2022  
Member, Concord Rotary Club, March 2010-June 2020  
Member, Fire Control Board, State of New Hampshire, 2010-2019 (Chair 2018-2019)  
Member, Capital Area Public Health Network, June 2008-December 2019  
Member, Board of Directors, Capital Area Mutual Aid Fire Compact, June 2008-December 2019  
Member, Lakes Region Community College Fire Science Program Advisory Board, 2012-2019

Member, Northern New England Metropolitan Medical Response Steering Committee, 2011-2017  
Paramedic, New Hampshire Medical Task Force 1, 2011-2017  
Member, Concord Plan to End Homelessness Steering Group, 2013-2014  
Member, Board of Directors, Concord Coalition to End Homelessness, June 2011-2016 (Secretary 2013-2016)  
Member, Greater Concord Task Force Against Racism and Intolerance, 2008-2016  
Treasurer, Capital Area Mutual Aid Fire Compact, January 2009-January 2014  
President, Board of Governors, Community Health Centers, Incorporated, Salt Lake City, Utah, 2006-2008  
Secretary, National Fire Protection Association Technical Committee on Single and Multiple Station Alarms and Household Fire Warning Equipment, 1991-2008  
Volunteer Mediator, Third District Juvenile Court, Salt Lake City School District, Third District Court, Utah Anti-Discrimination Division, 2004-2008  
Chair, Salt Lake City Local Emergency Planning Committee, 1999-2008 (member since 1992)  
Member, Salt Lake City Metropolitan Medical Response System Steering Committee, 2003-2008  
Board Member, Utah Council for Conflict Resolution, 2005-2007  
Chair, Workplace Section, Utah Council on Conflict Resolution, 2005-2007  
President, Fire Marshals Association of Utah, 2001  
President, Utah Chapter, American Society for Public Administration, 1994

#### **Honors and Awards**

Judge Memorial Catholic High School Alumnus Distinguished Service Award, 2001  
Granite United Way, Advocate Award, 2017

**Foundation for Healthy Communities  
Medication Assisted Services  
SFY 2024**

**Key Personnel**

Name	Job Title	Salary Amount Paid from this Contract
Dan Andrus	Director, Substance Use Disorder Treatment Project	\$85,260

16  
MAN



Lori A. Shiblette  
Commissioner

Katja S. Fox  
Director

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

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

December 15, 2021

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend an existing contract with Foundation For Healthy Communities (VC#154533-B001), Concord, New Hampshire, to increase the ability of hospital systems to address substance use disorders across all levels of care for New Hampshire residents experiencing addiction, by increasing the price limitation by \$400,000 from \$5,549,000 to \$5,949,000 with no change to the contract completion date of June 30, 2023, effective upon Governor and Council approval. 38.07% Federal Funds. 7.73% State General Funds. 54.20% Other Funds (Governor's Commission).

The original contract was approved by Governor and Council on July 13, 2016, item #6B. It was subsequently amended with Governor and Council approval on March 7, 2018, item #16, on May 15, 2019 item #17, on June 24, 2020, item #26, and most recently with Governor and Council approval on June 30, 2021, item #17.

Funds are available in the following account for State Fiscal Years 2022 and 2023, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2017	102-500734	Contracts for Social Svc	49158501	\$1,500,000	\$0	\$1,500,000
2018	102-500734	Contracts for Social Svc	49158501	\$300,000	\$0	\$300,000
			<b>Subtotal</b>	<b>\$1,800,000</b>	<b>\$0</b>	<b>\$1,800,000</b>

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

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2018	102-500734	Contracts for Social Svc	92057501	\$500,000	\$0	\$500,000
2023	074-500585	Community Grants	92056508	\$0	\$50,000	\$50,000
			<b>Subtotal</b>	<b>\$500,000</b>	<b>\$50,000</b>	<b>\$550,000</b>

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2019	102-500734	Contracts for Social Svc	92058501	\$556,000	\$0	\$556,000
2020	102-500734	Contracts for Social Svc	92058501	\$556,000	\$0	\$556,000
2021	102-500731	Contracts for Program Svc	92058501	\$1,056,000	\$0	\$1,056,000
2022	074-500585	Community Grants	92058501	\$651,893	\$0	\$651,893
2023	074-500585	Community Grants	92058501	\$404,107	\$0	\$404,107
			<b>Subtotal</b>	<b>\$3,224,000</b>	<b>\$0</b>	<b>\$3,224,000</b>

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	074-500585	Community Grants	92057048	\$25,000	\$0	\$25,000
			<b>Subtotal</b>	<b>\$25,000</b>	<b>\$0</b>	<b>\$25,000</b>

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

**05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS  
DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS,  
SABG ADDITIONAL (100% FEDERAL FUNDS)**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2023	074-500585	Community Grants	92055501	\$0	\$350,000	\$350,000
			<b>Subtotal</b>	<b>\$0</b>	<b>\$350,000</b>	<b>\$350,000</b>
			<b>Total</b>	<b>\$5,549,000</b>	<b>\$400,000</b>	<b>\$5,949,000</b>

**EXPLANATION**

The purpose of this request is continue services to address substance use disorders in hospitals and hospitals' physician practices through provision of screening, assessment and treatment including Medication Assisted Treatment in emergency departments, acute care and outpatient services due to increased demand. Providing support to medical professionals to recognize and address substance use disorders across the spectrum of hospital services will increase opportunities for persons with these disorders to initiate and maintain their recovery and allow for continuity of their treatment. Due to the unanticipated stresses on New Hampshire hospitals over the past year due to the COVID-19 pandemic, this request is to provide the Contractor with the additional time and funds necessary to sufficiently engage staff throughout the hospital system statewide.

Approximately 500 individuals will be served during State Fiscal Year 2022.

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

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

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

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

Area served: Statewide.

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

Source of Federal Funds: Assistance Listing Number #93.959, FAIN #T1083464, and FAIN # T1083509

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lori A. Shibinette".

Lori A. Shibinette  
Commissioner

**State of New Hampshire  
Department of Health and Human Services  
Amendment #5**

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

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 13, 2016 (Item #6B), as amended on March 7, 2018 (Item #16), as amended on May 15, 2019, (Item #17), as amended on June 24, 2020 (Item #26), and as amended on June 30, 2021 (Item #17), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, 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 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:  
\$5,949,000.
2. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subection 4.1., to read:
  - 4.1. 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 item, as specified in Exhibit B-1, Budget through Exhibit B-7, Amendment #5 Budget.
3. Modify Exhibit B-7, Amendment #4 Budget by replacing it in its entirety with Exhibit B-7, Amendment #5 Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

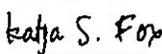
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire  
Department of Health and Human Services

12/22/2021

\_\_\_\_\_  
Date

DocuSigned by:

  
60902804C3112

\_\_\_\_\_  
Name: Katja S. Fox  
Title: Director

Foundation For Healthy Communities

12/22/2021

\_\_\_\_\_  
Date

DocuSigned by:

  
53C22AE0781E440

\_\_\_\_\_  
Name: Peter Ames  
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

12/22/2021

Date

DocuSigned by:  
*Robyn Guarino*  
7/8734841041180  
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 B-7, Amendment #5 Budget

New Hampshire Department of Health and Human Services  
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD.

Contractor Name: Foundation For Healthy Communities

Budget Request for: Medication Assisted Services

Budget Period: SFY 2023

\$400,000

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHEHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 172,037.00	\$ 25,606.00	\$ 197,643.00	\$ -	\$ -	\$ -	\$ 172,037.00	\$ 25,606.00	\$ 197,643.00
2. Employee Benefits	\$ 55,050.00	\$ 8,258.00	\$ 63,308.00	\$ -	\$ -	\$ -	\$ 55,050.00	\$ 8,258.00	\$ 63,308.00
3. Consultants	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00	\$ -	\$ -	\$ -	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repairs and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 620.00	\$ 83.00	\$ 713.00	\$ -	\$ -	\$ -	\$ 620.00	\$ 83.00	\$ 713.00
6. Travel	\$ 4,800.00	\$ 720.00	\$ 5,520.00	\$ -	\$ -	\$ -	\$ 4,800.00	\$ 720.00	\$ 5,520.00
7. Occupancy	\$ 6,636.00	\$ 996.00	\$ 7,632.00	\$ -	\$ -	\$ -	\$ 6,636.00	\$ 996.00	\$ 7,632.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 964.00	\$ 145.00	\$ 1,109.00	\$ -	\$ -	\$ -	\$ 964.00	\$ 145.00	\$ 1,109.00
Postage	\$ 200.00	\$ 30.00	\$ 230.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 30.00	\$ 230.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00	\$ -	\$ -	\$ -	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,500.00	\$ 375.00	\$ 2,875.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ 375.00	\$ 2,875.00
11. Staff Education and Training	\$ 2,000.00	\$ 300.00	\$ 2,300.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 300.00	\$ 2,300.00
12. Subcontracts/Agreements	\$ 494,207.00	\$ -	\$ 494,207.00	\$ -	\$ -	\$ -	\$ 494,207.00	\$ -	\$ 494,207.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other-Printing	\$ 1,993.00	\$ 299.00	\$ 2,292.00	\$ -	\$ -	\$ -	\$ 1,993.00	\$ 299.00	\$ 2,292.00
Other-Computer Output Expenses	\$ 4,376.00	\$ 657.00	\$ 5,033.00	\$ -	\$ -	\$ -	\$ 4,376.00	\$ 657.00	\$ 5,033.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ 763,643.00	\$ 48,474.00	\$ 812,117.00	\$ -	\$ -	\$ -	\$ 763,643.00	\$ 48,474.00	\$ 812,117.00

Indirect As A Percent of Direct

5.3%



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

Lori A. Shibleyette  
Commissioner

Katja S. Fox  
Director

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

June 2, 2021

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

**REQUESTED ACTION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**EXPLANATION**

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

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

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

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

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

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

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

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

Area served: Statewide.

Source of Funds: CFDA #93.788, FAIN # T1083326.

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

Respectfully submitted,



Lori A. Shibinette  
Commissioner

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

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

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 13, 2016, (Item #6B), as amended on March 7, 2018, (Item #16), May 15, 2019, (Item #17), and June 24, 2020 (Item #26), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

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

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon the date of Governor and Executive Council approval.

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

State of New Hampshire  
Department of Health and Human Services

6/2/2021

Date

DocuSigned by:

*Katja Fox*

Name: Katja Fox

Title: Director

Foundation for Healthy Communities

6/1/2021

Date

DocuSigned by:

*Peter Ames*

Name: Peter Ames

Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

6/2/2021

Date

DocuSigned by:



Name: Catherine Pinos

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:





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

**Scope of Services**

**1. Provisions Applicable to All Services**

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

**2. Scope of Services**

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



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

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

**3. Reporting**

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



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

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

**4. Performance Measures**

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



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

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

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

Exhibit B-6 Amendment M

New Hampshire Department of Health and Human Services

Contractor Name: Foundation for Healthy Communities

Budget Request for: Medication Assisted Services

Project No:

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

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contractor share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 114,744.00	\$ 17,212.00	\$ 131,956.00	\$ -	\$ -	\$ -	\$ 114,744.00	\$ 17,212.00	\$ 131,956.00
2. Employee Benefits	\$ 33,500.00	\$ 5,025.00	\$ 38,525.00	\$ -	\$ -	\$ -	\$ 33,500.00	\$ 5,025.00	\$ 38,525.00
3. Consultants	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00	\$ -	\$ -	\$ -	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 300.00	\$ 45.00	\$ 345.00	\$ -	\$ -	\$ -	\$ 300.00	\$ 45.00	\$ 345.00
6. Travel	\$ 4,800.00	\$ 720.00	\$ 5,520.00	\$ -	\$ -	\$ -	\$ 4,800.00	\$ 720.00	\$ 5,520.00
7. Occupancy	\$ 3,188.00	\$ 475.00	\$ 3,663.00	\$ -	\$ -	\$ -	\$ 3,188.00	\$ 475.00	\$ 3,663.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 468.00	\$ 70.00	\$ 538.00	\$ -	\$ -	\$ -	\$ 468.00	\$ 70.00	\$ 538.00
Postage	\$ 200.00	\$ 30.00	\$ 230.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 30.00	\$ 230.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00	\$ -	\$ -	\$ -	\$ 8,300.00	\$ 1,245.00	\$ 9,545.00
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 2,500.00	\$ 375.00	\$ 2,875.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ 375.00	\$ 2,875.00
11. Staff Education and Training	\$ 2,000.00	\$ 300.00	\$ 2,300.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 300.00	\$ 2,300.00
12. Subcontracts/Agreements	\$ 436,497.00	\$ -	\$ 436,497.00	\$ -	\$ -	\$ -	\$ 436,497.00	\$ -	\$ 436,497.00
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other-SOR Training and TA	\$ 25,000.00	\$ 3,750.00	\$ 28,750.00	\$ -	\$ -	\$ -	\$ 25,000.00	\$ 3,750.00	\$ 28,750.00
Other-Printing	\$ 1,935.00	\$ 290.00	\$ 2,225.00	\$ -	\$ -	\$ -	\$ 1,935.00	\$ 290.00	\$ 2,225.00
Other-Computer Output Expense	\$ 2,124.00	\$ 320.00	\$ 2,444.00	\$ -	\$ -	\$ -	\$ 2,124.00	\$ 320.00	\$ 2,444.00
<b>TOTAL</b>	\$ 643,338.00	\$ 31,337.00	\$ 674,675.00	\$ -	\$ -	\$ -	\$ 643,338.00	\$ 31,337.00	\$ 674,675.00

Indirect As A Percent of Direct

4.9%

Exhibit B-7 Amendment #4

New Hampshire Department of Health and Human Services

Contractor Name: Foundation for Healthy Communities

Budget Request for: Medication Assisted Services

Project Title

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

Line Item	Total Program Cost			Contractor Share / Match			Funded by DPHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 118,186.00	\$ 17,778.00	\$ 135,964.00	\$ -	\$ -	\$ -	\$ 118,186.00	\$ 17,778.00	\$ 135,964.00
2. Employee Benefits	\$ 34,505.00	\$ 5,176.00	\$ 39,681.00	\$ -	\$ -	\$ -	\$ 34,505.00	\$ 5,176.00	\$ 39,681.00
3. Consultants	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00	\$ -	\$ -	\$ -	\$ 10,000.00	\$ 1,500.00	\$ 11,500.00
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 316.00	\$ 47.00	\$ 363.00	\$ -	\$ -	\$ -	\$ 316.00	\$ 47.00	\$ 363.00
6. Travel	\$ 4,600.00	\$ 720.00	\$ 5,320.00	\$ -	\$ -	\$ -	\$ 4,600.00	\$ 720.00	\$ 5,320.00
7. Occupancy	\$ 3,261.00	\$ 490.00	\$ 3,751.00	\$ -	\$ -	\$ -	\$ 3,261.00	\$ 490.00	\$ 3,751.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 482.00	\$ 72.00	\$ 554.00	\$ -	\$ -	\$ -	\$ 482.00	\$ 72.00	\$ 554.00
Postage	\$ 200.00	\$ 30.00	\$ 230.00	\$ -	\$ -	\$ -	\$ 200.00	\$ 30.00	\$ 230.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ 8,300.00	\$ 1,243.00	\$ 9,543.00	\$ -	\$ -	\$ -	\$ 8,300.00	\$ 1,243.00	\$ 9,543.00
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marking/Significations	\$ 2,500.00	\$ 375.00	\$ 2,875.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ 375.00	\$ 2,875.00
11. Staff Education and Training	\$ 2,000.00	\$ 300.00	\$ 2,300.00	\$ -	\$ -	\$ -	\$ 2,000.00	\$ 300.00	\$ 2,300.00
12. Subcontracts/Agreements	\$ 187,070.00	\$ -	\$ 187,070.00	\$ -	\$ -	\$ -	\$ 187,070.00	\$ -	\$ 187,070.00
13. Other (specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other-SOR Training and TA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other-Printing	\$ 1,993.00	\$ 299.00	\$ 2,292.00	\$ -	\$ -	\$ -	\$ 1,993.00	\$ 299.00	\$ 2,292.00
Other-Computer Output Expense	\$ 2,184.00	\$ 328.00	\$ 2,512.00	\$ -	\$ -	\$ -	\$ 2,184.00	\$ 328.00	\$ 2,512.00
- TOTAL	\$ 375,797.00	\$ 28,318.00	\$ 404,115.00	\$ -	\$ -	\$ -	\$ 375,797.00	\$ 28,318.00	\$ 404,115.00

Indirect As A Percent of Direct

7.3%

JUN08'20 PM 2:49 DAS

26 mac



Lori A. Shildkrett  
Commissioner

Katja S. Fox  
Director

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

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

June 2, 2020

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

**REQUESTED ACTION**

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

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

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

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

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

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

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
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**05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS  
DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS,  
Governor Commission Funds (100% Other Funds)**

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

**EXPLANATION**

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

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

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

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

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

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

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

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

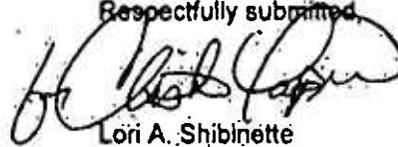
As referenced in Exhibit C-1, Revisions to General Provisions, Paragraph 3 of the original contract, the parties have the option to extend the agreement for up to three (3) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and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

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

Area served: Statewide

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

Respectfully submitted,



Lori A. Shibanette  
Commissioner



New Hampshire Department of Health and Human Services  
Medication Assisted Services

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

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

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 13, 2016, (Item #8B), as amended on March 7, 2018, (Item #10), and May 15, 2019, (Item #17), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:  
June 30, 2021.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$4,488,000.
3. Add Exhibit A – Amendment #2, Section 4. Program Requirements, Subsection 4.1, to read:
  - 4.1. Inpatient Services
    - 4.1.1. The Contractor shall recruit hospitals willing to increase their capacity to address SUDs of patients being treated for other medical conditions in their Inpatient Services.
    - 4.1.2. The Contractor shall contract with a minimum of three (3) identified hospitals to increase their ability to identify and address acute care patients' SUDs.
    - 4.1.3. The Contractor shall work with hospital personnel to develop a work plan for addressing SUDs in Inpatient services. Work plans shall include, but not be limited to:
      - 4.1.3.1. Committing a minimum of one (1) staff member or consultant to coordinate activities;
      - 4.1.3.2. Training hospital staff in basic understanding of addiction, recovery, harm reduction and resources;
      - 4.1.3.3. Establishing protocols and work flows for services, which shall include, but not be limited to:
        - 4.1.3.3.1. Identifying and evaluating patients with SUDs;
        - 4.1.3.3.2. Motivating patients to acknowledge and address their SUDs through effective bilateral communication;



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

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



New Hampshire Department of Health and Human Services  
Medication Assisted Services

- 4.2.3.2.4. SUD recovery and treatment resources;
- 4.2.3.3. Protocols established and implemented as described in 4.1.3.3.;
- 4.2.3.4. Number of services provided for acute care patients with co-occurring SUDs; and
- 4.2.3.4. Total number of acute care patients benefitting from this program and further delineated by:
  - 4.2.3.4.1. Number of patients with identified SUDs.
  - 4.2.3.4.2. Number of patients who received services provided by this program.
- 4.3. Performance Measures
  - 4.3.1. The Contractor shall provide a baseline of the following metrics taken at the onset of this contract:
    - 4.3.1.1. The number of acute care patients with SUDs receiving the following services while hospitalized:
      - 4.3.1.1.1. Harm reduction;
      - 4.3.1.1.2. SUD Counseling;
      - 4.3.1.1.3. SUD medical treatment; and
      - 4.3.1.1.4. SUD recovery support services.
    - 4.3.1.2. The Contractor shall provide to the Department the following performance measures:
      - 4.3.1.2.1. A minimum of three (3) hospitals increasing their capacity to address SUDs in their inpatient services;
      - 4.3.1.2.2. A minimum of three (3) hospitals implementing improved protocols in their inpatient services;
      - 4.3.1.2.3. An increased number of acute care patients with SUDs receiving the services listed in Subparagraph 4.3.1.1.; and
      - 4.3.1.2.4. An increased number of acute care patients with SUDs provided with referrals to services to address their SUDs post hospital discharge.
- 4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 2., and delete in its entirety and replace with:
 

This Agreement is funded with general, federal and other funds (Governor's Commission Funds). Department access to supporting funding for this project is dependent upon meeting the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (<https://www.cfda.gov>) #93.959 U.S. Department of Health and Human Services; Substance Abuse and Mental Health Services Administration; Block Grants for Prevention and Treatment of Substance Abuse; Substance Abuse Block Grant (SABG) and Other Funds from the Governor Commission Funds.
- 5. Add Exhibit B-5, Budget - Amendment #3, incorporated by reference and attached herein.



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

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect. This amendment shall be effective upon the date of Governor and Executive Council approval.

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

State of New Hampshire  
Department of Health and Human Services

Name: Kings S. Fox  
Title: Director

*Amended  
ASX-001*

Foundations for Healthy Communities

Name: Peter Ames  
Title: Executive Director

*Stratton*

Date

*5-18-20*

Date



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

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

**OFFICE OF THE ATTORNEY GENERAL**

6/5/20  
Date

Catherine Pinos  
Name:  
Title: Catherine Pinos, Attorney

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

**OFFICE OF THE SECRETARY OF STATE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name:  
Title:

Exhibit B-5, Budget - Amendment #3

Exhibit B-6, Budget - Amendment #3

New Hampshire Department of Health and Human Services

Bidder Name: Foundation for Healthy Communities

Budget for: MAT Healthy Communities

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

Line/Item	Direct	Indirect	Total
1. Total Salary/Wages	\$ 108,000.00	\$ 15,900.00	\$ 121,900.00
2. Employee Benefits	\$ 37,500.00	\$ 5,625.00	\$ 43,125.00
3. Consultants	\$ 4,000.00	\$ 600.00	\$ 4,600.00
4. Equipment:			
Rental			
Repair and Maintenance			
Purchase/Depreciation			
5. Supplies:			
Educational			
Lab			
Pharmacy			
Medical			
Office	\$ 402.00	\$ 60.30	\$ 462.30
6. Travel	\$ 4,600.00	\$ 720.00	\$ 5,520.00
7. Occupancy	\$ 3,120.00	\$ 468.00	\$ 3,588.00
8. Current Expenses:			
Telephone	\$ 402.00	\$ 60.30	\$ 462.30
Postage	\$ 300.00	\$ 45.00	\$ 345.00
Subscriptions			
Audit and Legal	\$ 6,300.00	\$ 1,245.00	\$ 7,545.00
Insurance			
Board Expenses			
9. Software			
10. Marketing/Communications			
11. Staff Education and Training	\$ 2,000.00	\$ 300.00	\$ 2,300.00
12. Subcontracts/Agreements	\$ 660,050.35		\$ 660,050.35
13. Other:			
Printing	\$ 1,638.00	\$ 246.28	\$ 1,884.28
Computer Output Expenses	\$ 1,632.00	\$ 244.80	\$ 1,876.80
<b>TOTAL</b>	<b>\$ 1,030,441.35</b>	<b>\$ 28,668.68</b>	<b>\$ 1,059,000.00</b>

Foundation for Healthy Communities

BS-2017-BDAS-02-MATSE-01-A03  
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Exhibit B-5, Budget - Amendment #3

Contractor Initials

*JA*

Date: 5-18-20

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Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

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

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9544 1-800-852-3343 ExL 9544  
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

April 16, 2019

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

**REQUESTED ACTION**

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

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

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

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

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

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
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**05-95-92-920510-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES (80% Federal, 20% General Funds)**

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

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

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

**EXPLANATION**

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

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

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

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

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

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

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

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

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

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

The geographic area to be served is statewide.

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

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

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

Respectfully submitted,



For Jeffrey A. Meyers  
Commissioner



Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

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

105 PLEASANT STREET, CONCORD, NH 03301  
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www.dhhs.nh.gov

February 9, 2018

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

**REQUESTED ACTION**

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

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

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

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

05-95-92-920610-33840000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS; DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, CLINICAL SERVICES

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

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

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### EXPLANATION

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

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

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

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

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

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

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

The geographic area to be served is statewide.

Source of Funds: 80% Federal Funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant, CFOA #93,959, Federal Award Identification Number (FAIN) T1010035, and 20% General Funds.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
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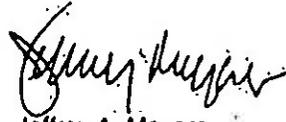
In the event that Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Katja S. Fox  
Director

Approved by:



Jeffrey A. Meyers  
Commissioner

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

Jeffrey A. Meyers  
Commissioner

Bureau of Drug and Alcohol Services

Katja S. Fox  
Director of the Division of  
Behavioral Health

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June 28, 2016

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

**REQUESTED ACTION**

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

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

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

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

**EXPLANATION**

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

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
Page 2 of 4

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

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

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

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

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

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

The performance of the MAT program will be measured by:

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

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
Page 3 of 4

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

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

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

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

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

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

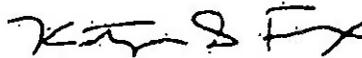
The geographic area to be served is statewide.

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

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
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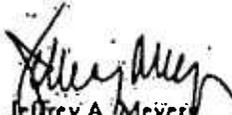
In the event that Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Katja S. Fox  
Director of the Division of  
Behavioral Health

Approved by:



Jeffrey A. Meyer  
Commissioner