



Lori A. Weaver
Commissioner

Iain N. Watt
Interim Director

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

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

ARC

10

March 8, 2024

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a **Sole Source** amendment to an existing contract with JSI Research & Training Institute, Inc. (VC #161611), Bow, New Hampshire, for public health professional support services by increasing the price limitation by \$818,093 from \$3,866,235 to \$4,684,328 with no change to the contract completion date of December 31, 2024, effective upon Governor and Council approval. 87% Federal Funds. 3% General Funds. 10% Other Funds (Pharmaceutical Rebates).

The original contract was approved by Governor and Council on December 22, 2021, item #35, amended on June 1, 2022, item #27A, and amended on December 7, 2022, item #12, and most recently amended on March 22, 2023, item #19.

Funds are available in the following accounts for State Fiscal Years 2024 and 2025, 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 the Department is increasing the price limitation by more than 10% of the original contract, which was originally competitively bid. The additional funding will allow the Contractor to expand public health professional support services to include coordination and development of a public health and health care jurisdictional risk assessment (JRA); development of an integrated preparedness plan (IPP) to identify potential jurisdictional hazards, vulnerabilities, and risks; implementation of various public health trainings; and execution of an Emergency Response Volunteer Conference.

The purpose of this request is for the Contractor to execute and analyze the results of the JRA to determine the impact that interruptions in public health, health care, mental/behavioral health, and environmental health services has on individuals statewide. In addition, the Contractor will complete activities required for the Emergency Response Volunteer Conference, which includes general conference planning and logistics, securing and coordinating conference speakers, developing conference materials, and managing participant registration.

The Contractor will also provide technical, logistical, and subject matter expertise for programs, trainings, conferences, meetings, and exercise events, as well as training development to support online and in-person learning for public health partners across the State. Training topics will include emergency management, drinking water quality, food safety, biomonitoring, rabies, arbovirus, general laboratory sample collection and testing, viral hepatitis, radon, and other environmental topics to help build local capabilities.

Approximately 750,000 individuals will be served during State Fiscal Years 2024 and 2025.

The Department will continue to monitor services through contractor required reporting and performance indicators including:

- A minimum of 85% of participants' evaluation surveys results include not less than a 'Very Good' rating for training programs.
- A minimum of 85% of conference planning committee members' evaluation survey results include not less than a 'Very Good' rating for conference logistical support.
- A minimum of 85% of conference participants' evaluation survey results include not less than a 'Very Good' rating for elements pertaining to conference logistics.
- A minimum of 85% of workgroup participants' evaluation survey results include not less than a 'Very Good' rating for elements pertaining to workgroup logistics.
- A minimum of 85% of planning group members' evaluation survey results include not less than a 'Very Good' rating for meeting logistics.

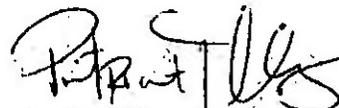
Should the Governor and Council not authorize this request, the Department will not be able to provide tools, resources, and technical assistance to address community and population health issues related to emergency preparedness and other public health threats, which may impact population safety and health outcomes, as well as local capacity to respond to emergencies.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number (ALN) 66.032, FAIN 00162332; ALN 93.889, FAIN U3REP190580; ALN 93.069, FAIN NU90TP922018; ALN 93.323, FAIN NU50CK000522; ALN 93.354, FAIN NU90TP922144; ALN 93.270, FAIN NU51PS005173; and ALN 93.967, FAIN NE11OE000077.

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

Respectfully submitted,



Lori A. Weaver
Commissioner



05-95-90-901510-7426 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF PUBLIC HEALTH PROTECTION, ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM
CFDA 93.070 FAIN NUE1EH001357-04 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2023	102-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2024	102-500731	Contracts for Prog Svc	90041000	\$15,000	(\$9,000)	\$6,000
2025	102-500731	Contracts for Prog Svc	90041000	\$15,000	(\$12,000)	\$3,000
			Subtotal	\$60,000	(\$21,000)	\$39,000

05-95-90-901510-5390 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, FOOD PROTECTION
37% GENERAL FUNDS, 63% OTHER FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90000022	\$7,500	\$0	\$7,500
2023	102-500731	Contracts for Prog Svc	90000024	\$15,000	\$0	\$15,000
2024	102-500731	Contracts for Prog Svc	90000024	\$15,000	(\$15,000)	\$0
2025	102-500731	Contracts for Prog Svc	90000024	\$15,000	(\$15,000)	\$0
			Subtotal	\$52,500	(\$30,000)	\$22,500

05-95-90-901510-5390 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, FOOD PROTECTION
100% GENERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2024	102-500731	Contracts for Prog Svc	90000025	\$0	\$15,000	\$15,000
2025	102-500731	Contracts for Prog Svc	90000025	\$0	\$15,000	\$15,000
			Subtotal	\$0	\$30,000	\$30,000

05-95-90-901510-7964, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PROTECTION
CFDA 93.197 FAIN NUE2EH001457 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90036000	\$28,333	\$0	\$28,333
2023	102-500731	Contracts for Prog Svc	90036000	\$65,000	\$0	\$65,000
2024	102-500731	Contracts for Prog Svc	90036000	\$65,000	\$0	\$65,000
2025	102-500731	Contracts for Prog Svc	90036000	\$32,500	\$0	\$32,500
			Subtotal	\$190,833	\$0	\$190,833

05-95-90-901510-7964, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PROTECTION PPG
CFDA 66.605 FAIN BG00A00731 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90038022	\$80,730	\$0	\$80,730
2023	102-500731	Contracts for Prog Svc	90038022	\$82,165	\$0	\$82,165
2024	102-500731	Contracts for Prog Svc	90038022	\$55,734	\$0	\$55,734
2025	102-500731	Contracts for Prog Svc	90038022	\$27,867	\$0	\$27,867
			Subtotal	\$246,496	\$0	\$246,496

05-95-90-901510-5391, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, RADIOLOGICAL HEALTH ASSESSMENT
CFDA 66.032 FAIN 00162330 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90035100	\$60,000	\$0	\$60,000
2023	102-500731	Contracts for Prog Svc	90035100	\$40,000	\$0	\$40,000
2024	102-500731	Contracts for Prog Svc	90035100	\$40,000	(\$40,000)	\$0

2025	102-500731	Contracts for Prog Svc	90035100	\$20,000	(\$20,000)	\$0
			Subtotal	\$160,000	(\$60,000)	\$100,000

05-95-90-901510-7426, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM (RADON)
CFDA 66.032 FAIN K-00162332 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2024	102-500731	Contracts for Prog Svc	90035100	\$0	\$57,800	\$57,800
2025	102-500731	Contracts for Prog Svc	90035100	\$0	\$20,000	\$20,000
			Subtotal	\$0	\$77,800	\$77,800

05-95-90-903510-1113, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS
CFDA 93.889 FAIN U3REP190580 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Services	90077700	\$10,000	\$0	\$10,000
2023	074-500589	Grants for Pub Asst and Relief	90077700	\$32,500	\$0	\$32,500
2024	074-500589	Grants for Pub Asst and Relief	90077700	\$20,000	\$78,500	\$98,500
2025	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
			Subtotal	\$72,500	\$78,500	\$151,000

05-95-90-903510-1114, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS
CFDA 93.069 FAIN NU90TP922018
66% FEDERAL 34% GENERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$67,526	\$0	\$67,526
2023	074-500589	Grants for Pub Asst and Relief	90077410	\$127,500	\$0	\$127,500
2024	074-500589	Grants for Pub Asst and Relief	90077410	\$115,000	\$8,207	\$123,207
2025	074-500589	Grants for Pub Asst and Relief	90077410	\$57,500	\$0	\$57,500
			Subtotal	\$367,526	\$8,207	\$375,733

05-95-90-902510-2495, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP IMMUNIZATION
CFDA 93.268 FAIN NH23IP922595 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90023800	\$150,000	\$0	\$150,000
2023	102-500731	Contracts for Prog Svc	90023800	\$50,000	\$0	\$50,000
2024	102-500731	Contracts for Prog Svc	90023800	\$50,000	\$0	\$50,000
			Subtotal	\$250,000	\$0	\$250,000

05-95-90-902510-5178, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION,
CFDA 93.268 FAIN NH23IP922595 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000	\$0	\$50,000
2022	102-500731	Contracts for Program Services	90023320	\$75,000	\$0	\$75,000
2023	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000	\$0	\$50,000
2024	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000	\$0	\$50,000
2025	074-500589	Grants for Pub Asst and Relief	90023320	\$25,000	\$0	\$25,000
			Subtotal	\$250,000	\$0	\$250,000

05-95-90-902510-2229, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES, 100% OTHER

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
2023	102-500731	Contracts for Prog Svc	90024600	\$200,000	\$0	\$200,000

2024	102-500731	Contracts for Prog Svc	90024600	\$100,000	\$100,000	\$200,000
2025	102-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
			Subtotal	\$500,000	\$100,000	\$600,000

05-95-90-902510-7536, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, STD/HIV PREVENTION
CFDA 93.940 FAIN NU62PS924538 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Pub Asst and Relief	90024000	\$82,000	\$0	\$82,000
2023	074-500589	Grants for Pub Asst and Relief	90024000	\$164,000	\$0	\$164,000
2024	074-500589	Grants for Pub Asst and Relief	90024000	\$164,000	\$0	\$164,000
2025	074-500589	Grants for Pub Asst and Relief	90024000	\$82,000	\$0	\$82,000
			Subtotal	\$492,000	\$0	\$492,000

05-95-90-903010-1901, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS; DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, ELC CARES COVID-19
CFDA 93.323 FAIN NU50CK000522 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90183518	\$300,000	\$0	\$300,000
2023	102-500731	Contracts for Prog Svc	90183518	\$0	\$0	\$0
2024	102-500731	Contracts for Prog Svc	90183518	\$0	\$186,603	\$186,603
			Subtotal	\$300,000	\$186,603	\$486,603

05-95-90-903510-2468 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS:PUBLIC HEALTH DIV, BUREAU OF EMERGENCY PREPARATION AND RESPONSE, PUBLIC HEALTH CRISIS RSP-ARP
CFDA 93.354 FAIN NU90TP922144 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2022	102-500731	Contracts for Prog Svc	90027500	\$20,000	\$0	\$20,000
2023	102-500731	Contracts for Prog Svc	90027500	\$424,046	\$0	\$424,046
2024	102-500731	Contracts for Prog Svc	90027500	\$0	\$100,000	\$100,000
			Subtotal	\$444,046	\$100,000	\$544,046

05-95-90-903010-2646-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, PUBLIC HEALTH LABORATORIES, ARP TRAVELERS HEALTH PROJ
CFDA 93.323 FAIN NU50CK000522 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svc	90183558	\$79,680	\$0	\$79,680
			Subtotal	\$79,680	\$0	\$79,680

05-95-90-902510-5170-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF INFECTIOUS DISEASE CONTROL, DISEASE CONTROL
CFDA 93.270 FAIN NUS1PS005173 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svc	90021008	\$216,154	\$0	\$216,154
2024	102-500731	Contracts for Prog Svc	90021008	\$0	\$122,983	\$122,983
			Subtotal	\$216,154	\$122,983	\$339,137

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS:PUBLIC HEALTH DIV, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PH COVID-19 HEALTH DISPARITIES
CFDA 93.391 FAIN NH75OT000031 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svc	90577130	\$15,000	\$0	\$15,000
2023	102-500731	Contracts for Prog Svc	90577150	\$22,000	\$0	\$22,000
2024	102-500731	Contracts for Prog Svc	90577130	\$58,800	\$0	\$58,800
2024	102-500731	Contracts for Prog Svc	90577150	\$88,700	\$0	\$88,700
			Subtotal	\$184,500	\$0	\$184,500

05-95-90-903010-1835, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS; DIVISION OF PUBLIC HEALTH, BUREAU OF
 LABORATORY SERVICES, NH ELC
 CFDA 93.323 FAIN NU50CK000522 100% FEDERAL

2024	102-500731	Contracts for Prog Svc	90183504	\$0	\$80,000	\$80,000
			<i>Subtotal</i>	<i>\$0</i>	<i>\$80,000</i>	<i>\$80,000</i>

05-95-90-900510-1628 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS:PUBLIC HEALTH DIV, BUREAU OF INFORMATICS,
 STRENGTHENING PH INFRASTRUCTRE
 CFDA 93.967 FAIN NE110OE000077 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Svc	90162802	\$0	\$145,000	\$145,000
			<i>Subtotal</i>	<i>\$0</i>	<i>\$145,000</i>	<i>\$145,000</i>

GRAND TOTAL	\$3,866,235	\$818,093	\$4,684,328
--------------------	--------------------	------------------	--------------------

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

This Amendment to the Public Health Professional Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and JSI Research & Training Institute, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 22, 2021 (Item #35), as amended on June 1, 2022 (Item #27A), and amended on December 7, 2022 (Item #12), and most recently amended on March 22, 2023 (Item #19), 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, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; 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 1.6, Account Number, to read:

05-95-90-901510-7426
05-95-90-901510-5390
05-95-90-901510-7964
05-95-90-901510-5391
05-95-90-903510-1113
05-95-90-903510-1114
05-95-90-902510-2495
05-95-90-902510-5178
05-95-90-902510-2229
05-95-90-902510-7536
05-95-90-903010-1901
05-95-90-903510-2468
05-95-90-903010-2646
05-95-90-902510-5170
05-95-90-901010-5771
05-95-90-903010-1835
05-95-90-900510-1628

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

\$4,684,328

3. Modify Exhibit B, Scope of Services – Amendment #3, by replacing it in its entirety with Exhibit B Amendment #4, Scope of Services, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit C, Payment Terms, Section 1, by replacing it in its entirety, with the following:

1. This agreement is funded by:

- 1.1. 83% Federal Funds:

1.1.1. 1% Environmental Public Health and Emergency Response, as awarded on May 20, 2021, by the United States Department of Health and Human Services (US DHHS), ALN 93.070, FAIN NUE1EH001357-04.

1.1.2. 5% Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children, as awarded on August 5, 2021, by the US DHHS, ALN 93.197,

FAIN NUE2EH001457.

- 1.1.3. 6% Performance Partnership Grants, as awarded on July 14, 2021, by the United States Environmental Protection Agency (US EPA), ALN 66.605, FAIN BG00100731.
- 1.1.4. 5% State Indoor Radon Grants, as awarded on September 13, 2021, by the US EPA, ALN 66.032, FAIN 00162332.
- 1.1.5. 4% National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2021, by the US DHHS, ALN 93.889, FAIN U3REP190580.
- 1.1.6. 6% Public Health Emergency Preparedness, as awarded on May 12, 2021, by the US DHHS, ALN 93.069, FAIN NU90TP922018.
- 1.1.7. 12% Immunization Cooperative Agreements, as awarded on March 31, 2021, and as awarded on July 1, 2021, by the US DHHS), ALN 93.268, FAIN NH23IP922595.
- 1.1.8. 13% HIV Prevention Activities Health Department Based, as awarded on March 8, 2021, by the US DHHS, ALN 93.940, FAIN NU62PS924538.
- 1.1.9. 16% ELC Enhancing Detection Funding, as awarded on May 18, 2020, by the US DHHS, ALN 93.323, FAIN NU50CK000522.
- 1.1.10. 14% Public Health Emergency Response, as awarded on May 18, 2021, by the US DHHS, ALN 93.354, FAIN NU90TP922144.
- 1.1.11. 9% Viral Hepatitis Surveillance and Prevention Program, as awarded on January 21, 2021, by the US DHHS, ALN 93.270, FAIN NU51PS005173.
- 1.1.12. 5% NH Initiative to Address Health Disparities, as awarded on May 27, 2021, by the US DHHS, ALN 93.391, FAIN NH75OT000031.
- 1.1.13. 4% Strengthening Public Health Infrastructure, as awarded on November 29, 2022, by the US DHHS, ALN 93.967, FAIN NE110OE000077

1.2. 4% General Funds

1.3. 13% Other Funds (Pharmaceutical Rebates)

5. Modify Exhibit C, Payment Terms, Section 3, to read:

- 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 item as specified in Exhibits C-1, SFY 2022 Budget through Exhibit C-58, SFY 2025 Budget – Amendment #4.
- 6. Modify Exhibit C-3, SFY 2024 Budget, by replacing it in its entirety with Exhibit C-3, SFY 2024 Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
- 7. Modify Exhibit B-C, SFY 2025 Budget, by replacing it in its entirety with Exhibit C-4, SFY 2025 Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
- 8. Modify Exhibit C-23, SFY 2024 Budget, by replacing it in its entirety with Exhibit C-23, SFY 2024 Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
- 9. Modify Exhibit C-27, SFY 2024 Budget, by replacing it in its entirety with Exhibit C-27, SFY 2024 Budget, Amendment #4, which is attached hereto and incorporated by reference herein.
- 10. Modify Exhibit C-34, SFY 2024 Budget, by replacing it in its entirety with Exhibit C-34, SFY 2024 Budget, Amendment #4, which is attached hereto and incorporated by reference herein.

11. Add Exhibit C-53, Budget, Amendment #4, which is attached hereto and incorporated by reference.
12. Add Exhibit C-54, Budget, Amendment #4, which is attached hereto and incorporated by reference.
13. Add Exhibit C-55, Budget, Amendment #4, which is attached hereto and incorporated by reference.
14. Add Exhibit C-56, Budget, Amendment #4, which is attached hereto and incorporated by reference.
15. Add Exhibit C-57, Budget, Amendment #4, which is attached hereto and incorporated by reference.
16. Add Exhibit C-58, Budget, Amendment #4, which is attached hereto and incorporated by reference.

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 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

3/13/2024

Date

DocuSigned by:
Iain Watt
0778988359704C7
Name: Iain watt
Title: Interim Director - DPHS

JSI Research & Training Institute, Inc.

3/6/2024

Date

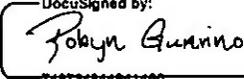
DocuSigned by:
Katie Robert
F05001F40E9439
Name: Katie Robert
Title: Director

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

OFFICE OF THE ATTORNEY GENERAL

3/13/2024

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
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide a broad range of public health professional support services including, but not limited to:
 - 1.1.1. Conducting needs assessments to determine specific professional development needs.
 - 1.1.2. Developing and implementing prevention-focused training programs;
 - 1.1.3. Providing logistical support for conferences and meetings.
 - 1.1.4. Providing technical assistance ensuring subject matter experts are available to the Department and its Contractors.
 - 1.1.5. Developing educational materials.
 - 1.1.6. Developing and implementing evaluation plans.
 - 1.1.7. Assisting the Department with updating strategic plans.
 - 1.1.8. Ensuring the efficient use of resources.
- 1.2. The Contractor shall provide services to increase the capacity of local, regional and state-level public health practitioners to provide high-quality public health services by:
 - 1.2.1. Coordinating an ongoing community-based human immunodeficiency virus (HIV) planning group;
 - 1.2.2. Developing and implementing a variety of training programs;
 - 1.2.3. Developing evaluation plans;
 - 1.2.4. Facilitating several conference planning groups and providing logistical support services for these conferences; and
 - 1.2.5. Providing technical assistance to the Department and its Contractors, as determined by the Department.
- 1.3. **Evaluation of Needs Assessments and Development and Implementation of Integrated Planning Infectious Disease Prevention, Investigation & Care**
 - 1.3.1. **HIV Comprehensive Needs Assessment (HIV-CNA)**
 - 1.3.1.1. The Contractor shall review the completed, published FY 2020 HIV Comprehensive Needs Assessment (HIV-CNA), as provided by the Department, and ensure that it is in compliance according to the CY 2022-2026 Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention (DHAP) and Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Integrated Prevention and Care Plan Guidance, and the rules, regulations, and policies outlined by the HRSA, the CDC, and the Department.
 - 1.3.1.2. The Contractor shall incorporate the HIV-CNA into the NH integrated HIV Prevention and Care Plan development, including:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.3.1.2.1. Information from the most recent HIV-CNA regarding People Living with HIV/AIDS (PLWHA) as well as from their families and caregivers in order to identify common themes and trends outlined in data including, but not limited to:
 - 1.3.1.2.1.1. Qualitative feedback from the needs assessment; and
 - 1.3.1.2.1.2. Survey item responses previously conducted with targeted statewide populations including, but not limited to, individuals who:
 - 1.3.1.2.1.2.1. Are in or out of HIV medical care; and
 - 1.3.1.2.1.2.2. Have comorbidities that may include, but are not limited to, tuberculosis, sexually transmitted diseases, Hepatitis C, mental illness, and/or substance use disorders.
- 1.3.1.2.2. Priority PLWHA population data included in the needs assessment.
- 1.3.1.2.3. Services identified in the inventory of resources are accessible, available, appropriate, affordable, and acceptable to PLWHA. The Contractor shall:
 - 1.3.1.2.3.1. Estimate how much of each service can be provided; and
 - 1.3.1.2.3.2. Assess how well providers provide services, including expertise of agency staff and its accessibility.
- 1.3.1.3. The Contractor shall comply with all applicable responsibilities, outlined in the HRSA National Monitoring Standards, as instructed by the Department.
- 1.3.1.4. The Contractor shall ensure the HIV-CNA Report complies with needs assessment principles and strategies outlined in the Ryan White HIV/AIDS Program Part B Manual and by the Department.
- 1.3.1.5. The Contractor shall review and include in the NH Integrated HIV Prevention and Care Plan development, all specific components as outlined and detailed by HRSA, the CDC, and the Department including, but not limited to:
 - 1.3.1.5.1. Epidemiologic Overview;
 - 1.3.1.5.2. HIV Care Continuum;
 - 1.3.1.5.3. Financial and Human Resources Inventory;
 - 1.3.1.5.4. Assessment of Needs, Gaps, and Barriers;

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.3.1.5.5. Data Access, Sources, and Systems; and
- 1.3.1.5.6. Epidemiological Profile Report.
- 1.3.1.6. The Contractor shall review HIV surveillance data, as provided by the Bureau of Infectious Disease Control (BIDC).
- 1.3.1.7. The Contractor shall review and include in the NH Integrated HIV Prevention and Care Plan development process, the FY 2020 epidemiological profile report including:
 - 1.3.1.7.1. Pertinent information including, but not limited to, prevalence, incidence, and unmet need data by:
 - 1.3.1.7.1.1. Age.
 - 1.3.1.7.1.2. Gender.
 - 1.3.1.7.1.3. Race/ethnicity.
 - 1.3.1.7.1.4. Transmission mode.
 - 1.3.1.7.1.5. Geographic area.
 - 1.3.1.7.1.6. Descriptive trends in HIV and associated comorbidities since case reporting by name began in 2005.
- 1.3.1.8. The Contractor shall ensure the profile that projects the status of the HIV epidemic, statewide, over the next three (3) to five (5) years, includes comorbidities which may include, but are not limited to:
 - 1.3.1.8.1. Sexually Transmitted Diseases (STDs).
 - 1.3.1.8.2. Tuberculosis (TB).
 - 1.3.1.8.3. Hepatitis associated with the HIV/AIDS epidemic in NH.
- 1.3.1.9. The Contractor shall review and incorporate into the New Hampshire Integrated HIV Prevention and Care Plan development process community population estimates which include, but are not limited to:
 - 1.3.1.9.1. The number of individuals diagnosed and living with HIV/AIDS within each Public Health Region;
 - 1.3.1.9.2. A comparison of the rate and percentages for the state; and
 - 1.3.1.9.3. A description of individuals at-risk for HIV infection based on rates of sexually transmitted diseases.
- 1.3.1.10. The Contractor shall review and evaluate options for meeting service needs by:
 - 1.3.1.10.1. Maximizing identified resources;
 - 1.3.1.10.2. Identifying barriers to resources; and

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.3.1.10.3. Overcoming identified barriers, including coordinating Ryan White and HIV Prevention services with other health care delivery systems.
- 1.3.1.11. The Contractor shall present recommendations for improving service delivery, bridging gaps, and reducing duplicative services within the Ryan White and HIB Prevention service delivery system, as appropriate. The Contractor shall:
 - 1.3.1.11.1. Provide a written assessment of service gaps and unmet needs, in an electronic format acceptable to the Department, for Department review and approval upon a mutually agreed timeframe.
- 1.3.1.12. The Contractor shall make recommendations for future gap analysis with emphasis on perceived and unmet needs statewide. The Contractor shall:
 - 1.3.1.12.1. Develop a strategy for meeting training, education, and capacity needs of HIV providers, as identified by the assessment of service gaps and/or unmet needs.
 - 1.3.1.12.2. Provide a written strategy for meeting the needs of HIV providers, as identified by the assessment of service gaps and unmet needs, in an electronic format acceptable to the Department, for review and approval no later than August 31, 2022.
- 1.3.1.13. The Contractor shall make an in-person or virtual, as mutually agreed upon, presentation on the final Epidemiological Profile report to the Department no later than June 30, 2022.
- 1.3.2. **Integrated HIV Prevention and Care Planning**
 - 1.3.2.1. The Contractor shall incorporate the HIV-CNA1.1 as described in Section 1.3.1.9 into the New Hampshire Integrated HIV Prevention and Care Plan development.
 - 1.3.2.2. The Contractor shall conduct the following activities:
 - 1.3.2.2.1. Coordinate stakeholder engagement, including logistical planning of meetings and distribution of minutes and information as needed.
 - 1.3.2.2.2. Maintain project documentation in secure file shared with the Department.
 - 1.3.2.2.3. Coordinate quarterly meetings, including all logistics for all project and stakeholder meetings.
 - 1.3.2.2.4. Comply with the rules, regulations, and policies as outlined by HRSA, Department, and BIDC.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.3.2.3. The Contractor shall comply with legislative and programmatic planning requirements as outlined in the HRSA National Monitoring Standards, and as instructed by the Department. Universal, fiscal, and program monitoring standards, and NH CARE Standards of Care are available through the Department and at: <https://www.dhhs.nh.gov/programs-services/disease-prevention/infectious-disease-control/nh-ryan-white-care-program/nh-ryan>.
- 1.3.2.4. The Contractor shall:
- 1.3.2.4.1. Review funder requirements (CDC and HRSA) for a Statewide Comprehensive Integrated HIV Prevention and Care Plan, available through the Department and online at: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-dear-college-6-30-21.pdf>.
- 1.3.2.4.2. Review available and relevant literature and data for HIV services in NH, including the Statewide Coordinate Statement of Need (SCSN) and the HIV National Strategic Plan.
- 1.3.2.4.3. Share literature and data with key stakeholders, collect feedback, and make recommendations for plan deliverables.
- 1.3.2.4.4. Develop five key phases of integrated planning to ensure objectives are met.
- 1.3.2.5. The Contractor shall determine and plan submission requirements including a final published report according to the CY 2022-2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance, which can be reviewed at [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026 \(hrsa.gov\)](#) - see Checklist, Appendix 1 for project outline.

1.3.3. Environmental Public Health Tracking Program (EPHT)

- 1.3.3.1. The Contractor shall provide logistical support, including but not limited to: meeting planning, participant list development, invitation creation and distribution, meeting hosting, and a written summary for at least one focus group to conduct user testing of National Environmental Public Health Tracking (EPHT) Network data products that will guide future product development.
- 1.3.3.2. The Contractor shall work with the program to implement virtual training sessions and materials on the new data portal to the Regional Public Health Networks which shall include:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.3.3.2.1. Providing a minimum of four (4) virtual training sessions to the thirteen (13) Regional Public Health Networks; and
- 1.3.3.2.2. Developing a how-to guide for users of the DHHS Data Portal. The guide will include, but not be limited to, search, export, confidence intervals, trends, and geographies.

1.3.4. Development and Implementation of Prevention-Focused Training Programs General Training Requirements

- 1.3.4.1. The Contractor shall consult with the Department subject matter experts to develop and/or implement program-specific training programs for all programs described in this Contract.
- 1.3.4.2. The Contractor shall ensure training programs are based on adult learning theories utilizing various training modalities in order to maximize reach.
- 1.3.4.3. The Contractor shall ensure training modalities include, but are not limited to:
 - 1.3.4.3.1. In-classroom/virtual sessions.
 - 1.3.4.3.2. Web-based training.
 - 1.3.4.3.3. Train-the-trainer sessions.
 - 1.3.4.3.4. IDPICSS.
- 1.3.4.4. The Contractor shall assist with maintaining ongoing Infectious Disease Prevention, Investigation and Care Services Section (IDPICSS) provider training programs in consultation with IDPICSS as defined in Section 1.9.1.

1.3.5. Food Protection Section (FPS)

- 1.3.5.1. The Contractor shall, in consultation with FPS staff, develop training curricula and standard operating procedures for FPS staff and Food Service Establishment (FSE) inspectors in municipalities that are classified as self-inspecting.
- 1.3.5.2. The Contractor shall, in consultation with FPS staff, develop training curricular for staff from state agencies who conduct food safety inspections as on component of a more comprehensive operational inspection for Department staff.
- 1.3.5.3. The Contractor shall, in consultation with FPS staff, develop training curricula for Food Service Workers including, but not limited to. Individuals who work in or for:
 - 1.3.5.3.1. Restaurants.
 - 1.3.5.3.2. Retail food stores.
 - 1.3.5.3.3. Schools.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

1.3.5.3.4. Caterers.

1.3.6. Public Health Emergency Preparedness

1.3.6.1. The Contractor shall develop and implement training programs for Regional Public Health Network (RPHN) emergency preparedness coordinators, either in-person or web-based at the direction of the Department, including but not limited to:

1.3.6.1.1. New Hire orientation.

1.3.6.1.2. Continuing education.

1.3.6.1.3. Operational Readiness Review (ORR) requirements.

1.3.6.2. The Contractor shall develop and implement training programs for individuals who are engaged in regional PHEP planning and response including, but not limited to:

1.3.6.2.1. State employees.

1.3.6.2.2. Local municipal officials.

1.3.6.2.3. Healthcare preparedness personnel.

1.3.6.2.4. Volunteers.

1.3.6.3. The Contractor shall provide logistical support for Laboratory Response Network Trainings sponsored by the Public Health Laboratories, as needed.

1.3.6.4. The Contractor shall participate in the State Training and Exercise Program (STEP) workgroup that is convened by the Department.

1.3.6.5. The Contractor shall support the Bureau of Emergency Preparedness, Response, and Recovery (BEPRR) Volunteer Coordinator as requested. Responsibilities may include, but are not limited to:

1.3.6.5.1. Coordinating regional training for volunteers.

1.3.6.5.2. Coordinating the annual integrated volunteer conference, per the tasks noted in Section 1.9.1.

1.3.6.5.3. Planning and conducting quarterly meetings of Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) leaders statewide.

1.3.6.6. The Contractor shall manage the development of the public health and health care jurisdictional risk assessment (JRA) and integrated preparedness plan (IPP) to identify potential jurisdictional hazards, vulnerabilities, and risks; and assess the human impact due to interruption of public health, health care, human services, mental/behavioral health, environmental health services, and supporting infrastructure, including:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.3.6.6.1. Conduct a public health jurisdictional risk assessment by identifying and prioritizing risks, risk-reduction strategies, and risk-mitigation efforts in coordination with the department, partners, and stakeholders;
- 1.3.6.6.2. Conduct analysis of the population characteristics, such as population density and demographics, and social vulnerability index (SVI) to inform development and selection of preparedness priorities;
- 1.3.6.6.3. Support jurisdictional partners and stakeholders to identify regional preparedness priorities including providing regional data analysis report including, but not limited to hazard/vulnerability data briefs, regional templates, and other materials to support development of regional JRA and IPP reports;
- 1.3.6.6.4. Monitor development and design of the JRA and IPP to ensure it remains on track and within the scope, objectives, and within the approved timelines as determined by the Department;
- 1.3.6.6.5. Coordinate, conduct, and facilitate state JRA and IPP planning meetings as needed, including inviting planning team members, tracking meeting attendance, creating, and distributing agendas, facilitating planning meeting discussions, and taking and distributing meeting notes;
- 1.3.6.6.6. Develop necessary documentation to support the Department JRA and IPP development including, but not limited to:
 - 1.3.6.6.6.1. Surveys.
 - 1.3.6.6.6.2. Flyers and infographics.
 - 1.3.6.6.6.3. Data reports.
 - 1.3.6.6.6.4. Templates.
 - 1.3.6.6.6.5. Integrated Preparedness Planning Workshop (IPPW) materials.
- 1.3.6.6.7. In coordination with the Department, plan, facilitate, and coordinate operational and logistical aspects of the Integrated Preparedness Workshop (IPPW), including dissemination of workshop materials, registration and tracking of workshop participants, and other logistical supports needed by the Department; and
- 1.3.6.6.8. Develop final JRA report and IPP preparedness priorities report using survey results, demographic and SVI data

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

analysis, and workshop participant feedback clearly identifying preparedness priorities and strategies for implementation.

- 1.3.6.7. The Contractor shall develop exercise documentation, evaluate, provide onsite operational and logistical support, and provide facilitation support for two statewide public health emergency preparedness scenario-based, medical surge exercises. The Department shall maintain the lead on the two exercises.
- 1.3.6.8. The Contractor shall use Workshop and Tabletop exercises to test the operational functions within the incident Command System structure for public health emergencies resulting in medical surge of both the public health and health care/hospital systems and the capabilities of a variety of public health and health care/hospital preparedness and response plans.
- 1.3.6.9. The Contractor shall work with the Department to develop exercise material for each exercise, including:
 - 1.3.6.9.1. Develop and maintain an exercise Communications plan for both exercises in accordance with HSEEP that includes but is not limited to: establishing a communication line between evaluators, controllers, and facilitator to support both in-person and virtual participation.
 - 1.3.6.9.2. Develop and maintain an exercise staffing plan, with the appropriate roles and number of personnel to carry out each exercise that would include, but not limited to controllers, observers, evaluators, and participants.
 - 1.3.6.9.3. Compile and develop all exercise documentation, in accordance with HSEEP including, but not limited to:
 - 1.3.6.9.3.1. Situation Manual
 - 1.3.6.9.3.2. Facilitator Guide
 - 1.3.6.9.3.3. Multimedia Presentation
 - 1.3.6.9.3.4. Exercise Plan
 - 1.3.6.9.3.5. Participant Handouts
 - 1.3.6.9.3.6. Controller and Evaluator Handbook
 - 1.3.6.9.3.7. Extend of Play and Agreement
 - 1.3.6.9.3.8. Exercise Evaluation Guides
 - 1.3.6.9.3.9. Participant Feedback Forms

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

1.3.6.10. The Contractor shall coordinate all exercise logistics including, but not limited to, the applicable services and supports before, during, and after each exercise including, but not limited to:

1.3.6.10.1. Arrange site locations/venues for day of the exercise(s), debriefing meetings and the actual exercise, and ensure:

1.3.6.10.1.1. Accessibility to the locations;

1.3.6.10.1.2. The sites are the appropriate size for the number of people attending and have appropriate working audio and visual equipment as needed by the attendees;

1.3.6.10.1.3. Accessible communications when needed, including but not limited to: Communication Access Real-time Translation (CART) for the Deaf and Hard of Hearing, American Sign Language (ASL), and foreign language interpreters.

1.3.6.10.1.4. Provide exercise briefings to evaluators and controllers within one (1) week prior to the exercises.

1.3.6.10.1.5. Conduct debriefings with, but not limited to, the controllers, observers, evaluators, and participants on or within one (1) week after the day of the exercise.

1.3.6.10.1.6. Ensure the exercise area has interoperable communications to operate, such as but not limited to, cell phones, internet, and email services prior to the exercises.

1.3.6.10.1.7. Register and track all participants' attendance on the day of the exercise using sign-in and sign-out sheets approved by the Department.

1.3.6.10.1.8. Disseminate exercise materials to all participants the day of the exercise.

1.3.6.10.1.9. Arrange for and set-up, as needed, Parking areas, Transportation for participants to and from exercise location if needed, signage for designated exercise areas such as Registration, Evaluator, and Observer.

1.3.6.10.1.10. Prepare and set-up the exercise area.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.3.6.10.1.11. Disassemble each exercise area and ensure the locations are left clean and in order.
- 1.3.6.10.1.12. Ensure all other logistics listed and defined during planning meetings are confirmed one (1) week prior to the exercise.
- 1.3.6.10.2. Manage exercise operations to minimize interference or disruption of exercises.
- 1.3.6.10.3. Provide other logistical services and supports as needed by the Department.
- 1.3.6.11. The Contractor shall be responsible for the exercise evaluation before, during, and after each exercise including, but not limited to:
 - 1.3.6.11.1. Ensure that the exercise evaluation is completed in accordance with HSEEP.
 - 1.3.6.11.2. Establish an evaluation team during the planning phases of each exercise.
 - 1.3.6.11.3. Develop an evaluation plan that includes, but is not limited to, requirements that articulate what will be evaluated during the exercise and how exercise play will be assessed.
 - 1.3.6.11.4. Compile and distribute all evaluation documents.
 - 1.3.6.11.5. Collect input from the participants using the HSEEP post exercise participant feedback from that shall include, but not limited to:
 - 1.3.6.11.5.1. Observed strengths and areas for improvement.
 - 1.3.6.11.5.2. Constructive criticism on the design, control, or logistics of the exercise to help enhance future exercises.
 - 1.3.6.11.6. Collect feedback forms from participants and summarize the findings in the after-action report (AAR).
 - 1.3.6.11.7. Collect other data, forms, materials, and notes from controllers, evaluators, observers, and participants for compilation and analysis for the after-action report (AAR).
 - 1.3.6.11.8. Present to the Department for review and input within thirty (30) days of the completion of the exercise: a preliminary AAR that includes an exercise debriefing report, analysis of core capabilities, including capability performance, strengths, areas for improvement, along with basic exercise information including the exercise name, type of exercise, dates, location(s), participating

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and point-of-contact (POC).

1.3.6.11.9. Conduct an after-action meeting (AAM) for each exercise, with thirty (30) days of the presented preliminary AAR/IP, among decision- and policymakers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to review and refine the draft AAR/IP.

1.3.6.11.10. Provide the Department a final AAR report within ninety (90) days of completed exercises that includes an exercise debriefing report, analysis of core capabilities, including capability performance, strengths, areas for improvement, along with basic exercise information including the exercise name, type of exercise, dates, location(s), participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and point-of-contact (POC).

1.3.6.11.11. The Department reserves the right to reschedule or cancel an exercise, or change the type and/or format of exercise and/or PHE plan to best meet the objectives of the Department's PHE preparedness planning and exercise program.

1.3.7. Healthy Homes and Lead Poisoning Prevention Programs

1.3.7.1. The Contractor shall support the outreach and education activities of the program's Health Educator as they pertain to the medical, and early childhood education community, parents, and property owners.

1.3.7.2. The Contractor shall support the program's Health Educator by providing logistical support and coordination for two (2) virtual training programs, annually, made available to local Health Officers.

1.3.7.3. The Contractor shall support the program's Health Educator by providing logistical support and coordination of a new the lead stakeholder group aimed at reducing the risk of lead exposure.

1.3.8. Radon Program

1.3.8.1. The Contractor shall support the outreach and education activities of the program as they pertain to radon resistant new home construction using methods which shall include, but are not limited to:

1.3.8.1.1. Stakeholder outreach.

1.3.8.1.2. Brochures or other printed materials.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.3.8.1.3. Three (3) virtual meetings that will target contractors, home builders, home buyers, and realtors and provide continuing education credits, if applicable. Topics may include, but are not limited to: new radon resistant technologies, policy and advocacy, cost vs. mitigation, and working with home buyers and realtors.
- 1.3.8.2. The Contractor shall support the outreach and education activities of the program as they pertain to real estate professionals using methods which shall include, but are not limited to:
 - 1.3.8.2.1. Stakeholder outreach.
 - 1.3.8.2.2. Brochures or other printed materials.
 - 1.3.8.2.3. Two (2) virtual meetings, including credits, if applicable.
- 1.3.8.3. The Contractor shall plan and implement social media campaigns which shall include:
 - 1.3.8.3.1. Radon awareness training for new home buyers;
 - 1.3.8.3.2. Radon awareness training for real estate professional; and
 - 1.3.8.3.3. Radon awareness training for real estate development contractors.
- 1.3.8.4. The Contractor shall support the program's Health Educator by providing logistical support and coordination for two (2) virtual, annually, training programs made available to local Health Officers.
- 1.3.9. Traveler Health Program**
 - 1.3.9.1. The Contractor shall conduct outreach and education activities regarding COVID-19 testing and vaccinations for the following stakeholders:
 - 1.3.9.1.1. Travel industry leaders.
 - 1.3.9.1.2. Civil surgeons or other health entities.
 - 1.3.9.1.3. Traveler health clinics.
 - 1.3.9.1.4. Other key stakeholders.
 - 1.3.9.2. The Contractor shall:
 - 1.3.9.2.1. Conduct Stakeholder outreach, including, but not limited to:
 - 1.3.9.2.1.1. Develop educational materials on COVID-19 traveler health, including but not limited to brochures, or other printed materials.
 - 1.3.9.2.1.2. Conduct one (1) virtual meeting with Stakeholders on the topics that may

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

include, but are not limited to resource dissemination, test and vaccine access, variant surveillance, mitigation measures, and outreach methods.

1.3.9.3. The Contractor shall plan and implement social media campaigns that shall include:

1.3.9.3.1. COVID-19 prevention and mitigation measures, which includes but are not limited to vaccinations, and other personal protective measures.

1.3.9.3.2. Testing requirements for individuals visiting or returning to NH.

1.3.9.4. The Contractor shall support the Department's Traveler Health Communications Specialist by providing logistical support and coordination for at least one (1) virtual training program tailored to the above stakeholder groups.

1.3.10. School-Based Inspections and Infection Prevention

1.3.10.1. In collaboration with municipal health officers, the Contractor shall develop and implement a training program to address seasonal communicable respiratory diseases prevention in school facility settings in up to twenty (20) school buildings in NH. The Contractor shall:

1.3.10.1.1. Develop and submit a work plan for Department approval within 30 days of the effective date of Amendment #1, which shall include project deliverables, timeline, and responsible parties.

1.3.10.1.2. Develop a training curriculum, in collaboration with the Department, by adapting existing educational materials from the NH Department of Education, the Centers for Disease Control and Prevention (CDC), or other relevant sources. The training curriculum shall include:

1.3.10.1.2.1. A slide deck.

1.3.10.1.2.2. Factsheets.

1.3.10.1.2.3. Respiratory disease prevention checklist.

1.3.10.1.2.4. A school inspection checklist.

1.3.10.1.2.5. Other materials, as needed.

1.3.10.1.3. Design a set of trainings based on adult learning principles to ensure the target audience gains relevant knowledge, problem-solving skills, and confidence to act.

1.3.10.1.4. Coordinate and conduct up to four (4) virtual or in-person training events annually, for municipal health officers.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

1.3.10.1.5. Evaluate all training programs to measure competencies of participants, including, but not limited to, as a pre- and post-surveys to measure participant knowledge, skills, and confidence to act.

1.3.10.1.6. Collaborate with the Department to implement the school inspection and prevention project within twenty (20) school buildings in order to prevent the spread of seasonal communicable respiratory diseases and improve workforce skills.

1.3.10.1.7. Collaborate with the Department to evaluate the project for changes in process and outcome measures, lessons learned, and complete a final report that details the activities and findings of the intervention.

1.3.11. Health Officer Liaison Program

1.3.11.1. The Contractor shall support the outreach and education activities of the program as they pertain to municipal Health Officers, which shall include, but are not limited to:

1.3.11.1.1. Healthy Homes 'One-Touch' training toolbox for home visitors;

1.3.11.1.2. Environmental Health and Cancer virtual training module;

1.3.11.1.3. Health Officer Introductory Training required by RSA 128; and

1.3.11.1.4. Regional meetings for municipal health officers.

1.3.12. School Nurse Training, Education and Support Program

1.3.12.1. The Contractor shall support the training and education activities of the program as they pertain to New Hampshire Schools Nursing Staff, which shall include, but is not limited to:

1.3.12.1.1. School Nurse Resiliency Training;

1.3.12.1.2. Web-based training;

1.3.12.1.3. School Nurse Partnership training, in collaboration with Regional Health Networks;

1.3.12.1.4. Development of a School Nurse Toolkit for training sustainability.

1.3.13. Public Health Laboratories

1.3.13.1. Web-based training;

1.3.13.2. Conference sponsorship.

1.4. Logistical Support for Conferences, Meetings, and Planning Groups

1.4.1. General Logistical Support for Conferences

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.1.1. The Contractor shall provide logistical support for conferences, as approved by the Department, which shall include, but is not limited to:
 - 1.4.1.1.1. Convening, facilitating, and documenting meetings of each conference planning team.
 - 1.4.1.1.2. Developing the conference agenda in coordination with planning teams.
 - 1.4.1.1.3. Compiling e-mail lists to promote conferences using addresses supplied by members of the planning team.
 - 1.4.1.1.4. Designing and electronically publishing conference brochures, "Save the Date" announcements, and other marketing materials as funding allows.
 - 1.4.1.1.5. Designing the layout and printing materials for conference attendees.
 - 1.4.1.1.6. Coordinating logistics with speakers.
 - 1.4.1.1.7. Coordinating logistics with vendors and supporting their logistical needs during conferences.
 - 1.4.1.1.8. Providing operations support during conferences including, but not limited to:
 - 1.4.1.1.8.1. Registering attendees;
 - 1.4.1.1.8.2. Coordinating IT needs;
 - 1.4.1.1.8.3. Coordinating with the conference site staff; and
 - 1.4.1.1.8.4. Conducting other activities typically associated with conference support.
 - 1.4.1.1.9. Compiling data from evaluation forms completed by attendees, analyzing data, and providing written reports to programs.
 - 1.4.1.1.10. Receiving payment from vendors, which shall be utilized for supporting conferences, with any additional funding to be utilized for activities funded by the program sponsoring the conference.
 - 1.4.1.1.11. Facilitating reservations and logistics of each conference site.
 - 1.4.1.1.12. Reporting all costs and income generated for each conference to the program funding the conference.

1.4.2. General Logistical Support for Committees and Planning Groups

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.2.1. The Contractor shall provide logistical support; as approved by the Department, for conference committees and planning groups which may include, but is not limited to:
 - 1.4.2.1.1. Convening, facilitating, and documenting meetings, including those of subcommittees, work groups, or similar bodies.
 - 1.4.2.1.2. Developing meeting agendas in coordination with Department staff.
 - 1.4.2.1.3. Disseminating announcements of meetings to members and posting publicly, as requested by the Department.
 - 1.4.2.1.4. Maintaining contact information for all members of committees and/or planning groups, including subcommittees, workgroups, or similar bodies.
 - 1.4.2.1.5. Maintaining existing websites to inform members and the public of the purpose, membership, and activities of planning groups and committees.
 - 1.4.2.1.6. Coordinating logistics with speakers.
 - 1.4.2.1.7. Coordinating logistics with vendors and supporting their logistical needs during conferences.
 - 1.4.2.1.8. Providing operations support during meetings including, but not limited to:
 - 1.4.2.1.8.1. Registering attendees.
 - 1.4.2.1.8.2. Coordinating IT needs.
 - 1.4.2.1.8.3. Coordinating with site staff.
 - 1.4.2.1.8.4. Publishing minutes.
 - 1.4.2.1.8.5. Conducting other activities typically associated with meeting support.
 - 1.4.2.1.9. Compiling data from evaluation forms completed by attendees, analyzing data, and providing written reports to programs.

1.4.3. Healthcare Associated Infections

- 1.4.3.1. The Contractor shall provide logistical support for up to eleven (11) meetings per year of the Antimicrobial Resistance Advisory Workgroup (ARAW).
- 1.4.3.2. The Contractor shall provide logistical and planning support for the annual Antimicrobial Stewardship Symposium for up to 400 attendees, which includes, but is not limited to, providing continuing education credits.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.3.3. The Contractor shall develop and execute a plan to validate the healthcare associated infections (HAI) data reported by, but not limited to, Critical Access Hospitals and Long-Term Care facilities, to:
 - 1.4.3.3.1. Improve the accuracy of data reported to the National Healthcare Safety Network (NHSN).
 - 1.4.3.3.2. Ensure consistency in applied NHSN definitions.
 - 1.4.3.3.3. Improve HAI surveillance.
 - 1.4.3.3.4. Assist in best practice for the training of current and new facilities using NHSN and adherence to NHSN definitions.
- 1.4.3.4. The Contractor shall create a data validation plan for healthcare associated infection in the Patient Safety Component and Long-Term Care Component in NHSN that is reported by all Hospitals and Long-Term Care setting types. The Contractor must:
 - 1.4.3.4.1. Meet with Department staff, in person or via Teams online platform, to review HAI activities in New Hampshire using the secure web portal Project Spaces to share project logistics and information.
 - 1.4.3.4.2. Review current HAI reporting requirements; NH rules and regulations regarding validation activities; and the Centers for Disease Control's existing data validation plan to determine if modifications to the data validation plan may be necessary based on the Contractor's expertise.
 - 1.4.3.4.3. Engage Department staff to assist with data validation activities when developing the data validation plan.
 - 1.4.3.4.4. Develop data validation plan appropriate to inpatient settings (these settings can include Hospitals and the units within them i.e. ICU, Lab, etc. and Long-Term Care settings).
 - 1.4.3.4.5. Work with the Department to review records already present in the Patient Safety and Long-Term Care Components.
- 1.4.3.5. The Contractor shall work with the Department to determine the:
 - 1.4.3.5.1. Data years to be validated; and
 - 1.4.3.5.2. Sample size of records to be reviewed at each facility for each year.
- 1.4.3.6. The Contractor shall finalize a data validation plan and schedule for Department review, feedback and approval.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.3.7. The Contractor shall review infections and subsets of non-infections. The Contractor shall ensure:
 - 1.4.3.7.1. HAI measures validated for all acute care setting types include, but are not limited to:
 - 1.4.3.7.1.1. Data housed in the Patient Safety and Long-Term Care Component of NHSN at the time of the project, including:
 - 1.4.3.7.1.1.1. CLABSI adult ICU.
 - 1.4.3.7.1.1.2. CLABSI pedi ICU.
 - 1.4.3.7.1.1.3. CLABSI NICU.
 - 1.4.3.7.1.1.4. CABG/C SSI.
 - 1.4.3.7.1.1.5. COLO SSI.
 - 1.4.3.7.1.1.6. HYST SSI.
 - 1.4.3.7.1.1.7. KPRO SSI.
 - 1.4.3.7.1.1.8. CAUTI in adult ICU.
 - 1.4.3.7.1.1.9. UTI in Long Term Care Component.
 - 1.4.3.7.1.1.10. Antimicrobial Use and Resistance Module.
 - 1.4.3.7.1.1.11. MDRO/CDI Module Patient Safety Component.
 - 1.4.3.7.1.1.12. MDRO/CDI Module Long Term Care Component.
 - 1.4.3.7.2. Communicate any changes in the data validation plan and schedule to Department staff on an on-going basis.
 - 1.4.3.8. The Contractor shall validate HAI data reported by Hospitals and Long-Term Care facilities. The Contractor shall:
 - 1.4.3.8.1. Conduct a minimum of one training on the use of data validation materials and tools to Department staff participating in validation on or off site.
 - 1.4.3.8.2. Provide Training materials including, but not limited to:
 - 1.4.3.8.2.1. Detailed up-to-date HAI data validation information, including but not limited to the necessary clinical content, surveillance definition discussion and guidance about the types and location of information necessary to evaluate a potential case during medical record review.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.3.8.2.2. Interesting case examples in order to promote discussion for the purpose of reviewing exemplary cases and common misunderstandings encountered in previous validation projects.
- 1.4.3.8.3. Provide logistics, including but not limited to training space, training framework, and development of training presentations or modules.
- 1.4.3.8.4. Solicit input from Department regarding participant background previous training on HAIs.
- 1.4.3.8.5. Conduct data validation site visits at Hospitals and Long-Term Care facilities, statewide. Data validation shall include activities that include but are not limited to:
 - 1.4.3.8.5.1. Working with Department staff to gather NHSN data necessary for the site visits based on the data validation plan developed above.
 - 1.4.3.8.5.2. Communication with facilities to schedule site visits at a mutually agreeable time and in certain cases providing the option of a virtual visit.
 - 1.4.3.8.5.3. Providing the Department with site visit dates so that the Department can elect to participate in the site visit.
 - 1.4.3.8.5.4. Documenting the review of records using a Department approved data validation form
 - 1.4.3.8.5.5. Recording validation findings in a secure electronic database.
 - 1.4.3.8.5.6. Providing a list of errors and other feedback to each facility that was validated.
 - 1.4.3.8.5.7. Providing a copy of the comprehensive list (all facilities validated) to the Department.
 - 1.4.3.8.5.8. Maintaining all collected data using strict confidentiality procedures, as well as destroying data no longer needed.
- 1.4.3.9. The Contractor shall create training with participation from the Department to disseminate to Hospitals and Long-Term Care Facilities to identify and correctly report to NHSN. The Contractor shall:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.3.9.1. Focus on information gaps and points of confusion that resulted in reporting errors;
 - 1.4.3.9.2. Be available for phone consultations as needed throughout the project period;
 - 1.4.3.9.3. Assist the department with creating targeted training materials that address common problems so that future training will reinforce accurate identification and correct reporting of HAIs; and
 - 1.4.3.9.4. Tabulate results of chart reviews one facility level to determine the number of discrepancies between Hospitals and Long-Term Care Facilities reporting and validation findings.
- 1.4.3.10. The Contractor shall maintain the staff necessary to perform all of the functions, requirements, roles, and duties as specified in this Exhibit. The Contractor shall:
- 1.4.3.10.1. Ensure all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold.
 - 1.4.3.10.2. Verify and document staff training, education, experience, and orientation by keeping up-to-date records and documentation of all staff requiring licenses and/or certifications.
 - 1.4.3.10.3. Ensure all records as specified above are available for Department inspection upon request.
- 1.4.3.11. The Contractor shall improve HAI surveillance by:
- 1.4.3.11.1. Meeting with Department staff to discern current capacity to conduct HAI data validation activities;
 - 1.4.3.11.2. Identifying training needs for the operational aspects of the valuation process;
 - 1.4.3.11.3. Providing instruction on surgical and intensive care settings and processes as necessary;
 - 1.4.3.11.4. Providing one-on-one training for Department staff when and if necessary; and
 - 1.4.3.11.5. Providing training materials including, but not limited to, training slides that address common errors and misunderstandings discovered through validation.
- 1.4.3.12. Reporting
- 1.4.3.12.1. The Contractor must provide monthly progress reports to the Department by the 15th day of each month, for the prior month, that includes, but is not limited to:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

1.4.3.12.1.1. Updates on each task detailed in the project work plan.

1.4.3.12.1.2. A detailed list of facilities with status of contact including:

1.4.3.12.1.2.1. Validation method assigned per the validation plan;

1.4.3.12.1.2.2. Date data requested;

1.4.3.12.1.2.3. Dates data was received; and

1.4.3.12.1.2.4. Dates that instructions and medical record requests were sent.

1.4.3.12.1.3. Site visits scheduled.

1.4.3.12.1.4. Site visits/ virtual visits that were completed.

1.4.3.12.1.5. Staff trained during visits.

1.4.3.12.1.6. Notes or comments on the process

1.4.3.12.2. The Contractor shall provide a final report on each of the site/virtual visits conducted, which will include an analysis of the data validation results. Activities for reporting results and present findings include, but are not limited to:

1.4.3.12.2.1. Providing the Department with a copy of the electronic database that contains the information from validation activities used for record review.

1.4.3.12.2.2. Providing the department with a written summary of data validation findings.

1.4.3.12.2.3. Meeting with Department staff to discuss the validation results and recommend correction training plans for facilities that were validated.

1.4.3.13. Deliverables

1.4.3.13.1. The Contractor shall provide a finalized data validation plan, as specified in 1.4.3.12.2 above, no later than May 15, 2024.

1.4.3.13.2. The Contractor shall implement the data validation plan no later than June 1, 2024.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.3.13.3. The Contractor shall analyze healthcare associated infection data reported to the Department and create an electronic database for the Department no later than July 1, 2024.
- 1.4.3.13.4. The Contractor shall complete all training and site/virtual visit audits by August 1, 2024, which shall include a minimum of 25 Hospitals and Long-Term Care settings.
- 1.4.3.13.5. The Contractor shall present the final report described above to the Department no later than five days prior to the Contract Completion Date.
- 1.4.3.13.6. The Contractor shall meet with Department staff to discuss the validation results and recommend training correction plans for facilities that were validated.
- 1.4.4. **Infectious Disease Prevention, Investigation & Care Services Section**
 - 1.4.4.1. The Contractor shall provide logistical support to the NH HIV Planning Group (HPG) which includes, but is not limited to:
 - 1.4.4.1.1. A maximum of six (6) regular meetings of the full HPG.
 - 1.4.4.1.2. A maximum of forty (40) committee and/or workgroup meetings per year.
- 1.4.5. **Immunization Program**
 - 1.4.5.1. The Contractor shall provide logistical support for the annual Immunization Conference for approximately 400 attendees, which includes providing continuing education credits to attendees.
- 1.4.6. **Public Health Emergency Preparedness**
 - 1.4.6.1. The Contractor shall provide logistical and planning support for the annual NH Statewide Preparedness conference for up to 800 attendees.
- 1.4.7. **Healthy Homes and Lead Poisoning Prevention Program**
 - 1.4.7.1. The Contractor shall provide logistical and planning support for the Environmental Health annual conference for an estimated 250 attendees.
 - 1.4.7.2. The Contractor shall provide logistical and planning support for an educational ECHO® training project aimed at increasing blood lead testing rates across New Hampshire, which includes:
 - 1.4.7.2.1. Providing advertising for up to twelve (12) virtual educational sessions;
 - 1.4.7.2.2. Facilitate registration for attendees;
 - 1.4.7.2.3. Provide support services for meetings;

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

1.4.7.2.4. Provide stipends to subject matter experts speaking at meetings;

1.4.7.2.5. Facilitate evaluations; and

1.4.7.2.6. Provide continuing educational credits to attendees.

1.4.8. Environmental Public Health Tracking Program (EPHT)

1.4.8.1. The Contractor shall provide logistical support to the EPHT Program for outreach to its Technical Advisory Group and the Children's Environmental Health Initiative Advisory Group which includes, but is not limited to:

1.4.8.1.1. Developing a membership list; and

1.4.8.1.2. Organizing a minimum of two (2) virtual meetings, per Agreement period.

1.4.9. Radon Program

1.4.9.1. The Contractor shall provide logistical support to the Radon Program in the development and coordination of a new Radon Stakeholders Group, which includes a minimum of two (2) virtual meetings, annually.

1.4.10. Viral Hepatitis Surveillance and Prevention

1.4.10.1. The Contractor shall provide a range of viral hepatitis prevention and surveillance services in collaboration with the New Hampshire Bureau of Infectious Disease Control (BIDC), the Maine Centers for Disease Control (ME CDC), and the Vermont Department of Health (VT DOH) (collectively herein referred to as the "Tristate Viral Hepatitis Steering Committee"), which must include but is not limited to:

1.4.10.1.1. Developing and conducting, in consultation with the Tristate Viral Hepatitis Steering Committee, a Tristate Viral Hepatitis Situational Analysis (tVHSA) within six (6) months of the G&C approval date of this Amendment #2 that must include:

1.4.10.1.1.1. Disease epidemiology;

1.4.10.1.1.2. A description of existing assets;

1.4.10.1.1.3. A healthcare systems needs assessment of:

1.4.10.1.1.3.1. Current resource gaps;

1.4.10.1.1.3.2. Projected future changes to the current landscape; and

1.4.10.1.1.3.3. A description of the governance roles related to

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

viral hepatitis and disease prevention.

1.4.10.1.2. The Contractor shall:

- 1.4.10.1.2.1. Describe the current state of viral hepatitis programs and services within the Tristate area;
- 1.4.10.1.2.2. Identify local assets and determine resource gaps and areas that need to be strengthened;
- 1.4.10.1.2.3. Research and incorporate relevant contextual data, including but not limited to census data and literature reviews;
- 1.4.10.1.2.4. Review de-identified surveillance data provided by the Tristate Viral Hepatitis Steering Committee to integrate a Tristate epidemiological overview and profile into the tVHSA that must include, but is not limited to:
 - 1.4.10.1.2.4.1. Prevalence.
 - 1.4.10.1.2.4.2. Incidence.
 - 1.4.10.1.2.4.3. Treatment initiation.
 - 1.4.10.1.2.4.4. Sustained viremic response (SVR12) rate.
- 1.4.10.1.2.5. Unmet need data by:
 - 1.4.10.1.2.5.1. Age;
 - 1.4.10.1.2.5.2. Gender;
 - 1.4.10.1.2.5.3. Race/ethnicity;
 - 1.4.10.1.2.5.4. Geographic area; and
 - 1.4.10.1.2.5.5. Transmission risk factor(s).
- 1.4.10.1.2.6. Conduct a descriptive trend analysis of in Hepatitis C (HCV) and associated comorbidities since 2014, including state and regional disparities in prevalence, screening, testing, and treatment initiation.

1.4.10.2. The Contractor shall review and incorporate community population estimates into the tVHSA development process including, but not limited to:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.10.2.1. The number of individuals diagnosed and living with HCV within each state.
- 1.4.10.2.2. The number of individuals treated for HCV within each state.
- 1.4.10.2.3. A description of individuals at-risk for HCV infection.
- 1.4.10.2.4. A description of the health needs of the population, including actual and potential sources of inequity and health needs specific to populations at greater risk of infection.
- 1.4.10.3. The Contractor shall describe existing assets to identify and assess current resource needs, gaps, and barriers related to prevention, diagnosis, and treatment; and provide recommendations to address the gaps. Assets may include:
 - 1.4.10.3.1. Syringe Service Programs.
 - 1.4.10.3.2. Substance Use Disorder Treatment Programs.
 - 1.4.10.3.3. Hepatitis Testing Sites.
 - 1.4.10.3.4. Hepatitis A and B Vaccine sites.
 - 1.4.10.3.5. All assets related to prevention (primary, secondary, and tertiary levels), diagnosis, and treatment.
- 1.4.10.4. The Contractor shall identify the five (5) healthcare systems in New Hampshire, Maine, and Vermont with the highest volume of Hepatitis C testing, and must:
 - 1.4.10.4.1. Conduct a needs assessment of those healthcare systems; and
 - 1.4.10.4.2. Provide feedback to the Department, with recommendations to improve routine Hepatitis C and Hepatitis B testing.
- 1.4.10.5. The Contractor shall describe the current governance roles related to viral hepatitis, including:
 - 1.4.10.5.1. A description of governance and organizational structures related to viral hepatitis within Maine, Vermont, and New Hampshire, which may present barriers and opportunities to testing, treatment or surveillance;
 - 1.4.10.5.2. An overview of the processes of each states' policies and legislation formulation related to viral hepatitis and disease legislation; and
 - 1.4.10.5.3. A description of key contributors to policy formulation.
- 1.4.10.6. The Contractor shall identify potential and existing overlaps between viral hepatitis prevention, diagnosis, and treatment services, and

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

other healthcare system and/or disease-specific strategies and plans including, but not limited to syndemic approach (i.e.: HIV). The Contractor shall make clear references to other relevant policies or plans, which may include, but are not limited to:

- 1.4.10.6.1. Overlapping priority populations.
- 1.4.10.6.2. Overlapping strategies or shared/similar interventions and priority action areas.
- 1.4.10.6.3. Overlapping workforce development needs.
- 1.4.10.6.4. Overlapping funding mechanisms.
- 1.4.10.7. The Contractor shall, in consultation with the Tristate Viral Hepatitis Steering Committee, develop a Five (5) Year Tristate Viral Hepatitis Elimination Plan (tVHEP) including a review/feedback/revision cycle within one (1) month of the G&C approval date of this Amendment #2, that must include:
 - 1.4.10.7.1. Viral Hepatitis Situational Analysis as described in Section 1.4.10.1.
 - 1.4.10.7.2. Five (5) year Goals, Objectives, and Outcome Measures that must:
 - 1.4.10.7.2.1. Align with the Federal Division of Viral Hepatitis: 2025 Strategic Plan available online at: <https://www.cdc.gov/hepatitis/pdfs/DVH-StrategicPlan2020-2025.pdf>.
 - 1.4.10.7.2.2. Be founded on data collected during the tVHSA and stakeholder engagement activities as specified in 1.4.10.9. - 1.4.10.13. below, as well as epidemiological data.
 - 1.4.10.7.2.3. Integrate health equity advancement by following the CDC SMARTIE principles available online at: <https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives508.pdf>.
 - 1.4.10.7.2.4. Meet the key strategies and measures as described in the Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103) available online at: https://www.cdc.gov/hepatitis/policy/2103_CoAq.htm.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

1.4.10.7.3. Five (5) Year Strategies, Interventions, and Implementation Plans, which must:

1.4.10.7.3.1. Be based on evidence gathered during the tVHSA and the stakeholder engagement activities described in 1.4.10.9. - 1.4.10.13. below.

1.4.10.7.3.2. Include a justification of how efficiency and equity are taken into consideration. For the purposes of this agreement, efficiency is defined as interventions that maximally leverage existing and available resources, and equity is defined as interventions that address health disparities.

1.4.10.7.3.3. Be local to New Hampshire, Maine, and Vermont; and leverage existing resources in the Tristate area.

1.4.10.7.3.4. Identify:

1.4.10.7.3.4.1. Opportunities where existing health system policies and programs can be reshaped or extended to include hepatitis-related activities, and

1.4.10.7.3.4.2. Opportunities to link service delivery pathways to existing structures to increase efficiencies.

1.4.10.7.3.5. Address strategies for increasing Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) reflex testing, increasing provider training in prescribing HCV and HBV treatment, increasing health systems that promote routine HCV and HBV testing, and rural health strategies.

1.4.10.7.4. Financial Framework

1.4.10.7.4.1. The Contractor must describe potential internal and external funding, and financing mechanisms to support the goals, objectives, strategies, and interventions identified in the tVHEP.

1.4.10.7.5. Data Sources and Systems

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.10.7.5.1. The Contractor must ensure all data sources and systems are clearly identified and defined.
- 1.4.10.8. The Contractor shall complete the Tristate Viral Hepatitis Elimination Plan no later than December 7, 2024.
- 1.4.10.9. The Contractor shall identify, map, and engage stakeholders who are involved in prevention, diagnosis, and treatment services across the Tristate area to formulate a Tristate Viral Hepatitis Elimination Planning Group, of which a minimum of 50% of the Stakeholders must be external partners. Stakeholder representation must include, but is not limited to:
 - 1.4.10.9.1. External stakeholders including, but not limited to:
 - 1.4.10.9.1.1. Healthcare organizations and providers.
 - 1.4.10.9.1.2. Hepatitis care and treatment programs.
 - 1.4.10.9.1.3. Commercial laboratories.
 - 1.4.10.9.1.4. Community-based organizations.
 - 1.4.10.9.1.5. Academia.
 - 1.4.10.9.1.6. Professional organizations.
 - 1.4.10.9.1.7. Patient groups.
 - 1.4.10.9.1.8. Nonprofit/advocacy groups.
 - 1.4.10.9.1.9. Private insurers.
 - 1.4.10.9.1.10. Pharmaceutical companies.
 - 1.4.10.9.1.11. Refugee/resettlement services.
 - 1.4.10.9.1.12. Organizations supporting the social determinants of health and wraparound services.
 - 1.4.10.9.2. Internal stakeholders including, but not limited to:
 - 1.4.10.9.2.1. Hepatitis B surveillance or prevention programs, including perinatal prevention.
 - 1.4.10.9.2.2. HIV and sexually transmitted infections surveillance and prevention programs.
 - 1.4.10.9.2.3. Licensure boards.
 - 1.4.10.9.2.4. Communicable infectious disease surveillance and prevention programs.
 - 1.4.10.9.2.5. Drug and alcohol programs.
 - 1.4.10.9.2.6. Immunization programs.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.10.9.2.7. Public health emergency preparedness and response programs.
- 1.4.10.9.2.8. Substance use disorder and mental health programs.
- 1.4.10.9.2.9. Health care-associated infection surveillance and prevention programs.
- 1.4.10.9.2.10. Cancer surveillance and prevention programs.
- 1.4.10.9.2.11. Overdose prevention surveillance and prevention programs.
- 1.4.10.9.2.12. Vital statistics programs.
- 1.4.10.9.2.13. State Medicaid/Medicare programs.
- 1.4.10.9.2.14. Public health laboratories, maternal.
- 1.4.10.9.2.15. Child health programs:
- 1.4.10.9.3. Representation from high impact settings including, but not limited to:
 - 1.4.10.9.3.1. Harm reduction and syringe services programs.
 - 1.4.10.9.3.2. Substance use disorder treatment programs and mental health services.
 - 1.4.10.9.3.3. Correctional facilities and re-entry programs.
 - 1.4.10.9.3.4. Emergency departments.
 - 1.4.10.9.3.5. Hospital-based programs.
 - 1.4.10.9.3.6. Sexually transmitted infection clinics, homeless services.
 - 1.4.10.9.3.7. Health centers including Federally Qualified Health Centers (FQHCs).
 - 1.4.10.9.3.8. Representation from People with Lived Experience (PWLE), and People Who Inject Drugs (PWID), as well as the organizations that serve them.
- 1.4.10.10. The Contractor shall ensure stakeholder engagement is coordinated through the Tristate Viral Hepatitis Elimination Planning Group.
- 1.4.10.11. The Contractor shall ensure stakeholder engagement meetings occur as follows:
 - 1.4.10.11.1. Bi-Monthly two (2) hour planning group meetings; and

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.10.11.2. Monthly one (1) hour workgroup meetings, on an as needed basis but no less than monthly.
- 1.4.10.12. The Contractor shall ensure the Tristate Viral Hepatitis Elimination Planning Group provides logistical support including, but not limited to:
 - 1.4.10.12.1. Preparing and distributing meeting agendas and pre-meeting materials to all meeting attendees.
 - 1.4.10.12.2. Taking meeting minutes that include any action items.
 - 1.4.10.12.3. Distributing post-meeting materials.
- 1.4.10.13. The Contractor shall ensure the Tristate Viral Hepatitis Elimination Planning Group provides facilitation support including, but not limited to:
 - 1.4.10.13.1. Setting the meeting agendas and meeting goals with consultation from the Tristate Viral Hepatitis Steering Committee.
 - 1.4.10.13.2. Guiding discussions and managing the group process to ensure meeting goals are met.
- 1.4.10.14. The Contractor must engage all stakeholders in tVHSA and tVHEP development as described in Sections 1.4.10.9. - 1.4.10.13. respectively.
- 1.4.10.15. The Contractor must conduct stakeholder engagement activities, including:
 - 1.4.10.15.1. Recruiting and engaging stakeholders for the Tristate Viral Hepatitis Elimination Planning Group, in accordance with 1.4.10.9. - 1.4.10.13.
 - 1.4.10.15.2. Review and share relevant data, literature, and findings with all stakeholders, collect feedback; and integrate feedback into Elimination Plan preparation; and
 - 1.4.10.15.3. Share the tVHEP development timeline, as identified in 1.4.10.9. - 1.4.10.13., with all stakeholders.
- 1.4.10.16. The Contractor shall provide technical assistance ensuring viral hepatitis subject matter experts are included in planning efforts.
- 1.4.10.17. The Contractor shall coordinate with the Tristate Viral Hepatitis Elimination Planning Group to identify gaps in expertise necessary for developing and implementing the tVHSA and tVHEP including, but not limited to:
 - 1.4.10.17.1. Biostatistician support.
 - 1.4.10.17.2. Policy and regulatory support.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

1.4.10.17.3. HCV-specific clinical expertise.

1.4.10.18. The Contractor shall coordinate with the Tristate Viral Hepatitis Elimination Steering Committee throughout the development and preparation of the tVHSA and tVHEP ensure the Tristate Viral Hepatitis Elimination Steering Committee retains supervisory and editorial authority over the content and prioritization of the tVHSA and tVHEP developed in collaboration with the Contractor.

1.4.10.19. The Contractor shall participate in bi-weekly meetings with the Tristate Viral Hepatitis Steering Committee to:

1.4.10.19.1. Ensure committee action items are met; and

1.4.10.19.2. Receive updates on progress, clinical and tactical feedback, and assistance with prioritization.

1.4.10.20. The Contractor shall submit the tVHSA, tVHEP, and other final planning documents to the Tristate Viral Hepatitis Steering Committee and Tristate Viral Hepatitis Elimination Planning Group for edits and approval prior to public or governmental submission.

1.4.10.21. The Contractor shall develop a New Hampshire Outbreak Detection and Response Plan (NHODRP) to identify and respond to outbreaks of Hepatitis A, B, and C infection within 12 months of the G&C approval date of this Amendment #2, that must include, but is not limited to:

1.4.10.21.1. Outbreak Response Checklist.

1.4.10.21.2. Outbreak Preparedness:

1.4.10.21.2.1. Organizational structure.

1.4.10.21.2.2. Partner engagement.

1.4.10.21.2.3. Continuity of operations plan.

1.4.10.21.3. Outbreak Detection:

1.4.10.21.3.1. Outbreak definition and characterization.

1.4.10.21.4. Outbreak Investigation and Response:

1.4.10.21.4.1. Data collection and management.

1.4.10.21.4.2. Just-in-time training plan.

1.4.10.21.4.3. Internal and external communication plan.

1.4.10.21.4.4. Escalated response.

1.4.10.21.4.5. Cross-jurisdictional response.

1.4.10.21.5. Outbreak Monitoring and Evaluation:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.10.21.5.1. Triggers for initiating, escalating, deescalating, and closing outbreak response.
- 1.4.10.21.6. Post-Outbreak Activities:
 - 1.4.10.21.6.1. Debriefing procedures.
 - 1.4.10.21.6.2. Outbreak plan maintenance.
- 1.4.10.22. The Contractor shall engage internal stakeholders in NHODRP development and preparation, which may include, but is not limited to:
 - 1.4.10.22.1. The Bureau of Infectious Disease Control (BIDC), which encompasses the Infectious Disease Surveillance Section (IDSS), Infectious Disease Prevention, Investigation, Care Services Section (IDPICSS), and Immunization Section (IS).
 - 1.4.10.22.2. Bureau of Drug & Alcohol Services (BDAS).
 - 1.4.10.22.3. Bureau of Healthcare Access.
 - 1.4.10.22.4. Equity and Policy (BHAEP).
 - 1.4.10.22.5. Bureau of Emergency Preparedness, Response, and Recovery (BEPRR).
 - 1.4.10.22.6. Public Information Office (PIO).
- 1.4.10.23. The Contractor shall engage external stakeholders in NHODRP development and preparation, which may include but is not limited to:
 - 1.4.10.23.1. The Manchester Health Department (MHD).
 - 1.4.10.23.2. Nashua Health Department (NHD).
 - 1.4.10.23.3. New Hampshire Harm Reduction Coalition (NHHRC) and Syringe Service Programs (SSPs).
 - 1.4.10.23.4. New Hampshire Hospital Association (NHHA).
 - 1.4.10.23.5. Regional Public Health Networks (RPHN).
 - 1.4.10.23.6. The Tristate Viral Hepatitis Elimination Steering Committee.
 - 1.4.10.23.7. Tristate Viral Hepatitis Planning Group.
- 1.4.10.24. The Contractor shall provide a range of additional viral hepatitis prevention programming and surveillance support to maximize access to testing, treatment, and prevention including, but not limited to programmatic support for:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.10.24.1. Increasing commercial and hospital-based laboratories conducting hepatitis C RNA reflex testing.
- 1.4.10.24.2. Increasing hepatitis C and/or hepatitis B testing in healthcare systems.
- 1.4.10.24.3. Increasing healthcare providers trained in prescribing hepatitis C and hepatitis B treatment.
- 1.4.10.24.4. Increasing awareness of infection status among people living with hepatitis C and/or hepatitis B.
- 1.4.10.24.5. Increasing referral to treatment for people living with hepatitis C and/or hepatitis B.
- 1.4.10.24.6. Assessing and identifying gaps in VH surveillance data and assisting with the development of a data improvement plan.
- 1.4.10.24.7. Improving access to services and education for people who inject drugs and in settings disproportionately affected by viral hepatitis and/or drug use.

1.4.11. Health Officer Liaison Program

1.4.11.1. The Contractor shall provide logistical support to the Health Officer Liaison Program in the development and coordination of new regional Health Officer groups, which includes:

- 1.4.11.1.1. Securing a centrally located venue in each of the public health regions for thirteen (13) in-person meetings for an estimated 25 people each;
- 1.4.11.1.2. Facilitate advertising;
- 1.4.11.1.3. Coordinate registration;
- 1.4.11.1.4. Invite local subject matter experts to attend meetings that would include DHHS Food Inspectors, Lead Investigators, Division of Child, Youth and Families, Foster Care, Department of Environmental Services, and the Community Action Program Fuel Assistance and Weatherization.

1.4.12. School Nurse Training, Education and Support Program

1.4.12.1. School Nurse Resiliency Training

1.4.12.1.1. The Contractor shall provide logistical support for a School Nurse Resiliency Training in June 2023 or a date agreed upon by all parties, and approved by the Department, which shall include, but is not limited to:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.4.12.1.1.1. Convening, facilitating, and documenting meetings of each conference planning team.
- 1.4.12.1.1.2. Developing the School Nurse Resiliency Training agenda in coordination with planning teams.
- 1.4.12.1.1.3. Compiling e-mail lists to promote School Nurse Resiliency Training.
- 1.4.12.1.1.4. Designing and electronically publishing School Nurse Resiliency Training brochures, "Save the Date" announcements, and other marketing materials, as funding allows.
- 1.4.12.1.1.5. Providing educational materials for School Nurse Resiliency Training attendee.
- 1.4.12.1.1.6. Coordinating logistics with speakers.
- 1.4.12.1.1.7. Coordinating logistics with vendors and supporting their logistical needs during School Nurse Resiliency Training.
- 1.4.12.1.1.8. Providing operations support during School Nurse Resiliency Training including, but not limited to:
 - 1.4.12.1.1.8.1. Registering attendees;
 - 1.4.12.1.1.8.2. Coordinating IT needs;
 - 1.4.12.1.1.8.3. Coordinating with the School Nurse Resiliency Training site staff;
 - 1.4.12.1.1.8.4. Conducting other activities typically associated with school nurse resiliency training support;
 - 1.4.12.1.1.8.5. Compiling data from evaluation forms completed by attendees, analyzing data, and providing written reports to planning team and programs;
 - 1.4.12.1.1.8.6. Receiving payment from vendors, which shall be utilized for supporting

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

school nurse resiliency training, with any additional funding to be utilized for activities funded by the program sponsoring the School Nurse Resiliency Training.

1.4.12.1.1.8.7. Facilitating reservations and logistics of the School Nurse Resiliency Training site.

1.4.12.1.1.8.8. Reporting all costs and income generated for School Nurse Resiliency Training to the program funding the conference.

1.4.12.2. Web-based Training

1.4.12.2.1. The Contractor shall provide logistical and planning support for the annual School Nurse Essentials training meeting, scheduled for August 2023.

1.4.13 NH Public Health Laboratories

1.4.13.1 The Contractor shall provide logistical support sponsored by the NH Public Health Laboratory (NPHL) for the New Hampshire Health Officer Association's Spring Conference to educate municipal Health Officers on environmental topics.

1.5. Technical Assistance

1.5.1. Infectious Disease Prevention, Investigation & Care Services Section

1.5.1.1. The Contractor shall, in consultation with the Department subject matter experts, identify and coordinate technical assistance providers to the Department, Department contractors, and service provider agencies.

1.5.1.2. The Contractor shall conduct special projects as directed by the Department including, but not limited to:

1.5.1.2.1. Communication plans;

1.5.1.2.2. Trainings;

1.5.1.2.3. Social media management;

1.5.1.2.4. Development of social media posts to raise awareness about child, youth, and adult immunizations;

1.5.1.2.5. Generation of summary report to inform programmatic decision making;

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.5.1.2.6. Survey management and/or focus group facilitation;
- 1.5.1.2.7. Project management; and
- 1.5.1.2.8. Graphic design and creation of printed materials.

1.5.2. Immunization Program

1.5.2.1. The Contractor shall provide technical assistance to the Department to support the outreach and education efforts of the NH Immunization Program (NHIP) including, but not limited to:

1.5.2.1.1. Organizing external stakeholders identified by the Department to assist with developing:

- 1.5.2.1.1.1. Methods to foster communication; and
- 1.5.2.1.1.2. Education and outreach tools and materials.

1.5.2.2. The Contractor shall conduct special projects as directed by the Department including, but not limited to:

- 1.5.2.2.1. Communication plans;
- 1.5.2.2.2. Trainings;
- 1.5.2.2.3. Development of social media posts to raise awareness about child, youth and adult immunizations;
- 1.5.2.2.4. Social media management including, but not limited to, strategic response to myths and misinformation, analyzing social media listening, and engagement on social media platforms for content and outreach effectiveness;
- 1.5.2.2.5. Generation of summary report to inform programmatic decision-making;
- 1.5.2.2.6. Development and dissemination of NH specific childhood vaccination toolkit for providers, schools, and other stakeholders to provide materials to promote childhood vaccines, answer parent questions, and address barriers to receipt of COVID-19 and routine vaccination;
- 1.5.2.2.7. Survey management and/or focus group facilitations;
- 1.5.2.2.8. Project management; and
- 1.5.2.2.9. Graphic design and creation of printed materials.

1.5.2.3. The Contractor shall facilitate the work of the NH Immunization Coalition for the purposes of promoting public awareness of immunizations and improving vaccination rates for NH's residents by conducting activities including, but not limited to:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.5.2.3.1. Conveying external stakeholders, which may include the NH Public Health Association and others identified by the Department, to recruit and maintain coalition members representatives of the community, public and private health care organizations, state agencies, service agencies, and businesses;
- 1.5.2.3.2. Developing broad-based strategies and implementing activities to raise awareness of child, youth, and adult immunizations;
- 1.5.2.3.3. Developing and implementing educational and outreach strategies to increase the number of children, youth, and adults receiving immunizations;
- 1.5.2.3.4. Expanding partnerships through the private and public sector to increase awareness of immunizations through education, partnerships, and marketing;
- 1.5.2.3.5. Utilizing methods to foster communication; and
- 1.5.2.3.6. Developing and disseminating education and outreach tools and materials that target stakeholders who include, but are not limited to:
 - 1.5.2.3.6.1. Medical Professionals.
 - 1.5.2.3.6.2. Parents.
 - 1.5.2.3.6.3. Seniors.
 - 1.5.2.3.6.4. Other members of the public.
 - 1.5.2.3.6.5. Other entities engaged in promoting immunizations.

1.5.3. Public Health Emergency Preparedness

- 1.5.3.1. The Contractor shall, in consultation with the Department subject matter experts, provide technical assistance to three (3) discrete groups directed toward meeting national standards described in the CDC's Public Health Emergency Preparedness Capabilities (October 2018, Updated January 2019) and subsequent editions. The groups are as follows:
 - 1.5.3.1.1. Department preparedness;
 - 1.5.3.1.2. Public health preparedness coordinators at the thirteen (13) organizations providing Regional Public Health Network services. Teaching assistance will be available to both individuals and as a group; and/or
 - 1.5.3.1.3. Medical Reserve Corps (MRC) units recognized and registered with the U.S. Surgeon General, Office of Civilian Volunteer Medical Reserve Corps, to support

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

recruitment, training, and deployment of the MRC volunteers.

1.5.3.2. The Contractor shall provide professional staff to support public health incident response at the direction of the Department, if requested.

1.5.3.3. The Contractor shall ensure that professional staff:

1.5.3.3.1. Have the appropriate licensure, certification, and skills to meet the requests made by DPHS;

1.5.3.3.2. Work the minimum hours requested by DPHS; and

1.5.3.3.3. Submit all documentation regarding hours worked and other documentation, as requested.

1.5.4. Radon Program

1.5.4.1. The Contractor shall provide technical assistance for the collection of radon information and data which includes, but is not limited to:

1.5.4.1.1. NH municipalities with existing building codes for radon resistant new construction;

1.5.4.1.2. The estimated number of radon mitigations for existing homes per year;

1.5.4.1.3. The estimated number of radon tests performed in NH per year; and

1.5.4.1.4. Historical data from external partners and stakeholders for the purpose of updating the Department data portal.

1.5.5. Hospital Preparedness Program (HPP)

1.5.5.1. The Contractor shall provide technical assistance to MRC and Community Emergency Response Team (CERT) leaders throughout the state.

1.5.6. Health Officer Liaison Program

1.5.6.1. The Contractor shall provide technical assistance to the Department to support the outreach and education effort of the Health Officer Liaison Unit to include:

1.5.6.1.1. Designing a new logo that represents the Health Officer Liaison Program;

1.5.6.1.2. Create a four (4)-page infographic, 'At a Glance' Style brochure that demographics on municipal Health Officer across New Hampshire; and

1.5.6.1.3. Project management of the stipend program to assist municipal health officers in building local capacity.

1.6. Development and Production of Educational Materials

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

1.6.1. General Standards for Educational Materials

1.6.1.1. The Contractor shall, in consultation with the Department subject matter experts, develop and/or produce educational materials on topics identified by Department staff.

1.6.1.2. The Contractor shall obtain Department approval prior to distribution of any produced materials, and ensure all materials produced give credit to the funding source utilized to create the materials.

1.6.1.3. The Contractor shall ensure all materials are developed in accordance with CDC recommendations specified in Simply Put: Guide to Developing Easy-To-Understand Materials, CDC July 2010, including any updates that may be issued by the CDC.

1.6.2. Infectious Disease Prevention, Investigation & Care Services Section

1.6.2.1. The Contractor shall, in consultation with the Department, maintain and update the HIV Planning Group (HPG) and the Granite State PrEP Connect websites.

1.6.2.2. The Contractor shall, in consultation with the Department, create social media posts relevant to infectious disease prevention topics.

1.6.3. Healthy Homes and Lead Poisoning Prevention Program

1.6.3.1. The Contractor shall assist the program's Health Educator with the development of outreach and educational materials, that include, but are not limited to:

1.6.3.1.1. Development and coordination of at least two (2) social media campaigns;

1.6.3.1.2. Design and limited printing (500 copies) of an annual four (4) to six (6) page blood lead surveillance report;

1.6.3.1.3. Maintenance and quarterly updates to the About Lead-Free Kids NH – Lead Free Kids NH website; and

1.6.3.1.4. Maintenance and quarterly updates to the New England Lead Prevention website.

1.6.4. Environmental Public Health Tracking Program

1.6.4.1. The Contractor shall assist the program with developing online educational materials related to the Children's Environmental Health Initiative for use by families and home health workers.

1.6.4.2. The Contractor shall develop a one-hour online training on children's environmental health-related topics for the DHHS adult learning platform.

1.6.5. Radon Program

1.6.5.1. The Contractor shall develop educational materials for the radon program, in collaboration with the program, that are appropriate for

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

fifth (5th) to eighth (8th) grade science students, which include, but are not limited to:

- 1.6.5.1.1. Creating a stakeholder outreach list and securing a minimum of five (5) schools to participate;
 - 1.6.5.1.2. Developing curriculum; and
 - 1.6.5.1.3. Promoting and organizing a poster contest.
- 1.6.5.2. The Contractor shall provide educational support for schools, childcare facilities, and homebuilders, which includes but is not limited to:
- 1.6.5.2.1. Provide an on-site radon test at a school using the NH Radon Program's continuous radon monitors to train school facility managers. Purchase carrying cases and develop training materials for sending to schools.
 - 1.6.5.2.2. Partner with programs working to test schools and childcare programs for lead by providing free radon testing.
 - 1.6.5.2.3. Provide training reimbursement to homebuilders who successfully pass training on radon-resistant new construction techniques.
- 1.6.6. **Core Services Planning**
- 1.6.6.1. The Contractor shall implement an annual survey of program clients for the purpose of core services planning, in consultation with care services staff.
- 1.6.7. **Health Officer Liaison Program**
- 1.6.7.1. The Contractor shall develop a Healthy Homes 'One-Touch' Toolbox used to train Health Officers and other home visitors, which includes:
 - 1.6.7.1.1. Update the existing Healthy Homes 'One-Touch' Checklist and supporting referral factsheets.
 - 1.6.7.2. The Contractor shall update existing training materials used to support municipal Health Officers, which includes:
 - 1.6.7.2.1. Update the eight (8) modules of the existing, three (3)-hour online Introduction to Health Officers training material used on the DHHS adult learning management platform.
 - 1.6.7.2.2. Update two (2), one (1)-hour training that currently exists on educating Health Officers so that it can be made virtual for the DHHS adult learning management platform.
- 1.6.8. **School Nurse Training, Education and Support Program**

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

1.6.8.1. School Nurse Resiliency Training

1.6.8.1.1. The Contractor shall design the layout for, and print all, materials for School Nurse Resiliency Training attendees.

1.6.8.2. Web-based Training

1.6.8.2.1. The Contractor shall develop and implement training program that will align with the annual School Nurse Essentials training meeting for the New Hampshire School Nurses Association.

1.6.8.3. Regional Public Health Networks School Nurse Partnership Training

1.6.8.3.1. The Contractor shall, in consultation with the Department; subject matter experts; the New Hampshire School Nurse Association; and other planning members; develop and implement a training program for New Hampshire School Nurses in collaboration with Regional Public Health Networks (RPHN), either in person, web-based, or hybrid learning model, per the direction of the Department.

1.6.8.4. School Nurse Toolkit for Training Sustainability

1.6.8.4.1. The Contractor shall, in consultation with the Department; subject matter experts; partners; and other planning members; develop and/or produce educational materials on topics identified by the planning team.

1.6.8.4.2. The Contractor shall obtain Department and partner approval prior to distribution of any produced materials.

1.6.10 NH Public Health Laboratories

1.6.10.1. The Contractor shall collaborate with the NH Public Health Laboratories to provide logistical support and coordination for up to six (6) virtual training programs for municipal Health Officers on environmental health topics.

1.7. Develop and Implement Evaluation Plans

1.7.1. The Contractor shall develop evaluation plans, in consultation with Department subject matter experts, which clearly outline goals, objectives, activities, outputs, outcomes, and performance measures.

1.8. Update Strategic Plans

1.8.1. General Assistance with Strategic Plans

1.8.1.1. The Contractor shall, in consultation with the Department subject matter experts, assist the Department with:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 1.8.1.1.1. Updating pre-existing strategic plans; and
- 1.8.1.1.2. Outlining goals, objectives, activities, outputs, outcomes, and performance measures for various programs.

1.9. Maximize the Efficient Use of Resources

1.9.1. Infectious Disease Prevention, Investigation & Care Services Section (IDPICSS)

- 1.9.1.1. The Contractor shall facilitate reimbursements of costs incurred by approximately five (5) public members of the NH HPG and/or contracted vendors to attend out-of-state conferences identified by the Department, as well as mileage costs to attend in-state meetings.
- 1.9.1.2. The Contractor shall procure and disperse prevention supplies as determined by the Department to a minimum of six (6) clinics funded by the Department to provide testing and treatment for sexually transmitted infections and HIV.
- 1.9.1.3. The Contractor shall procure, manage, and disperse prevention and self-testing supplies for NH residents, as directed by the Department.
- 1.9.1.4. The Contractor shall develop and maintain an online ordering system that enables NH residents and partners to order prevention and self-testing supplies.

1.9.2. Coordination and Logistics, Web-Based Training

- 1.9.2.1. The Contractor shall, in consultation with the Department, coordinate and monitor ongoing provider and/or DPHS staff technical assistance and facilitate reimbursement to vendors for web-based case management entry-level competency training modules and other programs as designated by the Department.
- 1.9.2.2. The Contractor shall develop and maintain a participant/user tracking system for the comprehensive self-directed, web-based medical cases management training.

1.9.3. Public Health Emergency Preparedness

- 1.9.3.1. The Contractor shall provide access to E-Studio, a web-based collaboration system, in collaboration with the Department.

2. Exhibits Incorporated

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

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

accordance with the terms of Exhibit K, DHHS Information Security Requirements.

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

3. Reporting Requirements

3.1. Needs Assessments and Integrated Planning

- 3.1.1. The Contractor shall conduct training needs assessments for eleven (11) MIECHV home visiting sites.

3.2. Immunization Program

- 3.2.1. The Contractor shall:

3.2.1.1. Participate in monthly meetings/calls and maintain email communication with NHIP staff.

3.2.1.2. Hold NH Immunization Coalition meetings at least quarterly.

3.2.1.3. Submit NH Immunization Coalition Meeting Agenda to the Immunization Program at least five (5) business days in advance of each meeting. Submit NH Immunization Coalition meeting minutes with meeting attendance list to the Immunization Program within five (5) business days following each meeting.

3.2.1.4. Submit quarterly written reports for the Immunization Program and the Immunization Coalition to describe project administration and coordination, which includes but is not limited to: summary of social media listening/engagement sessions, communications, program and project oversight, reporting, programmatic activities, successes, challenges/barriers, meeting minutes, and project deliverable timelines.

3.2.1.5. Develop strategic plan recommendations and submit a work plan to the Department for Department approval within 30 days of the effective date of this Amendment, which shall include project deliverables, timeline, and responsible parties.

3.2.1.6. Conduct a minimum of four (4) strategic planning sessions with stakeholders per year.

3.2.1.7. Submit Annual Immunization Conference budget proposal for Department review and approval no later than six (6) months prior to the Conference.

3.2.1.8. Submit monthly reporting of conference expenditures and revenues to include expenditures per the NH Immunization Conference – Income & Expense Detail Sheet, as provided by the Department.

3.3. HAI Data Validation

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 3.3.1. The Contractor shall provide monthly progress reports to the Department no later than the 15th of each month, for the prior month, that must include, but are not limited to:
 - 3.3.1.1. Updates on each task detailed in the project work plan.
 - 3.3.1.2. A detailed list of facilities with status of contact, including:
 - 3.3.1.2.1. Validation method assigned per the validation plan;
 - 3.3.1.2.2. Date data requested;
 - 3.3.1.2.3. Dates data received; and
 - 3.3.1.2.4. Dates instructions and medical record requests sent.
 - 3.3.1.3. Site visits scheduled.
 - 3.3.1.4. Site visits/virtual visits completed.
 - 3.3.1.5. Staff trained during visits.
 - 3.3.1.6. Notes or comments on the process.
- 3.3.2. The Contractor shall provide a final report to the Department outlining each site/virtual visit conducted, which must include an analysis of the data validation results. to the Contractor must, but is not limited to:
 - 3.3.2.1. Provide the Department with a copy of the electronic database that contains information from validation activates used for record review.
 - 3.3.2.2. Provide the Department a written summary of data validation findings.

4. Performance Measures

- 4.1. The Contractor shall meet or exceed performance measures for Develop and Implement Prevention-Focused Training Programs, as follows:
 - 4.1.1. A minimum of 85% of participant's rate training programs as not less than 'Very Good' in evaluation surveys.
- 4.2. The Contractor shall meet or exceed performance measures for Logistical Support for Conferences, Meetings and Planning Groups as follows:
 - 4.2.1. A minimum of 85% of conference planning committee members rate logistical support for conferences as not less than 'Very Good' in evaluation surveys.
 - 4.2.2. A minimum of 85% of conference participants rate the elements pertaining to conference logistics as not less than 'Very Good' in evaluation surveys.
 - 4.2.3. A minimum of 85% of workgroup participants rate elements pertaining to workgroup logistics as not less than 'Very Good' in evaluation surveys.
 - 4.2.4. A minimum of 85% of planning group members rate meeting logistics as no less than 'Very Good' in evaluation surveys.
- 4.3. The Contractor shall meet or exceed performance measures for Provide Technical Assistance, as follows:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

- 4.3.1. A minimum of 90% of all requests for high-priority consultation services are responded to within twenty-four (24) hours.
- 4.3.2. A minimum of 90% of all requests for high-priority technical assistance are responded to within twenty-four (24) hours.
- 4.4. The Contractor shall identify barriers to meeting performance measures on a semi-annual basis and provide a corrective action plan which:
 - 4.4.1. Identifies barriers to success;
 - 4.4.2. Includes a work plan for mitigating barriers; and
 - 4.4.3. Includes a timeline in which compliance with performance measures will be met.
- 4.5. The Contractor shall ensure the following performance outcomes and measures are achieved and monitored throughout the contract period to measure the effectiveness of the agreement:
 - 4.5.1. 100% of staff deployed have the appropriate licensure, certification, and skills.
 - 4.5.2. 100% of staff deployed submit all required documentation.
- 4.6. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 4.7. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.
- 4.8. Where applicable, the Contractor shall collect and share data with the Department in a format specified by the Department.

5. Additional Terms

- 5.1. **Impacts Resulting from Court Orders or Legislative Changes**
 - 5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 5.2. **Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services**
 - 5.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.
- 5.3. **Credits and Copyright Ownership**
 - 5.3.1. All documents, notices, press releases, research reports and other materials

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

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

- 5.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.
- 5.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:
 - 5.3.3.1. Brochures.
 - 5.3.3.2. Resource directories.
 - 5.3.3.3. Protocols or guidelines.
 - 5.3.3.4. Posters.
 - 5.3.3.5. Reports.
- 5.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

6. Records

- 6.1. The Contractor shall keep records that include, but are not limited to:
 - 6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
 - 6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided however, that if, upon review of the Final Expenditure Report the

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B – Amendment #4

Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

Exhibit C-3, SFY 2024 Budget - Amendment #4

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	EPHT Public Health Professional Support Services
Budget Period	G&C Approval Date - June 30, 2024
Indirect Cost Rate (if applicable)	0.212500884
Line Item:	Program Cost - Funded by DHHS
1. Salary & Wages	\$3,198.
2. Fringe Benefits	\$1,501
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$250
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$4,948
Total Indirect Costs	\$1,052
TOTAL	\$6,000

Contractor Initial: LR

Exhibit C-4, SFY 2025 Budget - Amendment 4

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	EPHT_Public Health Professional Support Services
Budget Period	July 1, 2024 - December 31, 2024
Indirect Cost Rate (if applicable)	0.212498434
Line Item:	Program Cost - Funded by DHHS
1. Salary & Wages	\$1,514
2. Fringe Benefits	\$711
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$250
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$2,474
Total Indirect Costs	\$526
TOTAL	\$3,000

Contractor Initial: LR

Exhibit C-23, SFY2024 Budget -Amendment 4

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	Public Health Professional Support Services-Hospital Preparedness
Budget Period	G&C Approval Date - June 30; 2024
Indirect Cost Rate (if applicable)	0.212499902
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$54,503
2. Fringe Benefits	\$25,584
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$250
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$900
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$81,237
Total Indirect Costs	\$17,263
TOTAL	\$98,500

Contractor Initial: 

Exhibit C-27, SFY 2024 Budget -Amendment 4

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	Public Health Professional Support Services:PH Emergency Preparedness
Budget Period	G&C Approval Date - June 30, 2024
Indirect Cost Rate (if applicable)	0.212499023
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$58,241
2. Fringe Benefits	\$27,339
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$1
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$16,033
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$101,614
Total Indirect Costs	\$21,593
TOTAL	\$123,207

Contractor Initial: JS

3/6/2024

Date: _____

Exhibit C-34, SFY 2024 Budget - Amendment #4

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	IMM - Public Health Professional Support
Budget Period	G&C Approval Date - June 30, 2024
Indirect Cost Rate	21.25%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$ 24,661.16
2. Fringe Benefits	\$ 11,575.95
3. Consultants	\$0
Indirect cost rate cannot be applied to	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$5,000
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)-Outreach Efforts	\$0
Other (please specify)	
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$41,237.11
Total Indirect Costs	\$8,762.89
TOTAL	\$50,000

Contractor Initials JSI

Date 3/6/2024

Exhibit C-53, SFY 2024 Budget -Amendment 4

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	Public Health Professional Support Services-ELC Cares COVID-19
Budget Period	G&C Approval Date - June 30, 2024
Indirect Cost Rate (if applicable)	0.212500011
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$104,719.
2. Fringe Benefits	\$49,155.
3. Consultants	\$0.
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0.
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0.
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$25
Other (please specify)	\$0.
Other (please specify)	\$0.
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$153,899
Total Indirect Costs	\$32,704
TOTAL	\$186,603.

Contractor Initial: 

Date: 3/6/2024

Exhibit C-54, SFY 2024 Budget - Amendment #4

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	Public Health Professional Support Services-Public Health Crisis
Budget Period	G&C Approval Date - June 30, 2024
Indirect Cost Rate (if applicable)	0.139835472
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$35,887
2. Fringe Benefits	\$16,845
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$5,000
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$30,000
Total Direct Costs	\$87,732
Total Indirect Costs	\$12,268
TOTAL	\$100,000

Contractor Initial: JSI

Date: 3/6/2024

Exhibit C-55, SFY 2024 Budget - Amendment #4

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	Disease Control
Budget Period	G&C Approval Date- June 30, 2024
Indirect Cost Rate (if applicable)	0.187870022
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$59,230
2. Fringe Benefits	\$27,803
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$500
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
Other (please specify)	\$4,000
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$12,000
Total Direct Costs	\$103,532
Total Indirect Costs	\$19,451
TOTAL	\$122,983

Contractor Initial: 

Exhibit C-56, SFY 2024 Budget - Amendment #4

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	Public Health Professional Support Services-NHELC
Budget Period	G&C Approval Date - June 30, 2024
Indirect Cost Rate (if applicable)	0.212505786
Line Item:	Program Cost - Funded by DHHS
1. Salary & Wages	\$44,902
2. Fringe Benefits	\$21,077
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$65,979
Total Indirect Costs	\$14,021
TOTAL	\$80,000

Contractor Initial: DS
kr

Exhibit C-57, SFY 2024 Budget - Amendment #4

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	Public Health Professional Support Services-PH, Infrastructure
Budget Period	G&C Approval Date - June 30, 2024
Indirect Cost Rate (if applicable)	0.212499989
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$59,608
2. Fringe Benefits	\$27,980
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$32,000
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$119,588
Total Indirect Costs	\$25,412
TOTAL	\$145,000

Contractor Initial: 

Exhibit C-58, SFY 2024 Budget - Amendment #4

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	Public Health Professional Support Services-PHT(Radon)
Budget Period	G&C Approval Date - June 30, 2024
Indirect Cost Rate (if applicable)	0.212500071.
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$16,449
2. Fringe Benefits	\$7,721
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
Other (please specify)	\$23,500
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$47,670
Total Indirect Costs	\$10,130
TOTAL	\$57,800

Contractor Initial: LR

Date: 3/6/2024

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 JSI RESEARCH & TRAINING INSTITUTE, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on February 17, 2016. 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: 739507

Certificate Number: 0006558250



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of January A.D. 2024.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

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

1. I am a duly elected Clerk/Secretary/Officer of JSI Research & Training Institute, Inc.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January 11, 2024, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Katherine Robert (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of JSI Research & Training Institute, Inc. to enter into contracts or agreements with the State

(Name of Corporation/ LLC)

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

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

Dated: March 12, 2024



Signature of Elected Officer
Name: Antonia Powell
Title: Assistant Clerk/Secretary

JSI Research and Training Institute Inc.

Mission Statement

JSI Research and Training Institute was incorporated in 1987 as a 501©3 non-profit organization in the Commonwealth of Massachusetts. Our mission is to alleviate public health problems both in the United States and in developing countries around the world through applied research, technical assistance and training. JSI maintains offices in Boston, Massachusetts; Washington, D.C.; Denver, Colorado and Bow, New Hampshire; as well as seven overseas offices in developing nations. Since its inception, JSI has successfully completed more than 400 contracts in the health and human service fields.

JSI Research and Training Institute, Inc.

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

September 30, 2022

ASSETS

Current assets:

Cash and cash equivalents	\$	114,171,804
Receivables for program work	\$	52,415,169
Field advances - program	\$	295,716
Employee advances	\$	128,231
Vendor advances	\$	-
Inventory	\$	94,095,116
Prepaid expenses	\$	8,241,061

Total current assets		269,347,097
----------------------	--	--------------------

Property and equipment, net	\$	2,450,128
Loan receivable	\$	26,000
Other Assets	\$	607,089

Total assets		272,430,314
--------------	--	--------------------

LIABILITIES AND NET ASSETS

Current liabilities:

Accounts payable and payroll withholdings	\$	71,581,186
Accrued vacation	\$	2,581,182
Advances for program work	\$	118,614,621
Notes payable	\$	-
Contingencies	\$	-

Total current liabilities		192,776,989
---------------------------	--	--------------------

Net assets:

Without donor restrictions	\$	78,902,658
With donor restrictions	\$	750,667

Unrestricted		
Total net assets		79,653,325

Total liabilities and net assets	\$	272,430,314
----------------------------------	----	--------------------

The accompanying notes are an integral part of this consolidated financial statement.

JSI Research and Training Institute, Inc.

CONSOLIDATED STATEMENT OF ACTIVITIES

Year ended September 30, 2022

NET ASSETS WITHOUT DONOR RESTRICTIONS	
Public support and revenue	
Public support:	
Global Fund	519,919,583
Government grants and contracts:	
U.S. Government	216,420,899
Commonwealth of Massachusetts	9,420,591
Other grants and contracts	85,315,961
Program income	182,784
Contributions	2,492,119
Net assets released from restriction	1,165
Gain on forgiveness of debt	-
In-kind project contributions	2,031,763
Other income	1,600
Interest income	118,737
	<hr/>
Total support and revenue	835,905,202
Expenses	
Program services:	
International programs	750,754,663
Domestic programs	37,361,211
	<hr/>
Total program services	788,115,875
Supporting services	
Management and general	33,382,268
Fundraising	1,134,482
	<hr/>
Total supporting services	34,516,750
Other Expenses	
Unallowable	488,476
	<hr/>
Total other expenses	488,476
	<hr/>
Total expenses	823,121,100
Increase in net assets without donor restrictions	12,784,102
Increase in net assets with donor restrictions	202,250
Increase (decrease) in net assets	12,986,352
Net assets at beginning of year	66,666,972
	<hr/>
Net assets at end of year	79,653,324
	<hr/> <hr/>

The accompanying notes are an integral part of this consolidated financial statement.

JSI Research and Training Institute, Inc.

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year ended September 30, 2022

	Program services			Supporting services		Total expenses
	International programs	Domestic programs	Total	Management and general	Fundraising	2022
Commodities	468,455,677	-	468,455,677	-	-	468,455,677
Freight Costs	53,466,245	-	53,466,245	-	-	53,466,245
Salaries	37,113,525	22,966,785	60,080,310	14,783,506	954,645	75,818,461
Consultants	16,584,797	6,627,483	23,212,280	2,610,360	24,303	25,846,943
Cooperating national salaries	38,225,002	192,783	38,417,785	432,068	-	38,849,852
Travel	18,922,317	630,242	19,552,559	333,691	-	19,886,250
Allowance and training	6,447,868	175,905	6,623,773	657,825	21,311	7,302,909
Subgrants	29,745,983	204,079	29,950,062	36,025	1,778	29,987,865
Subcontracts	47,175,365	4,208,684	51,384,050	-	-	51,384,050
Equipment, material and supplies	8,004,374	125,604	8,129,978	674,690	3,435	8,808,103
Other costs	22,222,640	2,228,806	24,451,446	13,185,895	129,010	37,766,351
Information Technology	-	-	-	318,141	-	318,141
Non-Commodity	871,175	-	871,175	-	-	871,175
Quality Assurance	6,623	-	6,623	-	-	6,623
Incidence	-	-	-	-	-	-
Equipment over \$5K	1,238,020	-	1,238,020	-	-	1,238,020
VAT	243,289	840	244,129	-	-	244,129
In-kind project expenses	2,031,763	-	2,031,763	-	-	2,031,763
Depreciation	-	-	-	350,066	-	350,066
Total expense	\$ 750,754,663	\$ 37,361,211	\$ 788,115,875	\$ 33,382,268	\$ 1,134,482	\$ 822,632,624

JSI Research and Training Institute, Inc.

CONSOLIDATED STATEMENT OF CASH FLOWS

Year ended September 30, 2022

	2022
Cash flows from operating activities:	
Increase (decrease) in net assets	\$ 12,986,352
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Gain on forgiveness of debt	-
Depreciation	353,079
Contributions restricted for long-term investment	(200,000)
(Increase) decrease in receivables for program work	(10,452,547)
(Increase) decrease in field advances - program	(129,016)
(Increase) decrease in vendor advances	-
(Increase) decrease in employee advances	(31,876)
(Increase) decrease in prepaid expenses	(5,884,756)
(Increase) decrease in other assets	(112,383)
(Increase) decrease in inventory	(8,643,634)
Increase (decrease) in accounts payable and payroll withholdings	(3,100,564)
Increase (decrease) in accrued vacation	452,193
Increase (decrease) in advances for program work	32,425,605
	<u>17,662,453</u>
Net cash provided (used) by operating activities	<u>17,662,453</u>
Cash flows from financing activities:	
Contributions restricted for long-term investment	200,000
Proceeds from loan payable	-
	<u>200,000</u>
Net cash provided (used) by financing activities	<u>200,000</u>
Cash flows from investing activities:	
Loans made	-
Loan advances	-
Loans repaid	-
Acquisition of property and equipment	(80,460)
Inherent contribution net of cash acquired	-
	<u>(106,460)</u>
Net cash provided (used) by investing activities	<u>(106,460)</u>
Net increase (decrease) in cash and cash equivalents	17,755,993
Cash and cash equivalents at beginning of year	<u>96,415,811</u>
Cash and cash equivalents at end of year	<u><u>114,171,804</u></u>

The accompanying notes are an integral part of this consolidated financial statement.



JSI
44 Farnsworth St
Boston, MA, 02210
+1 617 482 0617

**JSI RESEARCH & TRAINING INSTITUTE, INC.
RESOLUTION IN WRITING OF THE BOARD OF DIRECTORS**

Sandro Galea, MD, MPH, DrPH
Board Chair
Dean and Robert A. Knox Professor

Topsy Kola-Oyeneyin,
Board Member
Partner at McKinsey & Company

Alina Rocha Menocal
Board Member
Principal Research Fellow, Politics and Governance

Nneka Mobisson
Board Member
Co-founder and CEO of mymdoc and Faculty Advisor at IHI

Mike Useem, M.A., Ph.D.
Board Member
William and Jacalyn Egan Professor of Management

Abdourahmane Diallo, MD, MPH
Board Member
World Health Organization Representative, Kenya

Hafiz Adamjee, M.S.
Board Member (ex officio WEI Board Chair)
Retired, former executive at Novartis

Margaret Crotty
Board Member (ex officio JSI CEO)
President/CEO

KATHERINE ROBERT

JSI, [REDACTED] | [REDACTED] | [REDACTED]

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE

Master of Public Administration, 2009

Bachelor of Arts in Political Science, 2006

EXPERIENCE

JSI, Bow, New Hampshire

Regional Director, August 2019 to present

Responsible for overall functionality and performance of JSI Northern New England team and office operations; ensures alignment of JSI NNE activities with the JSI Health Services Division priorities and vision; provides supervision and support to staff in order to promote morale and work quality.

Consultant, December 2007 to present

Provide technical assistance, training and evaluation to health and human service organizations to support the development of effective public health and health care systems.

HIGHLIGHTS OF RELEVANT PROJECTS

NH Early Childhood Comprehensive Systems (ECCS), July 2022-Present Serves as co-Director with NH Family Voices. Project activities have included a storytelling project, various efforts to provide CQI support to health care providers, the development of webinars focused on improving care coordination practices in various settings, and the implementation of a rapid micro-grant program.

Public Health Professional Support Services July 2013 to present Provide fiscal and administrative coordination to the contract task leads. Serve as the primary point of contact for DHHS contracts and finance groups, and liaise with the JSI accounting department.

State Health Assessment and Improvement Plan August 2019 to present Partner with the University of New Hampshire to facilitate and support the State Health Assessment and Improvement Plan Advisory Council and community engagement subcommittee. Create logo and graphic materials, lead the plan's vision development, and serve as primary lead for community engagement through quantitative and qualitative data collection methods. Designed www.NHLivesWell.org.

Lower Grafton County Council for Young Families, United Way of the Greater Seacoast, and SAU21 Preschool Development Grant Needs Assessment Projects (three separate projects) September 2020 to December 2021 In all three regions, implement a multi-modal needs assessment to inform each respective early childhood coalition's regional Preschool Development Grant work. Needs assessment activities for each project included a review of secondary data for towns and cities in the UWGS footprint to support improved service delivery for families with young children. Leveraged work by groups conducting parallel needs assessments to collect primary data from families, conduct key informant interviews with local agency leaders, and conduct focus groups with families. Project deliverables include community profiles, an inventory of local programs and supports, and high-level recommendations for where partners may focus coordination and planning.

NH Home Visiting Program Supports and Services July 2015 to September 2021 Act as statewide training coordinator for the NH Home Visiting Program and its sub-recipient agencies implementing the Healthy Families America model. Conduct annual needs assessment, identify subject-matter expert trainers, and engage in continuous dialogue with agencies to most effectively provide training and technical assistance resources. Develop and implement a statewide needs assessment, and provide consultation to the NH Home Visiting Task Force. Oversight of additional scopes of work include implementation of continuous quality improvement plan for local implementing agencies, marketing and multi-media campaign development, and post-partum visit utilization pilot research project.

K. Robert I



Lakes Region Community Health Needs Assessment *September 2020 to January 2021* Complete a Community Health Needs Assessment on behalf of the LRGHealthcare, Central NH VNA & Hospice, HealthFirst Family Care Center, and the Partnership for Public Health. Assessment activities include the development, administration and analysis of a community leader survey and a general community resident survey; preparation of a discussion guide for community discussion groups, orientation of discussion facilitators and synthesis of discussion notes; the collection of population health statistics from secondary data sources; and the completion of a final needs assessment report with a presentation of key findings to project partners.

Act Early Needs Assessment *September 2020 to July 2021* Analyze qualitative survey data submitted by developmental screening partners and stakeholders, as it relates to challenges families face in accessing developmental screening during COVID. Supplement qualitative data with data culled via a systemic review of other recently completed needs assessments and strategic plans to support families with children under the age of five.

Watch Me Grow Steering Committee Strategic Facilitation *May 2020 to June 2021* Provide strategic facilitation support to the Watch Me Grow Steering Committee. Identify technical assistance needs, and coordinate with partners in order to support the Committee in furthering its goals and objectives around increasing early identification of developmental screening and improving access to supportive care and services. Support development of centralized access point pilot project to support a more integrated statewide system for developmental screening.

NH Maternal, Infant, and Early Childhood Home Visiting Needs Assessment *July 2017 to October 2018* Provide project direction and oversight to a statewide needs assessment required by HRSA's Maternal and Child Health Bureau to identify communities with concentrated risk, assess the quality and capacity of existing home visiting offerings, and to understand the state's capacity for providing substance use disorder treatment and counseling services to families in need. The multi-modal needs assessment utilized a systematic data review, community survey, focus groups, a PhotoVoice project, and the oversight of the NH Home Visiting Task Force to develop its findings and recommendations.

Healthy Start EPIC Center *December 2014 to May 2019* Provide technical assistance and training to Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality and health disparities, and improve perinatal health outcomes. This project focused on providing comprehensive and innovative capacity building assistance to community-based grantees, measuring project success by the degree to which grantees achieve core competencies essential for effective implementation of the Healthy Start model and institutionalize a culture of QI and evaluation based on a foundation of documented program effectiveness. Primary responsibilities include coordination of technical assistance.

OTHER RELEVANT EXPERIENCE

Leadership Greater Concord Class of 2024 member, September 2023 - present Participates in a monthly leadership development program aimed at strengthening connections across sectors for the betterment of Concord and its surrounding towns, and to increase civic engagement.

NH Health & Equity Partnership Diversity and Cultural Competence trainer, April 2018 – present Participated in a train the trainer session to qualify in offering diversity and cultural competence trainings for wide range of organizations.

Southern New Hampshire University Member, Public Health Advisory Council, 2018-2023
Advise SNHU to support its Council of Education for Public Health Accreditation application process.

Rivier University Adjunct Faculty, September 2016-January 2018
Developed the curriculum for and instructed the online capstone for the undergraduate Public Health program.

PROFESSIONAL ASSOCIATIONS

- YWCA New Hampshire *Board of Directors, 2020 - 2021*
- NH Public Health Association, Past President, 2012-2018
- NH Home Visiting Task Force *Member, 2015 – 2019*
- American Public Health Association *Member, 2013 – Present*
- NH Public Health Services Improvement Council *Member, 2016-present*



AMY MOFFETT

JSI, d.b.a. Community Health Institute

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE
Bachelor of Arts, Psychology 1992, Magna Cum Laude
Minor, Social Work

EXPERIENCE

JSI d/b/a Community Health Institute, Bow, New Hampshire
Project Manager, March 2019 to present

Oral Health Promotion Partner

Serve as Project Manager for initiatives around planning, coordination and materials development for the SBIRT (Screening, Brief Intervention and Referral to Treatment) initiative for Oral Health Care Providers. Worked to promote and deliver training opportunities (both in-person and virtual) to providers and dental hygienist students as a strategy to integrate screening into a standard oral health workflow to identify patients at risk of substance misuse. The training builds knowledge and skills utilizing motivational interviewing techniques with patients identified at greater risk.

New Hampshire Chronic Conditions

Serve as Project Manager to support the team as it facilitates efforts to improve referrals from health systems to DSME programs; engage pharmacists in the provision of medication therapy management (MTM) for chronic conditions and collaborative practice agreements; increase referrals and enrollment for patients at risk of developing diabetes and those with hypertension and/or high blood cholesterol to NDPP or other CDC-approved programs. JSI supports the development and coordination of multiple learning opportunities and strategies to support the initiatives outlined in the scope of work including exploring issues relating to credentialing for Community Health Workers and updating the NH Healthy Lives website.

Tick-Free New Hampshire

Serve as Project Manager for the campaign developed by JSI to educate the public about how to prevent tick encounters and potentially Lyme disease. The digital behavior change campaign encourages preparation for outside activity and checking for ticks. Primarily targeting parents of children aged 2 to 13, schools, providers and recreational outdoors enthusiasts, the campaign includes www.TickFreeNH.org, multimedia PSAs, social media, print materials, a clearinghouse, fundraising, and representation at trade events. Included in the scope of work is participation in the annual University of New Hampshire (UNH) Granite State poll on knowledge, attitudes, and practices around tick prevention.

Community-Based Partnerships for Comprehensive Tobacco Cessation and Prevention

Serve as Project Manager to support the team in developing community partnerships and coalitions to promote tobacco cessation in clinical and community settings. The scope of work also includes an SBIRT pilot in the Nashua, NH middle schools with a focus on materials to promote awareness and training. Also included are the development of eLearning modules and educational videos that provide distance learning opportunities to healthcare providers

Climate and Health

Assist with Project Management and provide logistical support in implementing the New Hampshire Department of Health and Human Services new climate health adaptation programs. This includes assisting in the facilitation of workgroup meetings for the Climate and Health Advisory Council and the development and implementation of train-the-trainer programs centered around tick-safe practices by leveraging educational materials from the Tick-Free NH, Department of Public Health Services and CDC initiatives and utilizing best practices for adult learning.



The Partnership @drugfreeNH

Provide logistical support and assist with content development for a series of videos intended to inform and educate about the power prevention.

Concord Group Insurance, Concord, New Hampshire

PMO Lead, April 2016 – March 2019

Served as Information Services Project Manager for numerous software and data center implementations. Working with major stakeholders, ensured that projects were successfully delivered on-time and within budget. Created comprehensive status reports and end-of-project metrics to highlight all aspects of an implementation. Utilized Microsoft Project and Microsoft Team Foundation Server (TFS) to track budgeted vs. actual hours, task progress and bug tracking. Responsible for overseeing the day-to-day operations of the Help Desk that provided technical support to internal users, independent Agents and policyholders. Hired, trained, and mentored new Project Managers and Support Specialists to guarantee exceptional service to the entire company. Created detailed user guides and process documents intended for a wide variety of technical and business users.

Concord Group Insurance, Concord, New Hampshire

Business Analyst, February 2011 – April 2016

Responsible for compiling business requirements and testing billing and claims implementations. Researched and implemented a new online chat service to improve upon the existing customer service offered to Agents. Served as a liaison between technical specialists and business users to provide production support meeting all required SLAs.

CERTIFICATIONS

Certified Scrum Master (CSM)

TRAININGS

Facing Addiction in America: Tutorial on the Surgeon General's Report on Alcohol, Drugs and Health
Understanding Substance Use Disorders
Facilitation – NH Listens
E-Cigarette Cessation among Adolescents: Lessons learned from Adolescent Tobacco Cessation

COMPUTER SKILLS

Microsoft Office Suite 2016
Microsoft Project 2013
G Suite (Google)
Microsoft Team Foundation Server (TFS)
Confluence
Jira
TeamGantt
Airtable

COMMUNICATION SKILLS

User Guides and Training Manuals
Hiring/Supervising/Mentoring
Advanced Facilitation
Conflict Resolution

VOLUNTEER SERVICE

In Our Own Voice speaker – NAMI-NH



ALYSON M. COBB

JSI, [REDACTED]

EDUCATION

BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
Masters of Public Health in Epidemiology, 2015
Delta Omega Honorary Society in Public Health

BUCKNELL UNIVERSITY, LEWISBURG, PENNSYLVANIA
Bachelor of Arts in Chemistry, Minor in American Literature, 2009

TRAININGS

FEMA EMERGENCY MANAGEMENT INSTITUTE, EMMITSBURG, MARYLAND
Master Exercise Practitioner Program, 2018-2020

NH DIVISION OF FIRE STANDARDS AND TRAINING AND EMS, CONCORD, NEW HAMPSHIRE
IS-300 Intermediate ICS for Expanding Incidents, 2017

FEMA EMERGENCY MANAGEMENT INSTITUTE, INDEPENDENT STUDY COURSES (ONLINE)
IS-100.a Introduction to the Incident Command System, 2009
IS-120.a: An Introduction to Exercises, 2015
IS-103.a How to be an Exercise Evaluator, 2018
IS-200.a ICS for Single Resources and Initial Action Incidents, 2009
IS-700.a National Incident Management System- An Introduction, 2009
IS-800.c National Response Framework, An Introduction, 2018

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM, AGAWAM, MASSACHUSETTS
Homeland Security Exercise and Evaluation Program Training Course, 2010

EXPERIENCE

JSI, Bow, New Hampshire
Project Director, August 2015 to present
Project Associate, August 2010 to August 2015
*AmeriCorps*VISTA Member, August 2009 to August 2010*

Selected projects:

MA Region 4AB Medical Countermeasures Dispensing in Response to Emerging Infectious Disease Workshop
Technical Advisor on project to develop, facilitate, and evaluate a workshop for Region 4AB BOH representatives to strengthen capabilities to protect the health and safety of critical staff in public health emergencies. Developed template plan language based on workshop findings.

New Hampshire Public Health Emergency Planning Technical Assistance and Training

Lead project to provide technical assistance and support to the 13 Regional Public Health Networks in NH around public health emergency preparedness, planning, and response, as well as Public Health Advisory Council development. Assess statewide needs to provide technical assistance to all 13 Networks and provide one-on-one technical assistance to Networks upon request. Develop and deliver trainings, plan templates, and tools on a variety of public health and emergency response topics, including medical surge, standard precautions, points of dispensing, and public information. Develop, facilitate, and evaluate exercises and real events. Conducted After Action Report development processes in New Hampshire for 2009 H1N1, 2012 Hepatitis C Outbreak, and 2014-15 Ebola responses. Serve on the planning committee and conference staff for the annual NH Emergency Preparedness Conference.

North Central Wisconsin Healthcare Emergency Readiness Coalition Exercises



Planned two tabletop exercises for coalition partners to exercise regional plans to manage high threat infectious disease outbreaks and mass casualty incidents resulting in medical surge and mass fatalities. Responsibilities included designing, facilitating, and evaluating the tabletop exercises (TTXs), including the development of an After Action Report and Improvement Plan.

Granite State Health Care Coalition

Co-lead coalition efforts to increase healthcare preparedness and meet US Assistant Secretary for Preparedness and Response (ASPR) requirements including development of coalition plans; planning, conduct, and evaluation of the statewide Coalition Surge Test; and conduct of the annual Hazard Vulnerability Assessment.

New Hampshire Medical Reserve Corps Development

Work to strengthen the statewide volunteer system, including convening regular meetings of unit coordinators, providing individual technical assistance, organizing statewide recruitment efforts, developing and implementing volunteer surveys, and developing and providing trainings for volunteers. Facilitate planning process of the NH Integrated Emergency Volunteer Training Conference, which draws 200 attendees annually. In 2016, expanded NH Integrated Emergency Volunteer Training Conference to include a Point of Dispensing (POD) exercise, in which all 200 attendees had the opportunity to act as both a responder and a client.

Massachusetts Jurisdictional Risk Assessments

Worked with Massachusetts Division of Public Health, Office of Preparedness and Emergency Management (MA DPH, OPEM) to design and implement a participatory, multi-sectoral risk assessment process for the six Health and Medical Coordinating Coalitions (HMCCs). Project included development of an online survey for coalition members to prioritize risks from a set of nine hazards and assess regional preparedness using a JSI-developed instrument derived from the CDC's 2011 Public Health Emergency Preparedness Capabilities and the 2016 Health Care Capabilities. Analyzed data and facilitated in-person meetings with coalition members in each region to review results and plan appropriate mitigation strategies to reduce risk. Developed toolkit to assist HMCCs with mitigation strategy development and implementation.

Spere Memorial Hospital High Threat Infectious Disease Plan Development

Work with Spere Memorial Hospital to revise existing plans to incorporate most recent guidance on the identification, isolation, and management of suspect and confirmed high threat infectious disease cases, including protocols for PPE donning and doffing, readying isolation rooms, laboratory sample management, internal patient transport, and radiology procedures.

New Hampshire Ebola and Emerging Infectious Disease Readiness

Implemented project to improve preparedness of the health care system to identify, isolate, and manage high threat infectious disease cases. Conducted an assessment of current infectious disease readiness capacity of hospitals, based on the CDC Infection Control Assessment and Response Program's methodology. Planned and facilitated two HSEEP-compliant tabletops focused on isolation of an infectious disease patient and transporting an Ebola patient to the Regional Ebola Treatment Center in MA. Drafted NH's first ever High Threat Infectious Disease Plan and updated state Ebola Response Plan to address new guidance and findings from tabletop exercises.

Massachusetts Department of Public Health Emergency Operations & Recovery Plans Development

Working with MA DPH OPEM to update a department-wide Emergency Operations Plan and develop a Recovery Annex. Facilitated collaborative process with MA DPH staff to develop an Emergency Operations Plan that met the needs and concerns of all bureaus and offices involved in a response. Currently developing Recovery Annex to formalize process through which recovery activities occur across the department.

Active Ebola Monitoring Program for Low Risk Travelers in Massachusetts

As a consultant epidemiologist for MA Department of Public Health, actively monitored incoming travelers from Ebola-affected West Africa with a low risk of exposure for 21 day incubation period. Role included daily communication with travelers, entering traveler information into web-based secure surveillance system (MA VEN), and coordinating with local health departments to ensure continuous monitoring.

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Katie Robert	Task Lead – HAI, Disease Control	\$145,000.00	11.36%	\$16,472.00
Amy Moffett	Task Lead – HPP, PHEP, ELC, PHC-RSP ARP, PH Infrastructure	\$85,774.00	3.46%	\$2,968.56
Alyson Cobb	Task Lead – Radon, EPHT	\$109,200.00	50%	\$54,600.00

ARC



Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

STATE OF NEW HAMPSHIRE

MAR 01 '23 AM 10:57 RCVD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

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

19

February 23, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a **Sole Source** amendment to an existing contract with JSI Research & Training Institute, Inc. (VC#161611), of Bow, New Hampshire, for the inclusion of a Health Officer Liaison Program, the delivery of the annual statewide volunteer conference, and the implementation of a school nurse training and education program, by increasing the price limitation by \$568,346 from \$3,297,889 to \$3,866,235 and no change to the contract completion date of December 31, 2024, effective upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on December 22, 2021, item #35, amended on June 1, 2022, item #27A, and most recently amended on December 7, 2022, item #12.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because the Department is amending the scope of services and adding additional funds to the contract, which was originally competitively bid. The Contractor is uniquely qualified to provide public health support services, which include: developing and implementing risk and needs assessments; developing training programs and educational materials; planning for statewide conferences and meetings; providing technical assistance to local partners; and providing subject matter expertise.

The purpose of this request is to expand the current scope of services to include the Health Officer Liaison Program, school nurse training and education activities, and additional resources for childhood lead testing education. The Health Officer Liaison Program includes development of online training modules and resources to support municipal Health Officers and other key health professionals in understanding how the built environment impacts the health of residents of New Hampshire. Other online training modules will include those required by RSA 128:8. In addition, the Contractor will assist the Department with engaging Health Officers across the state in participating in regional events to build relationships with local health and service providers that support work in their community.

This request also supports implementation of training and education activities for school nurses, including resiliency training, supplemental training at the School Nurse Essentials Conference, and the development of materials to ensure more effective information is used by the school nurse population in NH.

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

This request will also amend services provided to the Healthy Homes and Lead Poisoning Prevention Program to include the support of a project aimed at educating health care providers on the importance of testing 1- and 2-year-old children for elevated blood lead levels. The Contractor will continue to provide support services to the Healthy Homes and Lead Poisoning Prevention Program's health educator to reach parents and guardians of these same high risk populations.

Lastly, this amendment will allow Department staff to attend the annual statewide volunteer conference, which will offer continuing education and training to support New Hampshire's volunteers from the Medical Reserve Corps, the Community Emergency Response Team, and the Disaster Behavioral Health Team. These volunteers support the State's efforts to respond to all-hazard emergency events across New Hampshire.

Approximately 750,450 individuals will be served during State Fiscal Years 2023 and 2024.

The Department will continue to monitor contracted services to ensure:

- A minimum of 85% of participant's rate training programs as not less than 'Very Good' in evaluation surveys.
- A minimum of 85% of conference participants rate the elements pertaining to conference logistics as not less than 'Very Good' in evaluation surveys.
- A minimum of 90% of all Department requests for high-priority consultation services are responded to within twenty-four (24) hours.
- A minimum of 90% of all Department requests for high-priority technical assistance are responded to within twenty-four (24) hours.

Should the Governor and Council not authorize this request, the Department's capacity to increase blood lead testing rates among high-risk infant populations and geographic areas will be limited. Additionally, training for Local Health Officers and school nurses will not move forward preventing municipal health officers from assisting constituents with health concerns related to housing, sewer, drinking water, and other public health nuisances, as well as impeding the ability of school nurses to safely and effectively care for student populations in NH. Finally, State staff will be unable to attend the annual statewide volunteer conference hindering the State's ability to manage volunteers and efficiently respond to public health emergencies.

Area served: Statewide

Source of Federal Funds: Assistance Listing Number #93.889, FAIN #U3REP190580; Assistance Listing Number #93.069, FAIN #NU90TP922018; Assistance Listing Number #93.354, FAIN #NU90TP922144; Assistance Listing Number #93.391, FAIN #NH75OT000031.

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

Respectfully submitted,

DocuSigned by:

Lori A. Weaver

24BA837CD8E9488

Lori A. Weaver

Interim Commissioner

05-95-90-901510-7426 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM
CFDA 93.070 FAIN NUE1EH001357-04 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2023	102-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2024	102-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2025	102-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
			Subtotal	\$60,000	\$0	\$60,000

05-95-90-901510-5390 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, FOOD PROTECTION
37% GENERAL FUNDS, 63% OTHER FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90000022	\$7,500	\$0	\$7,500
2023	102-500731	Contracts for Prog Svc	90000024	\$15,000	\$0	\$15,000
2024	102-500731	Contracts for Prog Svc	90000024	\$15,000	\$0	\$15,000
2025	102-500731	Contracts for Prog Svc	90000024	\$15,000	\$0	\$15,000
			Subtotal	\$52,500	\$0	\$52,500

05-95-90-901510-7964, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PROTECTION
CFDA 93.197 FAIN NUE2EH001457 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90036000	\$28,333	\$0	\$28,333
2023	102-500731	Contracts for Prog Svc	90036000	\$65,000	\$0	\$65,000
2024	102-500731	Contracts for Prog Svc	90036000	\$65,000	\$0	\$65,000
2025	102-500731	Contracts for Prog Svc	90036000	\$32,500	\$0	\$32,500
			Subtotal	\$190,833	\$0	\$190,833

05-95-90-901510-7964, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PROTECTION PPG
CFDA 66.605 FAIN BG00A00731 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90038022	\$80,730	\$0	\$80,730
2023	102-500731	Contracts for Prog Svc	90038022	\$82,165	\$0	\$82,165
2024	102-500731	Contracts for Prog Svc	90038022	\$55,734	\$0	\$55,734
2025	102-500731	Contracts for Prog Svc	90038022	\$27,867	\$0	\$27,867
			Subtotal	\$246,496	\$0	\$246,496

05-95-90-901510-5391, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, RADIOLOGICAL HEALTH ASSESSMENT
CFDA 66.032 FAIN 00162332 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90035100	\$60,000	\$0	\$60,000
2023	102-500731	Contracts for Prog Svc	90035100	\$40,000	\$0	\$40,000
2024	102-500731	Contracts for Prog Svc	90035100	\$40,000	\$0	\$40,000
2025	102-500731	Contracts for Prog Svc	90035100	\$20,000	\$0	\$20,000
			Subtotal	\$160,000	\$0	\$160,000

05-95-90-903510-1113, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS
CFDA 93.889 FAIN U3REP190580 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Services	90077700	\$10,000	\$0	\$10,000
2023	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$22,500	\$32,500
2024	074-500589	Grants for Pub Asst and Relief	90077700	\$20,000	\$0	\$20,000

2025	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
			<i>Subtotal</i>	<i>\$50,000</i>	<i>\$22,500</i>	<i>\$72,500</i>

05-95-90-903510-1114, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

CFDA 93.069 FAIN NU90TP922018

61% FEDERAL 39% GENERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$67,526	\$0	\$67,526
2023	074-500589	Grants for Pub Asst and Relief	90077410	\$115,000	\$12,500	\$127,500
2024	074-500589	Grants for Pub Asst and Relief	90077410	\$115,000	\$0	\$115,000
2025	074-500589	Grants for Pub Asst and Relief	90077410	\$57,500	\$0	\$57,500
			<i>Subtotal</i>	<i>\$355,026</i>	<i>\$12,500</i>	<i>\$367,526</i>

05-95-90-902510-2495, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP IMMUNIZATION

CFDA 93.268 FAIN NH23IP922595 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90023800	\$150,000	\$0	\$150,000
2023	102-500731	Contracts for Prog Svc	90023800	\$50,000	\$0	\$50,000
2024	102-500731	Contracts for Prog Svc	90023800	\$50,000	\$0	\$50,000
			<i>Subtotal</i>	<i>\$250,000</i>	<i>\$0</i>	<i>\$250,000</i>

05-95-90-902510-5178, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION,

CFDA 93.268 FAIN NH23IP922595 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000	\$0	\$50,000
2022	102-500731	Contracts for Program Services	90023320	\$75,000	\$0	\$75,000
2023	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000	\$0	\$50,000
2024	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000	\$0	\$50,000
2025	074-500589	Grants for Pub Asst and Relief	90023320	\$25,000	\$0	\$25,000
			<i>Subtotal</i>	<i>\$250,000</i>	<i>\$0</i>	<i>\$250,000</i>

05-95-90-902510-2229, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES, 100% OTHER

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
2023	102-500731	Contracts for Prog Svc	90024600	\$200,000	\$0	\$200,000
2024	102-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
2025	102-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
			<i>Subtotal</i>	<i>\$500,000</i>	<i>\$0</i>	<i>\$500,000</i>

05-95-90-902510-7536, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, STD/HIV PREVENTION

CFDA 93.940 FAIN NU62PS924538 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Pub Asst and Relief	90024000	\$82,000	\$0	\$82,000
2023	074-500589	Grants for Pub Asst and Relief	90024000	\$164,000	\$0	\$164,000
2024	074-500589	Grants for Pub Asst and Relief	90024000	\$164,000	\$0	\$164,000
2025	074-500589	Grants for Pub Asst and Relief	90024000	\$82,000	\$0	\$82,000
			<i>Subtotal</i>	<i>\$492,000</i>	<i>\$0</i>	<i>\$492,000</i>

05-95-90-903010-1901, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, ELC CARES COVID-19

CFDA 93.323 FAIN NU50CK000522 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
-------------------	-----------------	-------------	------------	----------------	-------------------	----------------

2022	102-500731	Contracts for Prog Svc	90183518	\$300,000	\$0	\$300,000
			Subtotal	\$300,000	\$0	\$300,000

05-95-90-903510-2468 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS:PUBLIC HEALTH DIV, BUREAU OF EMERGENCY PREPARATION AND RESPONSE, PUBLIC HEALTH CRISIS RSP-ARP
CFDA 93.354 FAIN NU90TP922144 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2022	102-500731	Contracts for Prog Svc	90027500	\$20,000	\$0	\$20,000
2023	102-500731	Contracts for Prog Svc	90027500	\$75,200	\$348,846	\$424,046
			Subtotal	\$95,200	\$348,846	\$444,046

05-95-90-903010-2646-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, PUBLIC HEALTH LABORATORIES, ARP TRAVELERS HEALTH PROJ
CFDA 93.323 FAIN NUSOCK000522 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svc	90183558	\$79,680	\$0	\$79,680
			Subtotal	\$79,680	\$0	\$79,680

05-95-90-902510-5170-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF INFECTIOUS DISEASE CONTROL, DISEASE CONTROL
CFDA 93.270 FAIN NUS1PS005173 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svc	90021008	\$216,154	\$0	\$216,154
			Subtotal	\$216,154	\$0	\$216,154

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS:PUBLIC HEALTH DIV, BUREAU OF POLICY AND PERFORMANCE, PH COVID-19 HEALTH DISPARITIES
CFDA 93.391 FAIN NH75OT000031 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svc	90577130	\$0	\$15,000	\$15,000
2023	102-500731	Contracts for Prog Svc	90577150	\$0	\$22,000	\$22,000
2024	102-500731	Contracts for Prog Svc	90577130	\$0	\$58,800	\$58,800
2024	102-500731	Contracts for Prog Svc	90577150	\$0	\$88,700	\$88,700
			Subtotal	\$0	\$184,500	\$184,500

Total \$3,297,889 \$568,346 \$3,866,235

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

This Amendment to the Public Health Professional Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and JSI Research & Training Institute, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 22, 2021 (Item #35), as amended on June 1, 2022 (Item #27A) and on December 7, 2022 (Item #12), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, Revisions to Standard Agreement Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to 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 1.6, Price Limitation, to read:

05-95-90-901510-7426
05-95-90-901510-5390
05-95-90-901510-7964
05-95-90-901510-7964
05-95-90-901510-5391
05-95-90-903510-1113
05-95-90-903510-1114
05-95-90-902510-2495
05-95-90-902510-5178
05-95-90-902510-2229
05-95-90-902510-7536
05-95-90-903010-1901
05-95-90-903510-2468
05-95-90-903010-2646
05-95-90-902510-5170
05-95-90-901010-5771

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

\$3,866,235

3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:

Robert W. Moore, Director.

4. Modify Exhibit B, Scope of Services, in its entirety, with Exhibit B, Scope of Services – Amendment # 3, which is attached hereto and incorporated by reference herein.

5. Modify Exhibit C, Payment Terms, Section 1, by replacing, in its entirety, with the below:

1. This agreement is funded by:

- 1.1. 82% Federal Funds:

1.1.1. 2% Environmental Public Health and Emergency Response, as awarded on May 20, 2021, by the United States Department of Health and Human

Services (HHS), CFDA #93.070, FAIN NUE1EH001357-04.

- 1.1.2. 5% Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children, as awarded on August 5, 2021, by the United States Department of Health and Human Services (HHS), CFDA #93.197, FAIN NUE2EH001457.
- 1.1.3. 6% Performance Partnership Grants, as awarded on July 14, 2021, by the United States Environmental Protection Agency (EPA), CFDA #66.605, FAIN BG00100731.
- 1.1.4. 4% State Indoor Radon Grants, as awarded on September 13, 2021, by the United States Environmental Protection Agency (EPA), CFDA #66.032, FAIN 00162332.
- 1.1.5. 2% National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2021, by the United States Department of Health and Human Services (HHS), CFDA #93.889, FAIN U3REP190580.
- 1.1.6. 6% Public Health Emergency Preparedness, as awarded on May 12, 2021, by the United States Department of Health and Human Services (HHS), CFDA #93.069, FAIN NU90TP922018.
- 1.1.7. 6% Immunization Cooperative Agreements, as awarded on March 31, 2021, by the United States Department of Health and Human Services (HHS), CFDA #93.268, FAIN NH23IP922595.
- 1.1.8. 6% Immunization Cooperative Agreements, as awarded on July 1, 2021, by the United States Department of Health and Human Services (HHS), CFDA #93.268, FAIN NH23IP922595.
- 1.1.9. 13% HIV Prevention Activities Health Department Based, as awarded on March 8, 2021, by the United States Department of Health and Human Services (HHS), CFDA #93.940, FAIN NU62PS924538.
- 1.1.10. 8% ELC Enhancing Detection Funding, as awarded on May 18, 2020 by the Center for Disease Control & Prevention (CDC), CFDA #93.323, FAIN NU50CK000522.
- 1.1.11. 12% Federal Funds, Public Health Emergency Response, as awarded on May 18, 2021, by the United States Department of Health and Human Services (HHS), CFDA #93.354, FAIN NU90TP922144.
- 1.1.12. 2% ELC Enhancing Detection Funding, as awarded on May 18, 2020 by the Center for Disease Control & Prevention (CDC), CFDA #93.323, FAIN NU50CK000522.
- 1.1.13. 5% Federal Funds, Center for Disease Control and Prevention, as awarded on January 21, 2021, CFDA #93.270, FAIN NU51PS005173.
- 1.1.14. 5% Federal Funds, Center for Disease Control and Prevention, as awarded on May 27, 2021, CFDA #93.391, FAIN NH75OT000031.
- 1.2. 4% General Funds
- 1.3. 14% Other Funds (Pharmaceutical Rebates)

6. Modify Exhibit C, Payment Terms, Section 3, to read:

- 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 item, as specified in Exhibits C-1, Budget through Exhibit C-52, Budget – Amendment # 3 which is

attached hereto and incorporated by reference herein.

7. Modify Exhibit C-22, (SFY 2023) Budget Sheet– Amendment # 3, which is attached hereto and incorporated by reference herein.
8. Modify Exhibit C-26, (SFY 2023) Budget Sheet – Amendment # 3, which is attached hereto and incorporated by reference herein.
9. Modify Exhibit C-48, (SFY 2023) Budget Sheet – Amendment # 3, which is attached hereto and incorporated by reference herein.
10. Add Exhibit C-51, (SFY 2023) Budget Sheet – Amendment # 3, which is attached hereto and incorporated by reference herein..
11. Add Exhibit C-52, (SFY2024) Budget Sheet – Amendment #3, 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 Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

2/21/2023

Date

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

JSI Research & Training Institute, Inc.

2/17/2023

Date

DocuSigned by:
Katie Robert
Name: Katie Robert
Title: Director

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

OFFICE OF THE ATTORNEY GENERAL

2/21/2023

Date

DocuSigned by:

Robyn Guarino

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
Public Health Professional Support Services**

EXHIBIT B

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide a broad range of public health professional support services including, but not limited to:
 - 1.1.1. Conducting needs assessments to determine specific professional development needs.
 - 1.1.2. Developing and implementing prevention-focused training programs;
 - 1.1.3. Providing logistical support for conferences and meetings.
 - 1.1.4. Providing technical assistance ensuring subject matter experts are available to the Department and its Contractors.
 - 1.1.5. Developing educational materials.
 - 1.1.6. Developing and implementing evaluation plans.
 - 1.1.7. Assisting the Department with updating strategic plans.
 - 1.1.8. Ensuring the efficient use of resources.
- 1.2. The Contractor shall provide services to increase the capacity of local, regional and state-level public health practitioners to provide high-quality public health services by:
 - 1.2.1. Coordinating an ongoing community-based human immunodeficiency virus (HIV) planning group;
 - 1.2.2. Developing and implementing a variety of training programs;
 - 1.2.3. Developing evaluation plans;
 - 1.2.4. Facilitating several conference planning groups and providing logistical support services for these conferences; and
 - 1.2.5. Providing technical assistance to the Department and its Contractors, as determined by the Department.
- 1.3. **Evaluation of Needs Assessments and Development and Implementation of Integrated Planning Infectious Disease Prevention, Investigation & Care**
 - 1.3.1. **HIV Comprehensive Needs Assessment (HIV-CNA)**
 - 1.3.1.1. The Contractor shall review the completed, published FY 2020 HIV Comprehensive Needs Assessment (HIV-CNA), as provided by the Department, and ensure that it is in compliance according to the CY 2022-2026 Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention (DHAP) and Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Integrated Prevention and Care Plan Guidance, and the rules, regulations, and policies outlined by the HRSA, the CDC, and the Department.
 - 1.3.1.2. The Contractor shall incorporate the HIV-CNA into the NH integrated HIV Prevention and Care Plan development, including:

LR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.3.1.2.1. Information from the most recent HIV-CNA regarding People Living with HIV/AIDS (PLWHA) as well as from their families and caregivers in order to identify common themes and trends outlined in data including, but not limited to:
 - 1.3.1.2.1.1. Qualitative feedback from the needs assessment; and
 - 1.3.1.2.1.2. Survey item responses previously conducted with targeted statewide populations including, but not limited to, individuals who:
 - 1.3.1.2.1.2.1. Are in or out of HIV medical care; and
 - 1.3.1.2.1.2.2. Have comorbidities that may include, but are not limited to, tuberculosis, sexually transmitted diseases, Hepatitis C, mental illness, and/or substance use disorders.
- 1.3.1.2.2. Priority PLWHA population data included in the needs assessment.
- 1.3.1.2.3. Services identified in the inventory of resources are accessible, available, appropriate, affordable, and acceptable to PLWHA. The Contractor shall:
 - 1.3.1.2.3.1. Estimate how much of each service can be provided; and
 - 1.3.1.2.3.2. Assess how well providers provide services, including expertise of agency staff and its accessibility.
- 1.3.1.3. The Contractor shall comply with all applicable responsibilities, outlined in the HRSA National Monitoring Standards, as instructed by the Department.
- 1.3.1.4. The Contractor shall ensure the HIV-CNA Report complies with needs assessment principles and strategies outlined in the Ryan White HIV/AIDS Program Part B Manual and by the Department.
- 1.3.1.5. The Contractor shall review and include in the NH Integrated HIV Prevention and Care Plan development, all specific components as outlined and detailed by HRSA, the CDC, and the Department including, but not limited to:
 - 1.3.1.5.1. Epidemiologic Overview;

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.3.1.5.2. HIV Care Continuum;
- 1.3.1.5.3. Financial and Human Resources Inventory;
- 1.3.1.5.4. Assessment of Needs, Gaps, and Barriers;
- 1.3.1.5.5. Data Access, Sources, and Systems; and
- 1.3.1.5.6. Epidemiological Profile Report.
- 1.3.1.6. The Contractor shall review HIV surveillance data, as provided by the Bureau of Infectious Disease Control (BIDC).
- 1.3.1.7. The Contractor shall review and include in the NH Integrated HIV Prevention and Care Plan development process, the FY 2020 epidemiological profile report including:
 - 1.3.1.7.1. Pertinent information including, but not limited to, prevalence, incidence, and unmet need data by:
 - 1.3.1.7.1.1. Age.
 - 1.3.1.7.1.2. Gender.
 - 1.3.1.7.1.3. Race/ethnicity.
 - 1.3.1.7.1.4. Transmission mode.
 - 1.3.1.7.1.5. Geographic area.
 - 1.3.1.7.1.6. Descriptive trends in HIV and associated comorbidities since case reporting by name began in 2005.
- 1.3.1.8. The Contractor shall ensure the profile that projects the status of the HIV epidemic, statewide, over the next three (3) to five (5) years, includes comorbidities which may include, but are not limited to:
 - 1.3.1.8.1. Sexually Transmitted Diseases (STDs).
 - 1.3.1.8.2. Tuberculosis (TB).
 - 1.3.1.8.3. Hepatitis associated with the HIV/AIDS epidemic in NH.
- 1.3.1.9. The Contractor shall review and incorporate into the New Hampshire Integrated HIV Prevention and Care Plan development process community population estimates which include, but are not limited to:
 - 1.3.1.9.1. The number of individuals diagnosed and living with HIV/AIDS within each Public Health Region;
 - 1.3.1.9.2. A comparison of the rate and percentages for the state; and
 - 1.3.1.9.3. A description of individuals at-risk for HIV infection based on rates of sexually transmitted diseases.

os
kr

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.3.1.10. The Contractor shall review and evaluate options for meeting service needs by:
- 1.3.1.10.1. Maximizing identified resources;
 - 1.3.1.10.2. Identifying barriers to resources; and
 - 1.3.1.10.3. Overcoming identified barriers, including coordinating Ryan White and HIV Prevention services with other health care delivery systems.
- 1.3.1.11. The Contractor shall present recommendations for improving service delivery, bridging gaps, and reducing duplicative services within the Ryan White and HIB Prevention service delivery system, as appropriate. The Contractor shall:
- 1.3.1.11.1. Provide a written assessment of service gaps and unmet needs, in an electronic format acceptable to the Department, for Department review and approval upon a mutually agreed timeframe.
- 1.3.1.12. The Contractor shall make recommendations for future gap analysis with emphasis on perceived and unmet needs statewide. The Contractor shall:
- 1.3.1.12.1. Develop a strategy for meeting training, education, and capacity needs of HIV providers; as identified by the assessment of service gaps and/or unmet needs.
 - 1.3.1.12.2. Provide a written strategy for meeting the needs of HIV providers, as identified by the assessment of service gaps and unmet needs, in an electronic format acceptable to the Department, for review and approval no later than August 31, 2022.
- 1.3.1.13. The Contractor shall make an in-person or virtual, as mutually agreed upon, presentation on the final Epidemiological Profile report to the Department no later than June 30, 2022.
- 1.3.2. Integrated HIV Prevention and Care Planning**
- 1.3.2.1. The Contractor shall incorporate the HIV-CNA1.1 as described in Section 1.3.1.9. into the New Hampshire Integrated HIV Prevention and Care Plan development.
- 1.3.2.2. The Contractor shall conduct the following activities:
- 1.3.2.2.1. Coordinate stakeholder engagement, including logistical planning of meetings and distribution of minutes and information as needed.
 - 1.3.2.2.2. Maintain documentation of project in a shared, secure file with DPHS.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.3.2.2.3. Coordinate quarterly meetings, including all logistics for all project and stakeholder meetings.
- 1.3.2.2.4. Comply with the rules, regulations, and policies as outlined by HRSA, Department, and BIDD.
- 1.3.2.3. The Contractor shall comply with legislative and programmatic planning requirements as outlined in the HRSA National Monitoring Standards, and as instructed by the Department. Universal, fiscal, and program monitoring standards, and NH CARE Standards of Care are available through the Department and at: <https://www.dhhs.nh.gov/programs-services/disease-prevention/infectious-disease-control/nh-ryan-white-care-program/nh-ryan>.
- 1.3.2.4. The Contractor shall:
 - 1.3.2.4.1. Review funder requirements (CDC and HRSA) for a Statewide Comprehensive Integrated HIV Prevention and Care Plan, available through the Department and online at: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-dear-college-6-30-21.pdf>.
 - 1.3.2.4.2. Review available and relevant literature and data for HIV services in NH, including the Statewide Coordinate Statement of Need (SCSN) and the HIV National Strategic Plan.
 - 1.3.2.4.3. Share literature and data with key stakeholders, collect feedback, and make recommendations for plan deliverables.
 - 1.3.2.4.4. Develop five key phases of integrated planning to ensure objectives are met.
- 1.3.2.5. The Contractor shall determine and plan submission requirements including a final published report according to the CY 2022-2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance, which can be reviewed at [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026 \(hrsa.gov\)](#) - see Checklist, Appendix 1 for project outline.
- 1.3.3. **Environmental Public Health Tracking Program**
 - 1.3.3.1. The Contractor shall provide logistical support, including by not limited to: meeting planning, participant list development, invitation creation and distribution, meeting hosting, and a written summary for at least one focus group to conduct user testing of National Environmental Public Health Tracking (EPHT) Network data products that will guide future product development.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.3.4. Development and Implementation of Prevention-Focused Training Programs General Training Requirements

1.3.4.1. The Contractor shall consult with the Department subject matter experts to develop and/or implement program-specific training programs for all programs described in this Contract.

1.3.4.2. The Contractor will ensure training programs are based on adult learning theories utilizing various training modalities in order to maximize reach.

1.3.4.3. The Contractor will ensure training modalities include, but are not limited to:

1.3.4.3.1. In-classroom/virtual sessions.

1.3.4.3.2. Web-based training.

1.3.4.3.3. Train-the-trainer sessions.

1.3.4.3.4. IDPICSS.

1.3.4.4. The Contractor shall assist with maintaining ongoing Infectious Disease Prevention, Investigation and Care Services Section (IDPICSS) provider training programs in consultation with IDPICSS as defined in Section 1.9.1.

1.3.5. Food Protection Section (FPS)

1.3.5.1. The Contractor shall, in consultation with FPS staff, develop training curricula and standard operating procedures for FPS staff and Food Service Establishment (FSE) inspectors in municipalities that are classified as self-inspecting.

1.3.5.2. The Contractor shall, in consultation with FPS staff, develop training curricular for staff from state agencies who conduct food safety inspections as on component of a more comprehensive operational inspection for Department staff.

1.3.5.3. The Contractor will, in consultation with FPS staff, develop training curricula for Food Service Workers including, but not limited to, Individuals who work in or for:

1.3.5.3.1. Restaurants.

1.3.5.3.2. Retail food stores.

1.3.5.3.3. Schools.

1.3.5.3.4. Caterers.

1.3.6. Public Health Emergency Preparedness

1.3.6.1. The Contractor shall develop and implement training programs for Regional Public Health Network (RPHN) emergency preparedness

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

coordinators, either in-person or web-based at the direction of the Department, including but not limited to:

1.3.6.1.1. New Hire orientation.

1.3.6.1.2. Continuing education.

1.3.6.1.3. Operational Readiness Review (ORR) requirements.

1.3.6.2. The Contractor shall develop and implement training programs for individuals who are engaged in regional PHEP planning and response including, but not limited to:

1.3.6.2.1. State employees.

1.3.6.2.2. Local municipal officials.

1.3.6.2.3. Healthcare preparedness personnel.

1.3.6.2.4. Volunteers.

1.3.6.3. The Contractor shall provide logistical support for Laboratory Response Network Trainings sponsored by the Public Health Laboratories, as needed.

1.3.6.4. The Contractor shall participate in the State Training and Exercise Program (STEP) workgroup that is convened by the Department.

1.3.6.5. The Contractor shall support the Bureau of Emergency Preparedness, Response, and Recovery (BEPRR) Volunteer Coordinator as requested. Responsibilities may include, but are not limited to:

1.3.6.5.1. Coordinating regional training for volunteers.

1.3.6.5.2. Coordinating the annual integrated volunteer conference, per the tasks noted in Section 1.9.1.

1.3.6.5.3. Planning and conducting quarterly meetings of Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) leaders statewide.

1.3.7. Healthy Homes and Lead Poisoning Prevention Programs

1.3.7.1. The Contractor shall support the outreach and education activities of the program's Health Educator as they pertain to the medical, and early childhood education community, parents, and property owners.

1.3.7.2. The Contractor shall support the program's Health Educator by providing logistical support and coordination for two (2) virtual training programs, annually, made available to local Health Officers.

1.3.7.3. The Contractor shall support the program's Health Educator by providing logistical support and coordination of a new the lead stakeholder group aimed at reducing the risk of lead exposure.

1.3.8. Environmental Public Health Tracking Program (EPHT)

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.3.8.1. The Contractor shall work with the program to implement virtual training sessions and materials on the new data portal to the Regional Public Health Networks which shall include:

1.3.8.1.1. Providing a minimum of four (4) virtual training sessions to the thirteen (13) Regional Public Health Networks; and

1.3.8.1.2. Developing a how-to guide for users of the DHHS Data Portal. The guide will include, but not be limited to, search, export, confidence intervals, trends, and geographies.

1.3.9. Radon Program

1.3.9.1. The Contractor shall support the outreach and education activities of the program as they pertain to radon resistant new home construction using methods which shall include, but are not limited to:

1.3.9.1.1. Stakeholder outreach.

1.3.9.1.2. Brochures or other printed materials.

1.3.9.1.3. Three (3) virtual meetings that will target contractors, home builders, home buyers, and realtors and provide continuing education credits, if applicable. Topics may include, but are not limited to: new radon resistant technologies, policy and advocacy, cost vs. mitigation, and working with home buyers and realtors.

1.3.9.2. The Contractor shall support the outreach and education activities of the program as they pertain to real estate professionals using methods which shall include, but are not limited to:

1.3.9.2.1. Stakeholder outreach.

1.3.9.2.2. Brochures or other printed materials.

1.3.9.2.3. Two (2) virtual meetings, including credits, if applicable.

1.3.9.3. The Contractor shall plan and implement social media campaigns which shall include:

1.3.9.3.1. Radon awareness training for new home buyers;

1.3.9.3.2. Radon awareness training for real estate professional; and

1.3.9.3.3. Radon awareness training for real estate development contractors.

1.3.9.4. The Contractor shall support the program's Health Educator by providing logistical support and coordination for two (2) virtual, annually, training programs made available to local Health Officers.

1.3.10. Traveler Health Program

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.3.10.1. The contractor shall conduct outreach and education activities regarding COVID-19 testing and vaccinations for the following stakeholders:
- 1.3.10.1.1. Travel industry leaders.
 - 1.3.10.1.2. Civil surgeons or other health entities.
 - 1.3.10.1.3. Traveler health clinics.
 - 1.3.10.1.4. Other key stakeholders.
- 1.3.10.2. The contractor shall:
- 1.3.10.2.1. Conduct Stakeholder outreach, including, but not limited to:
 - 1.3.10.2.1.1. Develop educational materials on COVID-19 traveler health, including but not limited to brochures, or other printed materials.
 - 1.3.10.2.1.2. Conduct one (1) virtual meeting with Stakeholders on the topics that may include, but are not limited to resource dissemination, test and vaccine access, variant surveillance, mitigation measures, and outreach methods.
- 1.3.10.3. The contractor shall plan and implement social media campaigns that shall include:
- 1.3.10.3.1. COVID-19 prevention and mitigation measures, which includes but are not limited to vaccinations, and other personal protective measures.
 - 1.3.10.3.2. Testing requirements for individuals visiting or returning to NH.
- 1.3.10.4. The contractor shall support the Department's Traveler Health Communications Specialist by providing logistical support and coordination for at least one (1) virtual training program tailored to the above stakeholder groups.
- 1.3.11. School-Based Inspections and Infection Prevention**
- 1.3.11.1. In collaboration with municipal health officers, the Contractor shall develop and implement a training program to address seasonal communicable respiratory diseases prevention in school facility settings in up to twenty (20) school buildings in NH. The Contractor shall:
- 1.3.11.1.1. Develop and submit a work plan for Department approval within 30 days of the effective date of Amendment #1, which shall include project deliverables, timeline, and responsible parties.

bs
kr

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.3.11.1.2. Develop a training curriculum, in collaboration with the Department, by adapting existing educational materials from the NH Department of Education, the Centers for Disease Control and Prevention (CDC), or other relevant sources. The training curriculum shall include:

1.3.11.1.2.1. A slide deck.

1.3.11.1.2.2. Factsheets.

1.3.11.1.2.3. Respiratory disease prevention checklist.

1.3.11.1.2.4. A school inspection checklist.

1.3.11.1.2.5. Other materials, as needed.

1.3.11.1.3. Design a set of trainings based on adult learning principles to ensure the target audience gains relevant knowledge, problem-solving skills, and confidence to act.

1.3.11.1.4. Coordinate and conduct up to four (4) virtual or in-person training events annually, for municipal health officers.

1.3.11.1.5. Evaluate all training programs to measure competencies of participants, including, but not limited to, as a pre- and post-surveys to measure participant knowledge, skills, and confidence to act.

1.3.11.1.6. Collaborate with the Department to implement the school inspection and prevention project within twenty (20) school buildings in order to prevent the spread of seasonal communicable respiratory diseases and improve workforce skills.

1.3.11.1.7. Collaborate with the Department to evaluate the project for changes in process and outcome measures, lessons learned, and complete a final report that details the activities and findings of the intervention.

1.3.12. Health Officer Liaison Program

1.3.12.1. The Contractor shall support the outreach and education activities of the program as they pertain to municipal Health Officers, which shall include, but are not limited to:

1.3.12.1.1. Healthy Homes 'One-Touch' training toolbox for home visitors;

1.3.12.1.2. Health Officer Introductory Training required by RSA 128; and

1.3.12.1.3. Regional meetings for municipal health officers.

1.3.13. School Nurse Training, Education and Support Program

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.3.13.1. The Contractor shall support the training and education activities of the program as they pertain to New Hampshire Schools Nursing Staff, which shall include, but is not limited to:

1.3.13.1.1. School Nurse Resiliency Training;

1.3.13.1.2. Web-based training;

1.3.13.1.3. School Nurse Partnership training, in collaboration with Regional Health Networks;

1.3.13.1.4. Development of a School Nurse Toolkit for training sustainability.

1.4. Logistical Support for Conferences, Meetings, and Planning Groups

1.4.1. General Logistical Support for Conferences

1.4.1.1. The Contractor shall provide logistical support for conferences, as approved by the Department, which shall include, but is not limited to:

1.4.1.1.1. Convening, facilitating, and documenting meetings of each conference planning team.

1.4.1.1.2. Developing the conference agenda in coordination with planning teams.

1.4.1.1.3. Compiling e-mail lists to promote conferences using addresses supplied by members of the planning team.

1.4.1.1.4. Designing and electronically publishing conference brochures, "Save the Date" announcements, and other marketing materials as funding allows.

1.4.1.1.5. Designing the layout and printing materials for conference attendees.

1.4.1.1.6. Coordinating logistics with speakers.

1.4.1.1.7. Coordinating logistics with vendors and supporting their logistical needs during conferences.

1.4.1.1.8. Providing operations support during conferences including, but not limited to:

1.4.1.1.8.1. Registering attendees;

1.4.1.1.8.2. Coordinating IT needs;

1.4.1.1.8.3. Coordinating with the conference site staff, and

1.4.1.1.8.4. Conducting other activities typically associated with conference support.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.4.1.1.9. Compiling data from evaluation forms completed by attendees, analyzing data, and providing written reports to programs.
- 1.4.1.1.10. Receiving payment from vendors, which shall be utilized for supporting conferences, with any additional funding to be utilized for activities funded by the program sponsoring the conference.
- 1.4.1.1.11. Facilitating reservations and logistics of each conference site.
- 1.4.1.1.12. Reporting all costs and income generated for each conference to the program funding the conference.
- 1.4.2. **General Logistical Support for Committees and Planning Groups**
 - 1.4.2.1. The selected Applicant will provide logistical support, as approved by the Department, for conference committees and planning groups which may include, but is not limited to:
 - 1.4.2.1.1. Convening, facilitating, and documenting meetings, including those of subcommittees, work groups, or similar bodies.
 - 1.4.2.1.2. Developing meeting agendas in coordination with Department staff.
 - 1.4.2.1.3. Disseminating announcements of meetings to members and posting publicly, as requested by the Department.
 - 1.4.2.1.4. Maintaining contact information for all members of committees and/or planning groups, including subcommittees, workgroups, or similar bodies.
 - 1.4.2.1.5. Maintaining existing websites to inform members and the public of the purpose, membership, and activities of planning groups and committees.
 - 1.4.2.1.6. Coordinating logistics with speakers.
 - 1.4.2.1.7. Coordinating logistics with vendors and supporting their logistical needs during conferences.
 - 1.4.2.1.8. Providing operations support during meetings including, but not limited to:
 - 1.4.2.1.8.1. Registering attendees.
 - 1.4.2.1.8.2. Coordinating IT needs.
 - 1.4.2.1.8.3. Coordinating with site staff.
 - 1.4.2.1.8.4. Publishing minutes.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.4.2.1.8.5. Conducting other activities typically associated with meeting support.

1.4.2.1.9. Compiling data from evaluation forms completed by attendees, analyzing data, and providing written reports to programs.

1.4.3. Healthcare Acquired Infections

1.4.3.1. The Contractor shall provide logistical support for up to eleven (11) meetings per year of the Antimicrobial Resistance Advisory Workgroup (ARAW).

1.4.3.2. The Contractor shall provide logistical and planning support for the annual Antimicrobial Stewardship Symposium for up to 400 attendees, which includes, but is not limited to, providing continuing education credits.

1.4.4. Infectious Disease Prevention, Investigation & Care Services Section

1.4.4.1. The Contractor shall provide logistical support to the NH HIV Planning Group (HPG) which includes, but is not limited to:

1.4.4.1.1. A maximum of six (6) regular meetings of the full HPG.

1.4.4.1.2. A maximum of thirty (30) committee and/or workgroup meetings per year.

1.4.5. Immunization Program

1.4.5.1. The Contractor shall provide logistical support for the annual Immunization Conference for approximately 400 attendees, which includes providing continuing education credits to attendees.

1.4.6. Public Health Emergency Preparedness

1.4.6.1. The Contractor shall provide logistical and planning support for the annual NH Statewide Preparedness conference for up to 800 attendees.

1.4.7. Healthy Homes and Lead Poisoning Prevention Program

1.4.7.1. The Contractor shall provide logistical and planning support for the Environmental Health annual conference for an estimated 250 attendees.

1.4.7.2. The Contractor shall provide logistical and planning support for an educational ECHO® training project aimed at increasing blood lead testing rates across New Hampshire, which includes:

1.4.7.2.1. Providing advertising for up to twelve (12) virtual educational sessions;

1.4.7.2.2. Facilitate registration for attendees;

1.4.7.2.3. Provide support services for meetings;

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.4.7.2.4. Provide stipends to subject matter experts speaking at meetings;
- 1.4.7.2.5. Facilitate evaluations; and
- 1.4.7.2.6. Provide continuing educational credits to attendees.

1.4.8. Environmental Public Health Tracking Program (EPHT)

- 1.4.8.1. The Contractor shall provide logistical support to the EPHT Program for outreach to its Technical Advisory Group which includes, but is not limited to:
 - 1.4.8.1.1. Developing a membership list; and
 - 1.4.8.1.2. Organizing a minimum of two (2) virtual meetings, per Agreement period.

1.4.9. Radon Program

- 1.4.9.1. The Contractor shall provide logistical support to the Radon Program in the development and coordination of a new Radon Stakeholders Group, which includes a minimum of two (2) virtual meetings, annually.

1.4.10. Viral Hepatitis Surveillance and Prevention

- 1.4.10.1. The Contractor shall provide a range of viral hepatitis prevention and surveillance services in collaboration with the New Hampshire Bureau of Infectious Disease Control (BIDC), the Maine Centers for Disease Control (ME CDC), and the Vermont Department of Health (VT DOH) (collectively herein referred to as the "Tristate Viral Hepatitis Steering Committee"), which must include but is not limited to:
 - 1.4.10.1.1. Developing and conducting, in consultation with the Tristate Viral Hepatitis Steering Committee, a Tristate Viral Hepatitis Situational Analysis (tVHSA) within six (6) months of the G&C approval date of this Amendment #2 that must include:
 - 1.4.10.1.1.1. Disease epidemiology;
 - 1.4.10.1.1.2. A description of existing assets;
 - 1.4.10.1.1.3. A healthcare systems needs assessment of:
 - 1.4.10.1.1.3.1. Current resource gaps;
 - 1.4.10.1.1.3.2. Projected future changes to the current landscape; and
 - 1.4.10.1.1.3.3. A description of the governance roles related to viral hepatitis and disease prevention.



**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.4.10.1.2. The Contractor shall:

1.4.10.1.2.1. Describe the current state of viral hepatitis programs and services within the Tristate area;

1.4.10.1.2.2. Identify local assets and determine resource gaps and areas that need to be strengthened;

1.4.10.1.2.3. Research and incorporate relevant contextual data, including but not limited to census data and literature reviews;

1.4.10.1.2.4. Review de-identified surveillance data provided by the Tristate Viral Hepatitis Steering Committee to integrate a Tristate epidemiological overview and profile into the tvHSA that must include, but is not limited to:

1.4.10.1.2.4.1. Prevalence.

1.4.10.1.2.4.2. Incidence.

1.4.10.1.2.4.3. Treatment initiation.

1.4.10.1.2.4.4. Sustained viremic response (SVR12) rate.

1.4.10.1.2.5. Unmet need data by:

1.4.10.1.2.5.1. Age;

1.4.10.1.2.5.2. Gender;

1.4.10.1.2.5.3. Race/ethnicity;

1.4.10.1.2.5.4. Geographic area; and

1.4.10.1.2.5.5. Transmission risk factor(s).

1.4.10.1.2.6. Conduct a descriptive trend analysis of Hepatitis C (HCV) and associated comorbidities since 2014, including state and regional disparities in prevalence, screening, testing, and treatment initiation.

1.4.10.2. The Contractor shall review and incorporate community population estimates into the tvHSA development process including, but not limited to:

1.4.10.2.1. The number of individuals diagnosed and living with HCV within each state.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.4.10.2.2. The number of individuals treated for HCV within each state.
- 1.4.10.2.3. A description of individuals at-risk for HCV infection.
- 1.4.10.2.4. A description of the health needs of the population, including actual and potential sources of inequity and health needs specific to populations at greater risk of infection.
- 1.4.10.3. The Contractor shall describe existing assets to identify and assess current resource needs, gaps, and barriers related to prevention, diagnosis, and treatment; and provide recommendations to address the gaps. Assets may include:
 - 1.4.10.3.1. Syringe Service Programs.
 - 1.4.10.3.2. Substance Use Disorder Treatment Programs.
 - 1.4.10.3.3. Hepatitis Testing Sites.
 - 1.4.10.3.4. Hepatitis A and B Vaccine sites.
 - 1.4.10.3.5. All assets related to prevention (primary, secondary, and tertiary levels), diagnosis, and treatment.
- 1.4.10.4. The Contractor shall identify the five (5) healthcare systems in New Hampshire, Maine, and Vermont with the highest volume of Hepatitis C testing, and must:
 - 1.4.10.4.1. Conduct a needs assessment of those healthcare systems; and
 - 1.4.10.4.2. Provide feedback to the Department, with recommendations to improve routine Hepatitis C and Hepatitis B testing.
- 1.4.10.5. The Contractor shall describe the current governance roles related to viral hepatitis, including:
 - 1.4.10.5.1. A description of governance and organizational structures related to viral hepatitis within Maine, Vermont, and New Hampshire, which may present barriers and opportunities to testing, treatment or surveillance;
 - 1.4.10.5.2. An overview of the processes of each states' policies and legislation formulation related to viral hepatitis and disease legislation; and
 - 1.4.10.5.3. A description of key contributors to policy formulation.
- 1.4.10.6. The Contractor shall identify potential and existing overlaps between viral hepatitis prevention, diagnosis, and treatment services, and other healthcare system and/or disease-specific strategies and plans including, but not limited to syndemic approach (i.e.: HIV, The

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

Contractor shall make clear references to other relevant policies or plans, which may include, but are not limited to:

1.4.10.6.1. Overlapping priority populations.

1.4.10.6.2. Overlapping strategies or shared/similar interventions and priority action areas.

1.4.10.6.3. Overlapping workforce development needs.

1.4.10.6.4. Overlapping funding mechanisms.

1.4.10.7. The Contractor shall, in consultation with the Tristate Viral Hepatitis Steering Committee, develop a Five (5) Year Tristate Viral Hepatitis Elimination Plan (TVHEP) including a review/feedback/revision cycle within one (1) month of the G&C approval date of this Amendment #2, that must include:

1.4.10.7.1. Viral Hepatitis Situational Analysis as described in Section 1.4.10.1.

1.4.10.7.2. Five (5) year Goals, Objectives, and Outcome Measures that must:

1.4.10.7.2.1. Align with the Federal Division of Viral Hepatitis: 2025 Strategic Plan available online at: <https://www.cdc.gov/hepatitis/pdfs/DVH-StrategicPlan2020-2025.pdf>.

1.4.10.7.2.2. Be founded on data collected during the TVHSA and stakeholder engagement activities as specified in 1.4.10.9, 1.4.10.13, below, as well as epidemiological data.

1.4.10.7.2.3. Integrate health equity advancement by following the CDC SMARTIE principles available online at: <https://www.cdc.gov/cancer/nbccedp/pdfs/martie-objectives508.pdf>.

1.4.10.7.2.4. Meet the key strategies and measures as described in the Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103) available online at: https://www.cdc.gov/hepatitis/policy/2103_CoAg.htm.

1.4.10.7.3. Five (5) Year Strategies, Interventions, and Implementation Plans, which must:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.4.10.7.3.1. Be based on evidence gathered during the TVHSA and the stakeholder engagement activities described in 1.4.10.9. - 1.4.10.13. below.

1.4.10.7.3.2. Include a justification of how efficiency and equity are taken into consideration. For the purposes of this agreement, efficiency is defined as interventions that maximally leverage existing and available resources, and equity is defined as interventions that address health disparities.

1.4.10.7.3.3. Be local to New Hampshire, Maine, and Vermont; and leverage existing resources in the Tristate area.

1.4.10.7.3.4. Identify:

1.4.10.7.3.4.1. Opportunities where existing health system policies and programs can be reshaped or extended to include hepatitis-related activities, and

1.4.10.7.3.4.2. Opportunities to link service delivery pathways to existing structures to increase efficiencies.

1.4.10.7.3.5. Address strategies for increasing Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) reflex testing, increasing provider training in prescribing HCV and HBV treatment, increasing health systems that promote routine HCV and HBV testing, and rural health strategies.

1.4.10.7.4. Financial Framework

1.4.10.7.4.1. The Contractor must describe potential internal and external funding, and financing mechanisms to support the goals, objectives, strategies, and interventions identified in the TVHEP.

1.4.10.7.5. Data Sources and Systems

1.4.10.7.5.1. The Contractor must ensure all data sources and systems are clearly identified and defined.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.4.10.8. The Contractor shall complete the Tristate Viral Hepatitis Elimination Plan within two (2) years of the G&C approval date of this Amendment #2.

1.4.10.9. The Contractor must identify, map, and engage stakeholders who are involved in prevention, diagnosis, and treatment services across the Tristate area to formulate a Tristate Viral Hepatitis Elimination Planning Group, of which a minimum of 50% of the Stakeholders must be external partners. Stakeholder representation must include, but is not limited to:

1.4.10.9.1. External stakeholders including, but not limited to:

1.4.10.9.1.1. Healthcare organizations and providers.

1.4.10.9.1.2. Hepatitis care and treatment programs.

1.4.10.9.1.3. Commercial laboratories.

1.4.10.9.1.4. Community-based organizations.

1.4.10.9.1.5. Academia.

1.4.10.9.1.6. Professional organizations.

1.4.10.9.1.7. Patient groups.

1.4.10.9.1.8. Nonprofit/advocacy groups.

1.4.10.9.1.9. Private insurers.

1.4.10.9.1.10. Pharmaceutical companies.

1.4.10.9.1.11. Refugee/resettlement services.

1.4.10.9.1.12. Organizations supporting the social determinants of health and wraparound services.

1.4.10.9.2. Internal stakeholders including, but not limited to:

1.4.10.9.2.1. Hepatitis B surveillance or prevention programs, including perinatal prevention.

1.4.10.9.2.2. HIV and sexually transmitted infections surveillance and prevention programs.

1.4.10.9.2.3. Licensure boards.

1.4.10.9.2.4. Communicable infectious disease surveillance and prevention programs.

1.4.10.9.2.5. Drug and alcohol programs.

1.4.10.9.2.6. Immunization programs.

1.4.10.9.2.7. Public health emergency preparedness and response programs.

ds
kr

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.4.10.9.2.8. Substance use disorder and mental health programs.
- 1.4.10.9.2.9. Health care-associated infection surveillance and prevention programs.
- 1.4.10.9.2.10. Cancer surveillance and prevention programs.
- 1.4.10.9.2.11. Overdose prevention surveillance and prevention programs.
- 1.4.10.9.2.12. Vital statistics programs.
- 1.4.10.9.2.13. State Medicaid/Medicare programs.
- 1.4.10.9.2.14. Public health laboratories, maternal.
- 1.4.10.9.2.15. Child health programs.
- 1.4.10.9.3. Representation from high impact settings including, but not limited to:
 - 1.4.10.9.3.1. Harm reduction and syringe services programs.
 - 1.4.10.9.3.2. Substance use disorder treatment programs and mental health services.
 - 1.4.10.9.3.3. Correctional facilities and re-entry programs.
 - 1.4.10.9.3.4. Emergency departments.
 - 1.4.10.9.3.5. Hospital-based programs.
 - 1.4.10.9.3.6. Sexually transmitted infection clinics, homeless services.
 - 1.4.10.9.3.7. Health centers including Federally Qualified Health Centers (FQHCs).
 - 1.4.10.9.3.8. Representation from People with Lived Experience (PWLE), and People Who Inject Drugs (PWID), as well as the organizations that serve them.
- 1.4.10.10. The Contractor shall ensure stakeholder engagement is coordinated through the Tristate Viral Hepatitis Elimination Planning Group.
- 1.4.10.11. The Contractor shall ensure stakeholder engagement meetings occur as follows:
 - 1.4.10.11.1. Bi-Monthly two (2) hour planning group meetings; and
 - 1.4.10.11.2. Monthly one (1) hour workgroup meetings, on an as needed basis but no less than monthly.

ER

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.4.10.12. The Contractor shall ensure the Tristate Viral Hepatitis Elimination Planning Group provides logistical support including, but not limited to:

- 1.4.10.12.1. Preparing and distributing meeting agendas and pre-meeting materials to all meeting attendees.
- 1.4.10.12.2. Taking meeting minutes that include any action items.
- 1.4.10.12.3. Distributing post-meeting materials.

1.4.10.13. The Contractor shall ensure the Tristate Viral Hepatitis Elimination Planning Group provides facilitation support including, but not limited to:

- 1.4.10.13.1. Setting the meeting agendas and meeting goals with consultation from the Tristate Viral Hepatitis Steering Committee.
- 1.4.10.13.2. Guiding discussions and managing the group process to ensure meeting goals are met.

1.4.10.14. The Contractor must engage all stakeholders in tVHSA and tVHEP development as described in Sections 1.4.10.9. - 1.4.10.13. respectively.

1.4.10.15. The Contractor must conduct stakeholder engagement activities, including:

- 1.4.10.15.1. Recruiting and engaging stakeholders for the Tristate Viral Hepatitis Elimination Planning Group, in accordance with 1.4.10.9. - 1.4.10.13.
- 1.4.10.15.2. Review and share relevant data, literature, and findings with all stakeholders, collect feedback; and integrate feedback into Elimination Plan preparation; and
- 1.4.10.15.3. Share the tVHEP development timeline, as identified in 1.4.10.9. - 1.4.10.13., with all stakeholders.

1.4.10.16. The Contractor shall provide technical assistance ensuring viral hepatitis subject matter experts are included in planning efforts.

1.4.10.17. The Contractor shall coordinate with the Tristate Viral Hepatitis Elimination Planning Group to identify gaps in expertise necessary for developing and implementing the tVHSA and tVHEP including, but not limited to:

- 1.4.10.17.1. Biostatistician support.
- 1.4.10.17.2. Policy and regulatory support.
- 1.4.10.17.3. HCV-specific clinical expertise.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.4.10.18. The Contractor shall coordinate with the Tristate Viral Hepatitis Elimination Steering Committee throughout the development and preparation of the tVHSA and tVHEP ensure the Tristate Viral Hepatitis Elimination Steering Committee retains supervisory and editorial authority over the content and prioritization of the tVHSA and tVHEP developed in collaboration with the Contractor.
- 1.4.10.19. The Contractor shall participate in bi-weekly meetings with the Tristate Viral Hepatitis Steering Committee to:
- 1.4.10.19.1. Ensure committee action items are met; and
 - 1.4.10.19.2. Receive updates on progress, clinical and factual feedback, and assistance with prioritization.
- 1.4.10.20. The Contractor shall submit the tVHSA, tVHEP, and other final planning documents to the Tristate Viral Hepatitis Steering Committee and Tristate Viral Hepatitis Elimination Planning Group for edits and approval prior to public or governmental submission.
- 1.4.10.21. The Contractor shall develop a New Hampshire Outbreak Detection and Response Plan (NHODRP) to identify and respond to outbreaks of Hepatitis A, B, and C infection within 12 months of the G&C approval date of this Amendment #2, that must include, but is not limited to:
- 1.4.10.21.1. Outbreak Response Checklist.
 - 1.4.10.21.2. Outbreak Preparedness:
 - 1.4.10.21.2.1. Organizational structure.
 - 1.4.10.21.2.2. Partner engagement.
 - 1.4.10.21.2.3. Continuity of operations plan.
 - 1.4.10.21.3. Outbreak Detection:
 - 1.4.10.21.3.1. Outbreak definition and characterization.
 - 1.4.10.21.4. Outbreak Investigation and Response:
 - 1.4.10.21.4.1. Data collection and management.
 - 1.4.10.21.4.2. Just-in-time training plan.
 - 1.4.10.21.4.3. Internal and external communication plan.
 - 1.4.10.21.4.4. Escalated response.
 - 1.4.10.21.4.5. Cross-jurisdictional response.
 - 1.4.10.21.5. Outbreak Monitoring and Evaluation:
 - 1.4.10.21.5.1. Triggers for initiating, escalating, deescalating, and closing outbreak response.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.4.10.21.6. Post-Outbreak Activities:

1.4.10.21.6.1. Debriefing procedures.

1.4.10.21.6.2. Outbreak plan maintenance.

1.4.10.22. The Contractor shall engage internal stakeholders in NHODRP development and preparation, which may include, but is not limited to:

1.4.10.22.1. The Bureau of Infectious Disease Control (BIDC), which encompasses the Infectious Disease Surveillance Section (IDSS), Infectious Disease Prevention, Investigation, Care Services Section (IDPICSS), and Immunization Section (IS).

1.4.10.22.2. Bureau of Drug & Alcohol Services (BDAS).

1.4.10.22.3. Bureau of Healthcare Access.

1.4.10.22.4. Equity and Policy (BHAEP).

1.4.10.22.5. Bureau of Emergency Preparedness, Response, and Recovery (BEPRR).

1.4.10.22.6. Public Information Office (PIO).

1.4.10.23. The Contractor shall engage external stakeholders in NHODRP development and preparation, which may include but is not limited to:

1.4.10.23.1. The Manchester Health Department (MHD).

1.4.10.23.2. Nashua Health Department (NHD).

1.4.10.23.3. New Hampshire Harm Reduction Coalition (NHHRC) and Syringe Service Programs (SSPs).

1.4.10.23.4. New Hampshire Hospital Association (NHHA).

1.4.10.23.5. Regional Public Health Networks (RPHN).

1.4.10.23.6. The Tristate Viral Hepatitis Elimination Steering Committee.

1.4.10.23.7. Tristate Viral Hepatitis Planning Group.

1.4.11. Health Officer Liaison Program

1.4.11.1. The Contractor shall provide logistical support to the Health Officer Liaison Program in the development and coordination of new regional Health Officer groups, which includes:

1.4.11.1.1. Securing a centrally located venue in each of the public health regions for thirteen (13) in-person meetings for an estimated 25 people each;

1.4.11.1.2. Facilitate advertising;

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.4.11.1.3. Coordinate registration;

1.4.11.1.4. Invite local subject matter experts to attend meetings that would include DHHS Food Inspectors, Lead Investigators, Division of Child, Youth and Families, Foster Care, Department of Environmental Services, and the Community Action Program Fuel Assistance and Weatherization.

1.4.12. School Nurse Training, Education and Support Program

1.4.12.1. School Nurse Resiliency Training

1.4.12.1.1. The Contractor shall provide logistical support for a School Nurse Resiliency Training in June 2023 or a date agreed upon by all parties, and approved by the Department, which shall include, but is not limited to:

1.4.12.1.1.1. Convening, facilitating, and documenting meetings of each conference planning team.

1.4.12.1.1.2. Developing the School Nurse Resiliency Training agenda in coordination with planning teams.

1.4.12.1.1.3. Compiling e-mail lists to promote School Nurse Resiliency Training.

1.4.12.1.1.4. Designing and electronically publishing School Nurse Resiliency Training brochures, "Save the Date" announcements, and other marketing materials, as funding allows.

1.4.12.1.1.5. Providing educational materials for School Nurse Resiliency Training attendee.

1.4.12.1.1.6. Coordinating logistics with speakers.

1.4.12.1.1.7. Coordinating logistics with vendors and supporting their logistical needs during School Nurse Resiliency Training.

1.4.12.1.1.8. Providing operations support during School Nurse Resiliency Training including, but not limited to:

1.4.12.1.1.8.1. Registering attendees;

1.4.12.1.1.8.2. Coordinating IT needs;

1.4.12.1.1.8.3. Coordinating with the School Nurse Resiliency Training site staff;



**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.4.12.1.1.8.4. Conducting other activities typically associated with school nurse resiliency training support;

1.4.12.1.1.8.5. Compiling data from evaluation forms completed by attendees, analyzing data, and providing written reports to planning team and programs;

1.4.12.1.1.8.6. Receiving payment from vendors, which shall be utilized for supporting school nurse resiliency training, with any additional funding to be utilized for activities funded by the program sponsoring the School Nurse Resiliency Training.

1.4.12.1.1.8.7. Facilitating reservations and logistics of the School Nurse Resiliency Training site.

1.4.12.1.1.8.8. Reporting all costs and income generated for School Nurse Resiliency Training to the program funding the conference.

1.4.12.2. Web-based Training

1.4.12.2.1. The Contractor shall provide logistical and planning support for the annual School Nurse Essentials training meeting, scheduled for August 2023.

1.5. Technical Assistance

1.5.1. Infectious Disease Prevention, Investigation & Care Services Section

1.5.1.1. The Contractor shall, in consultation with the Department subject matter experts, identify and coordinate technical assistance providers to the Department, Department contractors, and service provider agencies.

1.5.1.2. The Contractor shall conduct special projects as directed by the Department including, but not limited to:

1.5.1.2.1. Communication plans;

1.5.1.2.2. Trainings;

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.5.1.2.3. Social media management;
- 1.5.1.2.4. Development of social media posts to raise awareness about child, youth, and adult immunizations;
- 1.5.1.2.5. Generation of summary report to inform programmatic decision making;
- 1.5.1.2.6. Survey management and/or focus group facilitation;
- 1.5.1.2.7. Project management; and
- 1.5.1.2.8. Graphic design and creation of printed materials.

1.5.2. Immunization Program

1.5.2.1. The Contractor shall provide technical assistance to the Department to support the outreach and education efforts of the NH Immunization Program (NHIP) including, but not limited to:

- 1.5.2.1.1. Organizing external stakeholders identified by the Department to assist with developing:
 - 1.5.2.1.1.1. Methods to foster communication; and
 - 1.5.2.1.1.2. Education and outreach tools and materials.

1.5.2.2. The Contractor shall conduct special projects as directed by the Department including, but not limited to:

- 1.5.2.2.1. Communication plans;
- 1.5.2.2.2. Trainings;
- 1.5.2.2.3. Development of social media posts to raise awareness about child, youth and adult immunizations;
- 1.5.2.2.4. Social media management including, but not limited to, strategic response to myths and misinformation, analyzing social media listening, and engagement on social media platforms for content and outreach effectiveness;
- 1.5.2.2.5. Generation of summary report to inform programmatic decision-making;
- 1.5.2.2.6. Development and dissemination of NH specific childhood vaccination toolkit for providers, schools, and other stakeholders to provide materials to promote childhood vaccines, answer parent questions, and address barriers to receipt of COVID-19 and routine vaccination;
- 1.5.2.2.7. Survey management and/or focus group facilitations;
- 1.5.2.2.8. Project management; and
- 1.5.2.2.9. Graphic design and creation of printed materials

os
kr

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.5.2.3. The Contractor shall facilitate the work of the NH Immunization Coalition for the purposes of promoting public awareness of immunizations and improving vaccination rates for NH's residents by conducting activities including, but not limited to:

1.5.2.3.1. Conveying external stakeholders, which may include the NH Public Health Association and others identified by the Department, to recruit and maintain coalition members representatives of the community, public and private health care organizations, state agencies, service agencies, and businesses;

1.5.2.3.2. Developing broad-based strategies and implementing activities to raise awareness of child, youth, and adult immunizations;

1.5.2.3.3. Developing and implementing educational and outreach strategies to increase the number of children, youth, and adults receiving immunizations;

1.5.2.3.4. Expanding partnerships through the private and public sector to increase awareness of immunizations through education, partnerships, and marketing;

1.5.2.3.5. Utilizing methods to foster communication; and

1.5.2.3.6. Developing and disseminating education and outreach tools and materials that target stakeholders who include, but are not limited to:

1.5.2.3.6.1. Medical Professionals.

1.5.2.3.6.2. Parents.

1.5.2.3.6.3. Seniors.

1.5.2.3.6.4. Other members of the public.

1.5.2.3.6.5. Other entities engaged in promoting immunizations.

1.5.3. Public Health Emergency Preparedness

1.5.3.1. The Contractor shall, in consultation with the Department subject matter experts, provide technical assistance to three (3) discrete groups directed toward meeting national standards described in the CDC's Public Health Emergency Preparedness Capabilities (October 2018, Updated January 2019) and subsequent editions. The groups are as follows:

1.5.3.1.1. Department preparedness;

1.5.3.1.2. Public health preparedness coordinators at the thirteen (13) organizations providing Regional Public Health

ER

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

Network services. Teaching assistance will be available to both individuals and as a group; and/or

1.5.3.1.3. Medical Reserve Corps (MRC) units recognized and registered with the U.S. Surgeon General, Office of Civilian Volunteer Medical Reserve Corps, to support recruitment, training, and deployment of the MRC volunteers.

1.5.3.2. The Contractor shall provide professional staff to support public health incident response at the direction of the Department, if requested.

1.5.3.3. The Contractor shall ensure that professional staff:

1.5.3.3.1. Have the appropriate licensure, certification, and skills to meet the requests made by DPHS;

1.5.3.3.2. Work the minimum hours requested by DPHS; and

1.5.3.3.3. Submit all documentation regarding hours worked and other documentation, as requested.

1.5.4. Radon Program

1.5.4.1. The Contractor shall provide technical assistance for the collection of radon information and data which includes, but is not limited to:

1.5.4.1.1. NH municipalities with existing building codes for radon resistant new construction;

1.5.4.1.2. The estimated number of radon mitigations for existing homes per year;

1.5.4.1.3. The estimated number of radon tests performed in NH per year; and

1.5.4.1.4. Historical data from external partners and stakeholders for the purpose of updating the Department data portal.

1.5.5. Hospital Preparedness Program (HPP)

1.5.5.1. The Contractor shall provide technical assistance to MRC and Community Emergency Response Team (CERT) leaders throughout the state.

1.5.6. Health Officer Liaison Program

1.5.6.1. The Contractor shall provide technical assistance to Department to support the outreach and education effort of the Health Officer Liaison Unit to include:

1.5.6.1.1. Designing a new logo that represents the Health Officer Liaison Program; and

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.5.6.1.2. Create a four (4)-page infographic, 'At a Glance' Style brochure that demographics on municipal Health Officer across New Hampshire.

1.6. Development and Production of Educational Materials

1.6.1. General Standards for Educational Materials

1.6.1.1. The Contractor shall, in consultation with the Department subject matter experts, develop and/or produce educational materials on topics identified by Department staff.

1.6.1.2. The Contractor shall obtain Department approval prior to distribution of any produced materials, and ensure all materials produced give credit to the funding source utilized to create the materials.

1.6.1.3. The Contractor shall ensure all materials are developed in accordance with CDC recommendations specified in Simply Put: Guide to Developing Easy-To-Understand Materials, CDC July 2010, including any updates that may be issued by the CDC.

1.6.2. Infectious Disease Prevention, Investigation & Care Services Section

1.6.2.1. The Contractor shall, in consultation with the Department, maintain and update the HIV Planning Group (HPG) and the Granite State PrEP Connect websites.

1.6.2.2. The Contractor shall, in consultation with the Department, create social media posts relevant to infectious disease prevention topics.

1.6.3. Immunization Program (IP)

1.6.3.1. The Contractor shall, in consultation with the Department, develop and conduct a statewide education campaign effort for testing and prevention of COVID-19 among travelers. The Contractor shall:

1.6.3.1.1. Create and disseminate printed, poster and website materials on the availability and access of the following, which shall include but is not limited to:

1.6.3.1.1.1. COVID-19 testing;

1.6.3.1.1.2. Quarantine guidance; and

1.6.3.1.1.3. Guide on prevention of COVID-19 during travel.

1.6.3.1.2. Distribute the materials of all travel hubs in NH, which shall include, but are not limited to:

1.6.3.1.2.1. Airports;

1.6.3.1.2.2. Bus stations;

1.6.3.1.2.3. Highway gas stations; and

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.6.3.1.2.4. Other ports of entry, as identified by the Department.

1.6.3.1.3. Distribute personal protective materials, which include but are not limited to, facemasks and hand sanitized, as purchased by the Contractor.

1.6.3.1.4. Ensure all materials have a graphic design label, as approved by the Department.

1.6.4. Healthy Homes and Lead Poisoning Prevention Program

1.6.4.1. The Contractor shall assist the program's Health Educator with the development of outreach and educational materials, that include, but are not limited to:

1.6.4.1.1. Development and coordination of at least two (2) social media campaigns;

1.6.4.1.2. Design and limited printing (500 copies) of an annual four (4) to six (6) page blood lead surveillance report;

1.6.4.1.3. Maintenance and quarterly updates to the About Lead Free Kids NH – Lead Free Kids NH website; and

1.6.4.1.4. Maintenance and quarterly updates to the New England Lead Prevention website.

1.6.5. Radon Program

1.6.5.1. The Contractor shall develop educational materials for the radon program, in collaboration with the program, that are appropriate for fifth (5th) to eighth (8th) grade science students, which include, but are not limited to:

1.6.5.1.1. Creating a stakeholder outreach list and securing a minimum of five (5) schools to participate;

1.6.5.1.2. Developing curriculum; and

1.6.5.1.3. Promoting and organizing a poster contest.

1.6.6. Core Services Planning

1.6.6.1. The Contractor shall implement an annual survey of program clients for the purpose of core services planning, in consultation with care services staff.

1.6.7. Health Officer Liaison Program

1.6.7.1. The Contractor shall develop a Healthy Homes 'One-Touch' Toolbox used to train Health Officers and other home visitors, which includes:

1.6.7.1.1. Developing one (1), one (1)-hour online Healthy Homes 'One-Touch' training session, designed for the DHHS adult learning management platform.

OS
kr

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.6.7.1.2. Update the existing Healthy Homes 'One-Touch' Checklist and supporting referral factsheets.
- 1.6.7.2. The Contractor shall update existing training materials used to support municipal Health Officers, which includes:
 - 1.6.7.2.1. Update the eight (8) modules of the existing, three (3)-hour online Introduction to Health Officers training material used on the DHHS adult learning management platform.
 - 1.6.7.2.2. Update two (2), one (1)-hour training that currently exists on educating Health Officers so that it can be made virtual for the DHHS adult learning management platform.
- 1.6.8. **School Nurse Training, Education and Support Program**
 - 1.6.8.1. **School Nurse Resiliency Training**
 - 1.6.8.1.1. The Contractor shall design the layout for, and print all, materials for School Nurse Resiliency Training attendees.
 - 1.6.8.2. **Web-based Training**
 - 1.6.8.2.1. The Contractor shall develop and implement training program that will align with the annual School Nurse Essentials training meeting for the New Hampshire School Nurses Association.
 - 1.6.8.3. **Regional Public Health Networks School Nurse Partnership Training**
 - 1.6.8.3.1. The Contractor shall, in consultation with the Department; subject matter experts; the New Hampshire School Nurse Association; and other planning members; develop and implement a training program for New Hampshire School Nurses in collaboration with Regional Public Health Networks (RPHN), either in person, web-based, or hybrid learning model, per the direction of the Department.
 - 1.6.8.4. **School Nurse Toolkit for Training Sustainability**
 - 1.6.8.4.1. The Contractor shall, in consultation with the Department; subject matter experts; partners; and other planning members; develop and/or produce educational materials on topics identified by the planning team.
 - 1.6.8.4.2. The Contractor shall obtain Department and partner approval prior to distribution of any produced materials.

1.7. Develop and Implement Evaluation Plans

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.7.1. The Contractor shall develop evaluation plans, in consultation with Department subject matter experts, which clearly outline goals, objectives, activities, outputs, outcomes, and performance measures.

1.8. Update Strategic Plans

1.8.1. General Assistance with Strategic Plans

1.8.1.1. The Contractor shall, in consultation with the Department subject matter experts, assist the Department with:

1.8.1.1.1. Updating pre-existing strategic plans; and

1.8.1.1.2. Outlining goals, objectives, activities, outputs, outcomes, and performance measures for various programs.

1.9. Maximize the Efficient Use of Resources

1.9.1. Infectious Disease Prevention, Investigation & Care Services Section (IDPICSS)

1.9.1.1. The Contractor shall facilitate reimbursements of costs incurred by approximately five (5) public members of the NH HPG and/or contracted vendors to attend out-of-state conferences identified by the Department, as well as mileage costs to attend in-state meetings.

1.9.1.2. The Contractor shall procure and disperse prevention supplies as determined by the Department to a minimum of six (6) clinics funded by the Department to provide testing and treatment for sexually transmitted infections and HIV.

1.9.1.3. The Contractor shall procure, manage, and disperse prevention and self-testing supplies for NH residents, as directed by the Department.

1.9.1.4. The Contractor shall develop and maintain an online ordering system that enables NH residents and partners to order prevention and self-testing supplies.

1.9.2. Coordination and Logistics, Web-Based Training

1.9.2.1. The Contractor shall, in consultation with the Department, coordinate and monitor ongoing provider and/or DPHS staff technical assistance and facilitate reimbursement to vendors for web-based case management entry-level competency training modules and other programs as designated by the Department.

1.9.2.2. The Contractor shall develop and maintain a participant/user tracking system for the comprehensive self-directed, web-based medical cases management training.

1.9.3. Public Health Emergency Preparedness

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.9.3.1. The Contractor shall provide access to E-Studio, a web-based collaboration system, in collaboration with the Department.

2. Exhibits Incorporated

- 2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Reporting Requirements

3.1. Needs Assessments and Integrated Planning

- 3.1.1. The Contractor shall conduct training needs assessments for eleven (11) MIECHV home visiting sites.
- 3.1.2. The Contractor shall provide a review of the epidemiological profile to the Department for review and approval no later than June 30, 2022.
- 3.1.3. The Contractor shall provide a review of service gaps and unmet needs with the Ryan White and HIV Prevention service delivery system to the Department for review and approval on a date mutually agreed upon by both parties.
- 3.1.4. The Contractor shall provide a written strategy for meeting the needs of HIV providers as identified by the assessment of service gaps and unmet needs no later than June 30, 2022.
- 3.1.5. The Contractor shall make an in-person presentation of the final Epidemiological Profile report to the Department no later than November 31, 2022.

3.2. Integrated HIV Prevention and Care Plan

- 3.2.1. The Contractor shall develop and prepare the required written components of the integrated strategic plan including, but not limited to:
 - 3.2.1.1. Executive Summary of Integrated Plan and Statewide Coordinated Statement of Need;
 - 3.2.1.2. Situational analysis;
 - 3.2.1.3. 2022-2026 goals and objectives;
 - 3.2.1.4. Jurisdictional monitoring plan; and
 - 3.2.1.5. Letters of Concurrence as outlined in CDC DHAP and HRSA guidance.

3.2.2. The Contractor shall:

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 3.2.2.1. Maintain quarterly meetings and email communication with IDPICSS staff.
- 3.2.2.2. Submit a written final summary on or before May 31, 2022.
- 3.2.2.3. Present a final written report on or before June 30, 2022.
- 3.2.2.4. Develop strategic plan recommendations and submit final work plan to DPHS for final approval on or before August 30, 2022.
- 3.2.2.5. Conduct a minimum of four (4) strategic planning sessions with stakeholders before November 15, 2022.

3.3. Immunization Program

3.3.1. The Contractor shall:

- 3.3.1.1. Participate in monthly meetings/calls and maintain email communication with NHIP staff.
- 3.3.1.2. Hold NH Immunization Coalition meetings at least quarterly.
- 3.3.1.3. Submit NH Immunization Coalition Meeting Agenda to the Immunization Program at least five (5) business days in advance of each meeting. Submit NH Immunization Coalition meeting minutes with meeting attendance list to the Immunization Program within five (5) business days following each meeting.
- 3.3.1.4. Submit quarterly written reports for the Immunization Program and the Immunization Coalition to describe project administration and coordination which includes, but is not limited to: summary of social media listening/engagement sessions, communications, program and project oversight, reporting, programmatic activities, successes, challenges/barriers, meeting minutes, and project deliverable timelines.
- 3.3.1.5. Develop strategic plan recommendations and submit work plan to DPHS for final approval on or before 60 days after Governor & Executive Council approval.
- 3.3.1.6. Conduct a minimum of four (4) strategic planning sessions with stakeholders per year.
- 3.3.1.7. Submit final drafts of NH specific childhood vaccination toolkits: one (1) for schools and one (1) for general public by June 30, 2022.
- 3.3.1.8. Submit conference budget proposal for program approval by February 15, 2022, for the Immunization Fall 2022 conference.
- 3.3.1.9. Submit conference budget proposal for program approval by October 15, 2022, and annually thereafter for fall conferences.
- 3.3.1.10. Submit monthly reporting of conference expenditures and revenues to include expenditures per the NH Immunization Conference – Income & Expense Detail Sheet, as provided by the Department.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

4. Performance Measures

- 4.1. The Contractor shall meet or exceed performance measures for Develop and Implement Prevention-Focused Training Programs, as follows:
 - 4.1.1. A minimum of 85% of participant's rate training programs as not less than 'Very Good' in evaluation surveys.
- 4.2. The Contractor shall meet or exceed performance measures for Logistical Support for Conferences, Meetings and Planning Groups as follows:
 - 4.2.1. A minimum of 85% of conference planning committee members rate logistical support for conferences as not less than 'Very Good' in evaluation surveys.
 - 4.2.2. A minimum of 85% of conference participants rate the elements pertaining to conference logistics as not less than 'Very Good' in evaluation surveys.
 - 4.2.3. A minimum of 85% of workgroup participants rate elements pertaining to workgroup logistics as not less than 'Very Good' in evaluation surveys.
 - 4.2.4. A minimum of 85% of planning group members rate meeting logistics as no less than 'Very Good' in evaluation surveys.
- 4.3. The Contractor shall meet or exceed performance measures for Provide Technical Assistance, as follows:
 - 4.3.1. A minimum of 90% of all requests for high-priority consultation services are responded to within twenty-four (24) hours.
 - 4.3.2. A minimum of 90% of all requests for high-priority technical assistance are responded to within twenty-four (24) hours.
- 4.4. The Contractor shall identify barriers to meeting performance measures on a semi-annual basis and provide a corrective action plan which:
 - 4.4.1. Identifies barriers to success;
 - 4.4.2. Includes a work plan for mitigating barriers; and
 - 4.4.3. Includes a timeline in which compliance with performance measures will be met.
- 4.5. The Contractor shall ensure the following performance outcomes and measures are achieved and monitored throughout the contract period to measure the effectiveness of the agreement:
 - 4.5.1. 100% of staff deployed have the appropriate licensure, certification, and skills.
 - 4.5.2. 100% of staff deployed submit all required documentation.
- 4.6. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 4.7. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.
- 4.8. Where applicable, the Contractor shall collect and share data with the Department in

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

a format specified by the Department.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

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

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

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

5.3. Credits and Copyright Ownership

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

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

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

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

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

6. Records

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

6.1.1. Books, records, documents and other electronic or physical data evidencing

ER

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

- 6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

DS
KR

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.	
Contractor Name: <u>JSI Research & Training Institute, Inc.</u>	
Budget Request for: <u>HPP_Public Health Professional Support Services (Hospital Preparedness)</u>	
Budget Period <u>Date of Governor and Council Meeting - March 8, 2023 (SFY 2023: 07/01/2022-06/30/2023)</u>	
Indirect Cost Rate (if applicable) <u>21.25%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$14,107
2. Fringe Benefits	\$6,622
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$100
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$5,975
8. (c) Other - Other (specify below)	
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$26,804
Total Indirect Costs	\$5,696
TOTAL	\$32,500


 Contractor Initials _____
 Date 2/17/2023

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.	
Contractor Name: <u>JSI Research & Training Institute, Inc.</u>	
Budget Request for: <u>PHEP Public Health Professional Support Services (PH Emergency Preparedness)</u>	
Budget Period <u>Date of Governor and Council Meeting - March 8, 2023 (SFY 2023: 07/01/2022-06/30/2023)</u>	
Indirect Cost Rate (if applicable) <u>21.25%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$63,992
2. Fringe Benefits	\$30,038
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$200
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$10,925
8. (c) Other - Other (specify below)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$105,155
Total Indirect Costs	\$22,345
TOTAL	\$127,500


 Contractor Initials _____
 Date 2/17/2023

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.	
Contractor Name: <u>JSI Research & Training Institute, Inc.</u>	
Budget Request for: <u>Public Health Crisis</u>	
Budget Period: <u>Date of Governor and Council Meeting - March 8, 2023 (SFY 2023: 07/01/2022-06/30/2023)</u>	
Indirect Cost Rate (if applicable): <u>18.29%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$171,697
2. Fringe Benefits	\$80,595
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$300
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$55,900
8. (c) Other - Other (specify below)	
Other (please specify)	\$0
9. Subrecipient Contracts	\$50,000
Total Direct Costs	\$358,492
Total Indirect Costs	\$65,554
TOTAL	\$424,046

D9
KR
 Contractor Initials _____
 Date 2/17/2023

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.	
Contractor Name: <u>JSI Research & Training Institute, Inc.</u>	
Budget Request for: <u>PH COVID-19 Health Disparities</u>	
Budget Period <u>Date of Governor and Council Meeting - March 8, 2023 (SFY 2023: 07/01/2022-06/30/2023)</u>	
Indirect Cost Rate (if applicable) <u>21.25%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$19,406
2. Fringe Benefits	\$8,109
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$2,000
8. (c) Other - Other (specify below)	
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$30,515
Total Indirect Costs	\$6,485
TOTAL	\$37,000


 Contractor Initials _____
 Date 2/17/2023

New Hampshire Department of Health and Human Services Complete one budget form for each budget period.	
Contractor Name: <u>JSI Research & Training Institute, Inc.</u>	
Budget Request for: <u>PH COVID-19 Health Disparities</u>	
Budget Period <u>Date of Governor and Council Meeting - March 8, 2023 (SFY 2024: 07/01/2023-06/30/2024)</u>	
Indirect Cost Rate (if applicable) <u>20.38%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$70,284
2. Fringe Benefits	\$32,991
3. Consultants	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/ Communications	\$0
8. (b) Other - Education and Training	\$14,250
8. (c) Other - Other (specify below)	
Other (please specify)	\$0
9. Subrecipient Contracts	\$5,000
Total Direct Costs	\$122,526
Total Indirect Costs	\$24,974
TOTAL	\$147,500

Contractor Initials

DS
KR

Date

2/17/2023



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

Lori A. Saltonstall
Commissioner
Patricia M. Tilley
Director

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

November 10, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a Sole Source Amendment of an existing contract with JSI Research & Training Institute, Inc. (VC #161611), Bow, NH, to expand the Public Health Professional Support Services to include technical support for the viral hepatitis elimination program, by increasing the price limitation by \$216,154 from \$3,081,735 to \$3,297,889 with no change to the contract completion date of December 31, 2024, effective upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on December 22, 2021, Item #35, as amended with Governor and Council approval on June 1, 2022, Item #27A.

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

See attached fiscal details.

EXPLANATION

This request is Sole Source because the Department is expanding the range of Public Health Professional Support Services provided by the Contractor to include temporary staff to support the Viral Hepatitis Surveillance and Prevention program. The original agreement was procured through the competitive bidding process. Therefore, per MOP 150, this action must be identified as sole source. The Contractor is providing qualified and trained temporary staff to the Department currently and has the capacity to provide additional temporary technical support staff.

The Viral Hepatitis Surveillance and Prevention program is dedicated to preventing and controlling viral hepatitis. The Contractor will develop and conduct a Viral Hepatitis Situational Analysis in order to provide an evidence-informed basis for formulating the strategic direction of the five (5) year Viral Hepatitis Elimination Plan, prepare the five (5) year Viral Hepatitis Elimination Plan to establish a clear vision on how to reverse the rates of viral hepatitis, prevent new infections, and improve linkage to care services. In addition, the Contractor will plan and design a New Hampshire Outbreak Detection Response Plan (NHODRP) to identify and respond to outbreaks of hepatitis A, B, and C infections, as well as coordinate with the Tristate Viral Hepatitis Elimination group to prevent and control viral hepatitis by monitoring viral hepatitis disease trends, detecting and responding to viral hepatitis outbreaks, advancing viral hepatitis research, and increasing public awareness of viral hepatitis.

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

Hepatitis is an inflammation of the liver most often caused by a virus. In the US, the most common types of viral hepatitis are hepatitis A, B, and C. While each type can produce similar symptoms, each hepatitis virus affects the liver differently, has different routes of transmission and infection, and typically affects different populations. Fortunately, effective vaccines are available to help prevent hepatitis A and hepatitis B. Although no vaccine is available for hepatitis C, life-saving treatment can cure the virus. Hepatitis C virus is the most common blood borne pathogen in the US leading to substantial sickness and death.

A principal goal of the Department's Integrated Viral Hepatitis Surveillance and Prevention program is to eliminate viral hepatitis as a public health threat by 2030. This means reducing the number of new hepatitis B and hepatitis C cases by 90%, and related deaths by 65%, through outbreak detection and response, characterizing disease burden, and monitoring progress in achieving public health goals. The Contractor will work with federal, state, and community partners as well as health care systems and providers to increase access to viral hepatitis prevention, diagnosis, and treatment services for all populations.

The Department will continue to monitor contracted services to ensure:

- A minimum of 90% of all Department requests for high-priority consultation services are responded to within twenty-four (24) hours; and
- A minimum of 90% of all Department requests for high-priority technical assistance are responded to within twenty-four (24) hours.

Should the Governor and Council not authorize this request, the Department may not be properly prepared to meet the program's mission to reverse the rates of individuals with viral hepatitis, prevent new infections, improve care and treatment, or respond to outbreaks. Viral hepatitis, a disease that is both preventable and curable, will remain a costly and significant public health threat that puts infected individuals at an increased risk for serious disease and death.

Area served: Statewide

Source of Federal Funds: Assistance Listing Number (ALN) 93.270; FAIN NU51PS005173.

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

Respectfully submitted,


Lori A. Shibette
Commissioner

DocuSign Envelope ID: E189A0CD-A0B7-4807-89DE-4B83F122F813

05-99-90-802110-7428 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQ:
PUBLIC HEALTH DIV, ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM
CFDA 93.870 FAIM N04LH002137-04 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	107-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2023	107-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2024	107-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2025	107-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
			Subtotal	\$60,000	\$0	\$60,000

05-99-90-802110-1738 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQ:
DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, FOOD PROTECTION
37% FEDERAL FUNDS, 63% OTHER FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90000012	\$7,500	\$0	\$7,500
2023	102-500731	Contracts for Prog Svc	90000014	\$15,000	\$0	\$15,000
2024	102-500731	Contracts for Prog Svc	90000014	\$15,000	\$0	\$15,000
2025	102-500731	Contracts for Prog Svc	90000014	\$15,000	\$0	\$15,000
			Subtotal	\$52,500	\$0	\$52,500

05-99-90-802110-7864 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQ:
DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PROTECTION
CFDA 93.197 FAIM N04XD002137 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90036000	\$78,333	\$0	\$78,333
2023	102-500731	Contracts for Prog Svc	90036000	\$45,000	\$0	\$45,000
2024	102-500731	Contracts for Prog Svc	90036000	\$45,000	\$0	\$45,000
2025	102-500731	Contracts for Prog Svc	90036000	\$32,500	\$0	\$32,500
			Subtotal	\$210,833	\$0	\$210,833

05-99-90-802110-7864 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQ:
DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PROTECTION PPG
CFDA 93.605 FAIM N04XD00731 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90038012	\$48,750	\$0	\$48,750
2023	102-500731	Contracts for Prog Svc	90038012	\$42,163	\$0	\$42,163
2024	102-500731	Contracts for Prog Svc	90038013	\$55,734	\$0	\$55,734
2025	102-500731	Contracts for Prog Svc	90038013	\$37,887	\$0	\$37,887
			Subtotal	\$184,534	\$0	\$184,534

05-99-90-802110-5391 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQ:
DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, RADIOLOGICAL HEALTH
ASSESSMENT, CFDA 93.602 FAIM N04XD0132 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90075180	\$40,000	\$0	\$40,000
2023	102-500731	Contracts for Prog Svc	90075180	\$40,000	\$0	\$40,000
2024	102-500731	Contracts for Prog Svc	90075180	\$40,000	\$0	\$40,000
2025	102-500731	Contracts for Prog Svc	90075180	\$70,000	\$0	\$70,000
			Subtotal	\$190,000	\$0	\$190,000

05-99-90-802110-1111 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQ:
DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL
PREPAREDNESS, CFDA 93.829 FAIM N04XP0050 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Prog Servs	90077700	\$10,000	\$0	\$10,000
2023	074-500589	Grants for Prog Servs	90077700	\$10,000	\$0	\$10,000
2024	074-500589	Grants for Prog Servs	90077700	\$20,000	\$0	\$20,000
2025	074-500589	Grants for Prog Servs	90077700	\$10,000	\$0	\$10,000
			Subtotal	\$50,000	\$0	\$50,000

05-99-90-802110-1111 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQ:
DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH
EMERGENCY PREPAREDNESS, CFDA 93.863 FAIM N04XP02013
63% FEDERAL, 37% GENERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Prog Servs	90077418	\$67,574	\$0	\$67,574
2023	074-500589	Grants for Prog Servs	90077418	\$115,000	\$0	\$115,000
2024	074-500589	Grants for Prog Servs	90077418	\$115,000	\$0	\$115,000
2025	074-500589	Grants for Prog Servs	90077418	\$57,500	\$0	\$57,500
			Subtotal	\$355,074	\$0	\$355,074

05-99-90-802110-1405 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQ:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL AND IMMUNIZATION
CFDA 93.768 FAIM N04XP0050 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Prog Servs	90077418	\$67,574	\$0	\$67,574
2023	074-500589	Grants for Prog Servs	90077418	\$115,000	\$0	\$115,000
2024	074-500589	Grants for Prog Servs	90077418	\$115,000	\$0	\$115,000
2025	074-500589	Grants for Prog Servs	90077418	\$57,500	\$0	\$57,500
			Subtotal	\$355,074	\$0	\$355,074

DocuSign Envelope ID: E188ADCC-A0B7-4807-B9DE-4BB3F122FB13

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	183-500731	Contracts for Prog Svc	90022800	\$150,000	\$0	\$150,000
2023	183-500731	Contracts for Prog Svc	90022800	\$50,000	\$0	\$50,000
2024	183-500731	Contracts for Prog Svc	90022800	\$50,000	\$0	\$50,000
			Subtotal	\$250,000	\$0	\$250,000

05-00-0023-18-0176, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION,
CFDA 83.203 FAIN HHS07P912335 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	974-500589	Grants for Pub Asst and Reful	90023130	\$50,000	\$0	\$50,000
2023	183-500731	Contracts for Prog Svc	90023130	\$75,000	\$0	\$75,000
2024	974-500589	Grants for Pub Asst and Reful	90023130	\$50,000	\$0	\$50,000
2025	974-500589	Grants for Pub Asst and Reful	90023130	\$50,000	\$0	\$50,000
			Subtotal	\$225,000	\$0	\$225,000

05-00-0023-18-0225, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL
REIMB, 100% OTHER

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	183-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
2023	183-500731	Contracts for Prog Svc	90024600	\$200,000	\$0	\$200,000
2024	183-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
2025	183-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
			Subtotal	\$500,000	\$0	\$500,000

05-00-0023-18-7536, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, STD/HIV PREVENTION,
CFDA 83.860 FAIN HHS07P924539 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increase/Decrease	Revised Budget
2022	974-500589	Grants for Pub Asst and Reful	90024000	\$82,000	\$0	\$82,000
2023	974-500589	Grants for Pub Asst and Reful	90024000	\$164,000	\$0	\$164,000
2024	974-500589	Grants for Pub Asst and Reful	90024000	\$164,000	\$0	\$164,000
2025	974-500589	Grants for Pub Asst and Reful	90024000	\$82,000	\$0	\$82,000
			Subtotal	\$492,000	\$0	\$492,000

05-00-0023-18-7536, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQS:
DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, ILC CARES COVID-19
CFDA 83.123 FAIN HHS00000521 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	183-500731	Contracts for Prog Svc	90187510	\$300,000	\$0	\$300,000
			Subtotal	\$300,000	\$0	\$300,000

05-00-0023-18-3480, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES,
HHS-PUBLIC HEALTH DIV, BUREAU OF EMERGENCY PREPARATION AND RESPONSE, PUBLIC HEALTH
CFDA 83.348 FAIN HHS07P921348 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	183-500731	Contracts for Prog Svc	90027500	\$20,000	\$0	\$20,000
2023	183-500731	Contracts for Prog Svc	90027500	\$75,200	\$0	\$75,200
			Subtotal	\$95,200	\$0	\$95,200

05-00-0023-18-4648, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQS:
PUBLIC HEALTH DIV, PUBLIC HEALTH LABORATORIES, BPP TRAVELERS HEALTH PROJ
CFDA 83.323 FAIN HHS00000522 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	183-500731	Contracts for Prog Svc	90183538	\$79,680	\$0	\$79,680
			Subtotal	\$79,680	\$0	\$79,680

05-00-0023-18-7670, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HQS:
PUBLIC HEALTH DIV, BUREAU OF INFECTIOUS DISEASE CONTROL, DISEASE CONTROL
CFDA 83.270 FAIN HHS1P9203173 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	183-500731	Contracts for Prog Svc	90021008	\$0	\$218,154	\$218,154
			Subtotal	\$0	\$218,154	\$218,154

Total: \$3,063,735 \$218,154 \$3,281,889

State of New Hampshire
Department of Health and Human Services
Amendment #2

This Amendment to the Public Health Professional Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and JSI Research & Training Institute, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 22, 2021 (Item #35), as amended on June 1, 2022 (Item #27A), 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 17 and Exhibit A, Revisions to Standard Agreement Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to 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 1.6, Account Number, to read:

05-95-90-902510-5170
05-95-90-901510-7426
05-95-90-901510-5390
05-95-90-901510-7964
05-95-90-901510-7964
05-95-90-901510-5391
05-95-90-903510-1113
05-95-90-903510-1114
05-95-90-902510-2496
05-95-90-902510-5178
05-95-90-902510-2229
05-95-90-902510-7536
05-95-90-903010-1901

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

\$3,297,889

- 3. Modify Exhibit B, Scope of Services, by adding Viral Hepatitis Surveillance and Prevention, Paragraphs 1.4.10. through 1.4.33. to read:

1.4.10. **Viral Hepatitis Surveillance and Prevention:** The Contractor shall provide a range of viral hepatitis prevention and surveillance services in collaboration with the New Hampshire Bureau of Infectious Disease Control (BIDC), the Maine Centers for Disease Control (ME CDC), and the Vermont Department of Health (VT DOH) (collectively herein referred to as the "Tristate Viral Hepatitis Steering Committee"), which must include but is not limited to:

1.4.10.1. Developing and conducting, in consultation with the Tristate Viral Hepatitis Steering Committee, a Tristate Viral Hepatitis Situational Analysis (TVHSA) within six (6) months of the G&C approval date of this Amendment #2 that must include:

- 1.4.10.1.1. Disease epidemiology;
- 1.4.10.1.2. A description of existing assets

1.4.10.1.3. A healthcare systems needs assessment of:

1.4.10.1.3.1. Current resource gaps;

1.4.10.1.3.2. Projected future changes to the current landscape; and

1.4.10.1.3.3. A description of the governance roles related to viral hepatitis and disease prevention.

1.4.11. The Contractor shall:

1.4.11.1. Describe the current state of viral hepatitis programs and services within the Tristate area;

1.4.11.2. Identify local assets and determine resource gaps and areas that need to be strengthened;

1.4.11.3. Research and incorporate relevant contextual data, including but not limited to census data and literature reviews;

1.4.11.4. Review de-identified surveillance data provided by the Tristate Viral Hepatitis Steering Committee to integrate a Tristate epidemiological overview and profile into the TVHSA that must include, but is not limited to:

1.4.11.4.1. Prevalence.

1.4.11.4.2. Incidence;

1.4.11.4.3. Treatment initiation.

1.4.11.4.4. Sustained viremic response (SVR12) rate.

1.4.11.4.5. Unmet need data by:

1.4.11.4.5.1. Age;

1.4.11.4.5.2. Gender;

1.4.11.4.5.3. Race/ethnicity;

1.4.11.4.5.4. Geographic area; and

1.4.11.4.5.5. Transmission risk factor(s).

1.4.11.5. Conduct a descriptive trend analysis of In hepatitis C (HCV) and associated comorbidities since 2014, including state and regional disparities in prevalence, screening, testing, and treatment initiation.

1.4.12. The Contractor shall review and incorporate community population estimates into the TVHSA development process including, but not limited to:

1.4.12.1. The number of individuals diagnosed and living with HCV within each state.

1.4.12.2. The number of individuals treated for HCV within each state.

1.4.12.3. A description of individuals at-risk for HCV infection.

1.4.12.4. A description of the health needs of the population, including actual and potential sources of inequity and health needs specific to populations at greater risk of infection.

1.4.13. The Contractor shall describe existing assets to identify and assess current resource needs, gaps, and barriers related to prevention, diagnosis, and treatment, and provide recommendations to address the gaps. Assets may include:

- 1.4.13.1. Syringe Service Programs.
- 1.4.13.2. Substance Use Disorder Treatment Programs.
- 1.4.13.3. Hepatitis Testing Sites.
- 1.4.13.4. Hepatitis A and B Vaccine sites.
- 1.4.13.5. All assets related to prevention (primary, secondary, and tertiary levels), diagnosis, and treatment.

1.4.14. The Contractor shall identify the five (5) healthcare systems in New Hampshire, Maine, and Vermont with the highest volume of hepatitis C testing, and must:

- 1.4.14.1. Conduct a needs assessment of those healthcare systems; and
- 1.4.14.2. Provide feedback to the Department, with recommendations to improve routine hepatitis C and hepatitis B testing.

1.4.15. The Contractor shall describe the current governance roles related to viral hepatitis, including:

- 1.4.15.1. A description of governance and organizational structures related to viral hepatitis within Maine, Vermont, and New Hampshire, which may present barriers and opportunities to testing, treatment or surveillance;
- 1.4.15.2. An overview of the processes of each states' policies and legislation formulation related to viral hepatitis and disease legislation; and
- 1.4.15.3. A description of key contributors to policy formulation.

1.4.16. The Contractor shall identify potential and existing overlaps between viral hepatitis prevention, diagnosis, and treatment services, and other healthcare system and/or disease-specific strategies and plans including, but not limited to syndemic approach, i.e.: HIV. The Contractor shall make clear references to other relevant policies or plans, which may include, but are not limited to:

- 1.4.16.1. Overlapping priority populations.
- 1.4.16.2. Overlapping strategies or shared/similar interventions and priority action areas.
- 1.4.16.3. Overlapping workforce development needs.
- 1.4.16.4. Overlapping funding mechanisms.

1.4.17. The Contractor shall, in consultation with the Tristate Viral Hepatitis Steering Committee, develop a Five (5) Year Tristate Viral Hepatitis Elimination Plan (TVHEP) including a review/feedback/revision cycle within one (1) month of the G&C approval date of this Amendment #2, that must include:

- 1.4.17.1. Viral Hepatitis Situational Analysis as described in Section 1.4.10.1.
- 1.4.17.2. Five (5) year Goals, Objectives, and Outcome Measures that must:
 - 1.4.17.2.1. Align with the Federal Division of Viral Hepatitis: 2025 Strategic Plan available online at <https://www.cdc.gov/hepatitis/pdfs/DVH-StrategicPlan2020-2025.pdf>;
 - 1.4.17.2.2. Be founded on data collected during the TVHSA and stakeholder engagement activities as specified in 1.4.25.

below, as well as epidemiological data.

1.4.17.2.3. Integrate health equity advancement by following the CDC SMARTIE principles available online at <https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>

1.4.17.2.4. Meet the key strategies and measures as described in the Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103) available online at https://www.cdc.gov/hepatitis/policy/pdfs/PS21-2103_Published.pdf.

1.4.17.3. Five (5) Year Strategies, Interventions, and Implementation Plans, which must:

1.4.17.3.1. Be based on evidence gathered during the IVHSA and the stakeholder engagement activities described in section 1.4.25 below.

1.4.17.3.2. Include a justification of how efficiency and equity are taken into consideration. For the purposes of this agreement, efficiency is defined as interventions that maximally leverage existing and available resources, and equity is defined as interventions that address health disparities.

1.4.17.3.3. Be local to New Hampshire, Maine, and Vermont; and leverage existing resources in the Tristate area.

1.4.17.3.4. Identify:

1.4.17.3.4.1. Opportunities where existing health system policies and programs can be reshaped or extended to include hepatitis-related activities, and

1.4.17.3.4.2. Opportunities to link service delivery pathways to existing structures to increase efficiencies.

1.4.17.3.5. Address strategies for increasing Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) reflex testing, increasing provider training in prescribing HCV and HBV treatment, increasing health systems that promote routine HCV and HBV testing, and rural health strategies.

1.4.17.4. Financial Framework.

1.4.17.4.1. The Contractor must describe potential internal and external funding, and financing mechanisms to support the goals, objectives, strategies, and interventions identified in the IVHEP.

1.4.17.5. Data Sources and Systems.

1.4.17.5.1. The Contractor must ensure all data sources and systems are clearly identified and defined.

1.4.18. The Contractor shall complete the Tristate Viral Hepatitis Elimination Plan within two (2) years of the G&C approval date of this Amendment #2.

1.4.19. The Contractor must identify, map, and engage stakeholders who are involved in prevention, diagnosis, and treatment services across the Tristate area to formulate a Tristate Viral Hepatitis Elimination Planning Group, of which a minimum of 50% of the Stakeholders must be external partners. Stakeholder representation must include, but is not limited to:

1.4.19.1. External stakeholders including, but not limited to:

1.4.19.1.1. Healthcare organizations and providers.

1.4.19.1.2. Hepatitis care and treatment programs.

1.4.19.1.3. Commercial laboratories.

1.4.19.1.4. Community-based organizations.

1.4.19.1.5. Academia.

1.4.19.1.6. Professional organizations.

1.4.19.1.7. Patient groups.

1.4.19.1.8. Nonprofit/advocacy groups.

1.4.19.1.9. Private insurers.

1.4.19.1.10. Pharmaceutical companies.

1.4.19.1.11. Refugee/resettlement services.

1.4.19.1.12. Organizations supporting the social determinants of health and wraparound services.

1.4.19.2. Internal stakeholders including, but not limited to:

1.4.19.2.1. Hepatitis B surveillance or prevention programs, including perinatal prevention.

1.4.19.2.2. HIV and sexually transmitted infections surveillance and prevention programs.

1.4.19.2.3. Licensure boards.

1.4.19.2.4. Communicable infectious disease surveillance and prevention programs.

1.4.19.2.5. Drug and alcohol programs.

1.4.19.2.6. Immunization programs.

1.4.19.2.7. Public health emergency preparedness and response programs.

1.4.19.2.8. Substance use disorder and mental health programs.

1.4.19.2.9. Health care-associated infection surveillance and prevention programs.

1.4.19.2.10. Cancer surveillance and prevention programs.

1.4.19.2.11. Overdose prevention surveillance and prevention programs.

1.4.19.2.12. Vital statistics programs.

1.4.19.2.13. State Medicaid/Medicare programs.

1.4.19.2.14. Public health laboratories, maternal

1.4.19.2.15. Child health programs.

1.4.19.3. Representation from high impact settings including, but not limited to:

1.4.19.3.1. Harm reduction and syringe services programs.

1.4.19.3.2. Substance use disorder treatment programs and mental health services.

1.4.19.3.3. Correctional facilities and re-entry programs.

1.4.19.3.4. Emergency departments.

1.4.19.3.5. Hospital-based programs.

1.4.19.3.6. Sexually transmitted infection clinics, homeless services.

1.4.19.3.7. Health centers including Federally Qualified Health Centers (FQHCs).

1.4.19.4. Representation from People with Lived Experience (PWLE), and People Who Inject Drugs (PWID), as well as the organizations that serve them.

1.4.20. The Contractor shall ensure stakeholder engagement is coordinated through the Tristate Viral Hepatitis Elimination Planning Group.

1.4.21. The Contractor shall ensure stakeholder engagement meetings occur as follows:

1.4.21.1. Bi-Monthly two (2) hour planning group meetings; and

1.4.21.2. Monthly (1) hour workgroup meetings, on an as-needed basis but no less than monthly.

1.4.22. The Contractor shall ensure the Tristate Viral Hepatitis Elimination Planning Group provides logistical support including, but not limited to:

1.4.22.1. Preparing and distributing meeting agendas and pre-meeting materials to all meeting attendees.

1.4.22.2. Taking meeting minutes that include any action items.

1.4.22.3. Distributing post-meeting materials.

1.4.23. The Contractor shall ensure the Tristate Viral Hepatitis Elimination Planning Group provides facilitation support including, but not limited to:

1.4.23.1. Setting the meeting agendas and meeting goals with consultation from the Tristate Viral Hepatitis Steering Committee.

1.4.23.2. Guiding discussions and managing the group process to ensure meeting goals are met.

1.4.24. The Contractor must engage all stakeholders in (V)HSA and (V)HEP development as described in Sections 1.4.10.1 and 1.4.17, respectively.

1.4.25. The Contractor must conduct stakeholder engagement activities, including:

1.4.25.1. Recruiting and engaging stakeholders for the the Tristate Viral Hepatitis Elimination Planning Group, in accordance with 1.4.19 above.

1.4.25.2. Review and share relevant data, literature, and findings with all stakeholders, collect feedback, and integrate feedback into Elimination Plan preparation, and

1.4.25.3. Share the (V)HEP development timeline, as identified in 1.4.17, with all stakeholders.

1.4.26. The Contractor shall provide technical assistance ensuring viral hepatitis subject matter experts are included in planning efforts.

1.4.27. The Contractor shall coordinate with the Tristate Viral Hepatitis Elimination Planning Group to identify gaps in expertise necessary for developing and implementing the IVHSA and IVHEP including, but not limited to:

- 1.4.27.1. Biostatistician support.
- 1.4.27.2. Policy and regulatory support.
- 1.4.27.3. HCV-specific clinical expertise.

1.4.28. The Contractor shall coordinate with the Tristate Viral Hepatitis Elimination Steering Committee throughout the development and preparation of the IVHSA and IVHEP ensure the Tristate Viral Hepatitis Elimination Steering Committee retains supervisory and editorial authority over the content and prioritization of the IVHSA and IVHEP developed in collaboration with the Contractor.

1.4.29. The Contractor shall participate in bi-weekly meetings with the Tristate Viral Hepatitis Steering Committee to:

- 1.4.29.1. Ensure committee action items are met; and
- 1.4.29.2. Receive updates on progress, clinical and tactical feedback, and assistance with prioritization.

1.4.30. The Contractor shall submit the IVHSA, IVHEP, and other final planning documents to the Tristate Viral Hepatitis Steering Committee and Tristate Viral Hepatitis Elimination Planning Group for edits and approval prior to public or governmental submission.

1.4.31. The Contractor shall develop a New Hampshire Outbreak Detection and Response Plan (NHODRP) to identify and respond to outbreaks of Hepatitis A, B, and C infection within 12 months of the G&C approval date of this Amendment #2, that must include, but is not limited to:

- 1.4.31.1. Outbreak Response Checklist.
- 1.4.31.2. Outbreak Preparedness:
 - 1.4.31.2.1. Organizational structure.
 - 1.4.31.2.2. Partner engagement.
 - 1.4.31.2.3. Continuity of operations plan.
- 1.4.31.3. Outbreak Detection:
 - 1.4.31.3.1. Outbreak definition and characterization.
- 1.4.31.4. Outbreak Investigation and Response:
 - 1.4.31.4.1. Data collection and management.
 - 1.4.31.4.2. Just-in-time training plan.
 - 1.4.31.4.3. Internal and external communication plan.
 - 1.4.31.4.4. Escalated response.
 - 1.4.31.4.5. Cross-jurisdictional response.

- 1.4.31.5. Outbreak Monitoring and Evaluation:
 - 1.4.31.5.1. Triggers for initiating, escalating, deescalating, and closing outbreak response.
- 1.4.31.6. Post-Outbreak Activities:
 - 1.4.31.6.1. Debriefing procedures.
 - 1.4.31.6.2. Outbreak plan maintenance.
- 1.4.32. The Contractor shall engage internal stakeholders in NHODRP development and preparation, which may include, but is not limited to:
 - 1.4.32.1. The Bureau of Infectious Disease Control (BIDC), which encompasses the Infectious Disease Surveillance Section (IDSS), Infectious Disease Prevention, Investigation, Care Services Section (IDPICSS), and Immunization Section (IS).
 - 1.4.32.2. Bureau of Drug & Alcohol Services (BDAS).
 - 1.4.32.3. Bureau of Healthcare Access.
 - 1.4.32.4. Equity and Policy (BHAEP).
 - 1.4.32.5. Bureau of Emergency Preparedness, Response, and Recovery (BEPRR).
 - 1.4.32.6. Public Information Office (PIO).
- 1.4.33. The Contractor shall engage external stakeholders in NHODRP development and preparation, which may include but is not limited to:
 - 1.4.33.1. The Manchester Health Department (MHD).
 - 1.4.33.2. Nashua Health Department (NHD).
 - 1.4.33.3. New Hampshire Harm Reduction Coalition (NHHRC) and Syringe Service Programs (SSPs).
 - 1.4.33.4. New Hampshire Hospital Association (NHHA).
 - 1.4.33.5. Regional Public Health Networks (RPHN).
 - 1.4.33.6. The Tristate Viral Hepatitis Elimination Steering Committee.
 - 1.4.33.7. Tristate Viral Hepatitis Planning Group.

4. Modify Exhibit C, Payment Terms, Section 1, to read:

1. This agreement is funded by:

1.1. 79% Federal Funds:

- 1.1.1. 2% Environmental Public Health and Emergency Response, as awarded on May 20, 2021, by the United States Department of Health and Human Services (HHS), CFDA #93.070, FAIN NUE1EH001357-04.
- 1.1.2. 6% Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children, as awarded on 8/5/2021, by the United States Department of Health and Human Services (HHS), CFDA #93.197, FAIN NUE2EH001457.
- 1.1.3. 7% Performance Partnership Grants, as awarded on 7/14/2021, by the United States Environmental Protection Agency (EPA), CFDA #66.605, FAIN BG00100731.

- 1.1.4. 5% State Indoor Radon Grants, as awarded on 9/13/2021, by the United States Environmental Protection Agency (EPA), CFDA #66.032, FAIN 00162332.
- 1.1.5. 1% National Bioterrorism Hospital Preparedness Program, as awarded on 7/1/2021, by the United States Department of Health and Human Services (HHS), CFDA #93.889, FAIN U3REP190580.
- 1.1.6. 7% Public Health Emergency Preparedness, as awarded on 5/12/2021, by the United States Department of Health and Human Services (HHS), CFDA #93.069, FAIN NU90TP922018.
- 1.1.7. 8% Immunization Cooperative Agreements, as awarded on 3/31/2021, by the United States Department of Health and Human Services (HHS), CFDA #93.268, FAIN NH23IP922595.
- 1.1.8. 8% Immunization Cooperative Agreements, as awarded on 7/1/2021, by the United States Department of Health and Human Services (HHS), CFDA #93.268, FAIN NH23IP922595.
- 1.1.9. 15% HIV Prevention Activities Health Department Based, as awarded on 3/8/2021, by the United States Department of Health and Human Services (HHS), CFDA #93.940, FAIN NU62PS924538.
- 1.1.10. 11% ELC Enhancing Detection Funding, as awarded on May 18, 2020 by the Center for Disease Control & Prevention (CDC), CFDA #93.323, FAIN NU50CK000522.
- 1.1.11. 3% Federal Funds, Public Health Emergency Response, as awarded on May 18, 2021, by the United States Department of Health and Human Services (HHS), CFDA #93.354, FAIN NU90TP922144.
- 1.1.12. 6% Federal Funds, Center for Disease Control and Prevention, as awarded on 1/21/2021, CFDA #93.270, FAIN NU51PS005173.

1.2. 5% General Funds

1.3. 16% Other Funds (Pharmaceutical Rebates)

5. Modify Exhibit C, Payment Terms, Section 3, to read:

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 item, as specified in Exhibits C-1, Budget through Exhibit C-50, Budget - Amendment # 2, which is attached hereto and incorporated by reference herein.

6. Add Exhibit C-50, Budget - Amendment #2, 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 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

11/13/2022

Date

DocuSigned by:

Patricia M. Tilley

Name Patricia M. Tilley

Title: director

JSI Research & Training Institute, Inc.

11/10/2022

Date

DocuSigned by:

Katie Robert

Name Katie Robert

Title: director

DocuSign Envelope ID: E189A0CD-A0B7-4807-B9DE-4BB3F122FB13

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

OFFICE OF THE ATTORNEY GENERAL

11/15/2022

Date

DocuSigned by:

Robyn Guarino

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:

BT-1.0
 DocuSign Envelope ID: E189A0CD-A087-4807-89DE-4BB3F122FB13

Exhibit C-50, Budget - Amendment #2 RFA-2022-OPHS-05-PUBLIC-01-A02

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	JSI Research & Training Institute, Inc.
Budget Request for:	Viral Hepatitis Elimination Planning
Budget Period:	SFY 2023
Indirect Cost Rate (if applicable)	21.23% on all costs less subcontracts/awards and equipment costs over \$5,000.
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$110,484
2. Fringe Benefits	\$51,817
3. Consultants	\$0
4. Equipment	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$2,000
7. Software	\$2,000
8.(a) Other - Marketing/Communications	\$0
8.(b) Other - Education and Training	\$0
8.(c) Other - Other (specify below)	\$12,000
Community Engagement	
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	
9. Subrecipient Contracts	\$0
Total Direct Costs	\$178,301
Total Indirect Costs	\$37,853
TOTAL	\$216,154

Contractor Initials

Date 11/10/2022

27A Mac



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

Lori A. Shibette
Commissioner

Patricia M. Tilley
Director

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

May 18, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend an existing contract with JSI Research & Training Institute, Inc. (VC#161611), Bow, NH, by modifying the scope of services to include additional public health support services, by increasing the price limitation by \$244,906 from \$2,836,829 to \$3,081,735 with no change to the contract completion date of December 31, 2024, effective upon Governor and Council approval. 99% Federal Funds. 1% General Funds.

The original contract was approved by Governor and Council on December 22, 2021, item #35.

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Years 2024 and 2025, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to modify the scope of services to include public health professional support services for the Traveler Health Program and School-Based Inspections and Infection Prevention program, which includes developing and implementing risk and needs assessments; developing training programs and educational materials; planning for statewide conferences and meetings; providing technical assistance to local partners; and providing subject matter expertise. Additionally, the Department is adding Radon Program funds to support work in State Fiscal Year 2022, the original contract included the scope of work and funding for State Fiscal Years 2023 and 2024.

The Contractor will work with the Department to promote COVID-19 prevention mitigation measures, including vaccination and other personal protective measures. The Contractor will hold a virtual meeting with stakeholders regarding COVID-19 prevention mitigation measures, including test and vaccine access, variant surveillance, mitigation measures, and outreach methods. Additionally, the Contractor will develop and implement a training program to address seasonal communicable respiratory diseases prevention in school facility settings, in collaboration with municipal health officers, in at least 20 school buildings in each county. The Contractor will complete the training curriculum in collaboration with the Department by adapting existing

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

educational materials from the NH Department of Education, the Centers for Disease Control and Prevention, and other relevant sources.

The COVID-19 Traveler Health Program, including the education programs and social media campaigns, is expected to reach New Hampshire residents statewide.

The Department will monitor contracted services by ensuring the following performance measures are met:

- A minimum of 85% of participant's rate training programs as not less than 'Very Good' in evaluation surveys.
- A minimum of 85% of conference planning committee member's rate logistical support for conferences as not less than 'Very Good' in evaluation surveys.
- A minimum of 85% of conference participants rate the elements pertaining to conference logistics as not less than 'Very Good' in evaluation surveys.
- A minimum of 85% of workgroup participants rate elements pertaining to workgroup logistics as not less than 'Very Good' in evaluation surveys.
- A minimum of 85% of planning group members rate meeting logistics as no less than 'Very Good' in evaluation surveys.
- A minimum of 90% of all requests for high-priority consultation services are responded to within twenty-four (24) hours.
- A minimum of 90% of all requests for high-priority technical assistance are responded to within twenty-four (24) hours.

As referenced in Exhibit A of the original agreement, the parties have the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is not exercising its option to renew at this time.

Should the Governor and Council not authorize this request, the Department's capacity to provide training, educational materials; and technical assistance information on COVID-19 traveler health and seasonal communicable respiratory diseases prevention will be significantly limited.

Area served: Statewide

Source of Federal Funds: Assistance Listing Number (ALN) #93.069 FAIN NU90TP922018; ALN #93.354 FAIN: NU90TP922144; ALN 93.323, FAIN: NU50CK000522; ALN 66.032, FAIN 0016233

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

Respectfully submitted,

DocuSigned by:
Lori A. Shabinette
248A817E00E8443...

Lori A. Shabinette
Commissioner

05-95-90-901510-7426 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM
ALN 93.070 FAIN N0E1EH001357 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2023	102-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2024	102-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
2025	102-500731	Contracts for Prog Svc	90041000	\$15,000	\$0	\$15,000
			Subtotal	\$60,000	\$0	\$60,000

05-95-90-901510-5390 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, FOOD PROTECTION
37% GENERAL FUNDS, 63% OTHER FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90000022	\$7,500	\$0	\$7,500
2023	102-500731	Contracts for Prog Svc	90000024	\$15,000	\$0	\$15,000
2024	102-500731	Contracts for Prog Svc	90000024	\$15,000	\$0	\$15,000
2025	102-500731	Contracts for Prog Svc	90000024	\$15,000	\$0	\$15,000
			Subtotal	\$52,500	\$0	\$52,500

05-95-90-901510-7964, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PROTECTION
ALN 93.197 FAIN N0E2EH001457 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90036000	\$28,333	\$0	\$28,333
2023	102-500731	Contracts for Prog Svc	90036000	\$65,000	\$0	\$65,000
2024	102-500731	Contracts for Prog Svc	90036000	\$65,000	\$0	\$65,000
2025	102-500731	Contracts for Prog Svc	90036000	\$32,500	\$0	\$32,500
			Subtotal	\$190,833	\$0	\$190,833

05-95-90-901510-7964, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PROTECTION
CFDA 66.605 FAIN 8G00A00731 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90038022	\$80,730	\$0	\$80,730
2023	102-500731	Contracts for Prog Svc	90038022	\$82,165	\$0	\$82,165
2024	102-500731	Contracts for Prog Svc	90038022	\$55,734	\$0	\$55,734
2025	102-500731	Contracts for Prog Svc	90038022	\$27,867	\$0	\$27,867
			Subtotal	\$246,496	\$0	\$246,496

05-95-90-901510-5393, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, RADIOLOGICAL HEALTH ASSESSMENT, CFDA 66.032 FAIN 00162332 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90035100	\$0	\$60,000	\$60,000
2023	102-500731	Contracts for Prog Svc	90035100	\$40,000	\$0	\$40,000
2024	102-500731	Contracts for Prog Svc	90035100	\$40,000	\$0	\$40,000
2025	102-500731	Contracts for Prog Svc	90035100	\$20,000	\$0	\$20,000
			Subtotal	\$100,000	\$60,000	\$160,000

05-95-90-903510-1113, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS, ALN 93.889 FAIN U3REP190580 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Program Services	90077700	\$10,000	\$0	\$10,000

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	\$20,000	\$0	\$20,000
2025	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000	\$0	\$10,000
			Subtotal	\$50,000	\$0	\$50,000

05-95-90-903510-1114, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS, ALN 93.069 FAIN NU90TP922018
69% FEDERAL FUNDS, 31% GENERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$57,500	\$10,026	\$67,526
2023	074-500589	Grants for Pub Asst and Relief	90077410	\$115,000	\$0	\$115,000
2024	074-500589	Grants for Pub Asst and Relief	90077410	\$115,000	\$0	\$115,000
2025	074-500589	Grants for Pub Asst and Relief	90077410	\$57,500	\$0	\$57,500
			Subtotal	\$345,000	\$10,026	\$355,026

05-95-90-902510-2495, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP IMMUNIZATION, ALN 93.268 FAIN NH23IP922595 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90023800	\$150,000	\$0	\$150,000
2023	102-500731	Contracts for Prog Svc	90023800	\$50,000	\$0	\$50,000
2024	102-500731	Contracts for Prog Svc	90023800	\$50,000	\$0	\$50,000
			Subtotal	\$250,000	\$0	\$250,000

05-95-90-902510-5178, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION, ALN 93.268 FAIN NH23IP922595 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000	\$0	\$50,000
2022	102-500731	Contracts for Program Services	90023320	\$75,000	\$0	\$75,000
2023	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000	\$0	\$50,000
2024	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000	\$0	\$50,000
2025	074-500589	Grants for Pub Asst and Relief	90023320	\$25,000	\$0	\$25,000
			Subtotal	\$250,000	\$0	\$250,000

05-95-90-902510-2229, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES, 100% OTHER FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
2023	102-500731	Contracts for Prog Svc	90024600	\$200,000	\$0	\$200,000
2024	102-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
2025	102-500731	Contracts for Prog Svc	90024600	\$100,000	\$0	\$100,000
			Subtotal	\$500,000	\$0	\$500,000

05-95-90-902510-7536, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, STD/HIV PREVENTION, ALN 93.940 FAIN NU62PS924538 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount	Increase/Decrease	Revised Budget
2022	074-500589	Grants for Pub Asst and Relief	90024000	\$82,000	\$0	\$82,000
2023	074-500589	Grants for Pub Asst and Relief	90024000	\$164,000	\$0	\$164,000
2024	074-500589	Grants for Pub Asst and Relief	90024000	\$164,000	\$0	\$164,000
2025	074-500589	Grants for Pub Asst and Relief	90024000	\$82,000	\$0	\$82,000
			Subtotal	\$492,000	\$0	\$492,000

05-95-90-903010-1901, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS; DIVISION OF PUBLIC HEALTH, BUREAU OF
 LABORATORY SERVICES, ELC CARES COVID-19
 ALN 93.323 FAIN NU50CK000522 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase/Decrease	Revised Budget
2022	102-500731	Contracts for Prog Svc	90183518	\$300,000	\$0	\$300,000
			Subtotal	\$300,000	\$0	\$300,000

05-95-90-903510-2468 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS; DIVISION OF PUBLIC HEALTH, BUREAU OF
 EMERGENCY PREPARATION AND RESPONSE, PUBLIC HEALTH CRISIS RSP-ARP
 ALN 93.354 FAIN NU90TP922164 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2022	102-500731	Contracts for Prog Svc	90027500	\$0	\$20,000	\$20,000
2023	102-500731	Contracts for Prog Svc	90027500	\$0	\$75,200	\$75,200
			Subtotal	\$0	\$95,200	\$95,200

05-95-90-9030-2646-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS; DIVISION OF PUBLIC HEALTH, BUREAU OF
 LABORATORY SERVICES, ARP TRAVELERS HEALTH PROJ
 ALN 93.323 FAIN NU50CK000522 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svc	90183558	\$0	\$79,680	\$79,680
			Subtotal	\$0	\$79,680	\$79,680

Total \$2,836,829 \$244,906 \$3,081,735

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

This Amendment to the Public Health Professional Support Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and JSI Research & Training Institute, Inc. d/b/a Community Health Institute ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on December 22, 2021, (Item #35), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, Paragraph 1.3, 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 1.8, Price Limitation, to read:

\$3,081,735

2. Modify Exhibit B, Scope of Services Section 1.9.3.1 to read:

1.9.3.1 The Contractor shall provide access to E-Studio, a web-based collaboration system, in collaboration with the Department.

3. Modify Exhibit B, Scope of Services by adding subsection 1.3.10 Traveler Health Program to read:

1.3.10 Traveler Health Program

1.3.10.1. The Contractor shall conduct outreach and education activities regarding COVID-19 testing and vaccinations for the following stakeholders:

1.3.10.1.1 Travel industry leaders.

1.3.10.1.2 Civil surgeons or other health entities.

1.3.10.1.3 Traveler health clinics.

1.3.10.1.4 Other key stakeholders.

1.3.10.2 The Contractor shall:

1.3.10.2.1 Conduct stakeholder outreach, including, but not limited to.

1.3.10.2.2 Develop educational materials on COVID-19 traveler health, including, but not limited to brochures or other printed materials.

1.3.10.2.3 Conduct one (1) virtual meeting with Stakeholders on the topics that may include, but are not limited to, resource dissemination, test and vaccine access, variant surveillance, mitigation measures, and outreach methods.

1.3.10.3. The Contractor shall plan and implement social media campaigns that shall include:

1.3.10.3.1. COVID-19 prevention and mitigation measures, which includes but are not limited to vaccinations and other personal protective measures.

1.3.10.3.2. Testing requirements for individuals visiting or returning to NH.

1.3.10.4. The Contractor shall support the Department's Traveler Health Communications Specialist by providing logistical support and coordination for at least one (1) virtual training

program tailored to the above stakeholder groups.

4. Modify Exhibit B, Scope of Services by adding subsection 1.3.11 School-Based Inspections and Infection Prevention to read:

1.3.11. School-Based Inspections and Infection Prevention

1.3.11.1. In collaboration with municipal health officers, the Contractor shall develop and implement a training program to address seasonal communicable respiratory diseases prevention in school facility settings in up to 20 school buildings in NH. The Contractor shall:

1.3.11.3.1. Develop and submit a work plan for Department approval within 30 days of the effective date of Amendment #1, which shall include project deliverables, timeline, and responsible parties.

1.3.11.3.2. Develop a training curriculum, in collaboration with the Department, by adapting existing educational materials from the NH Department of Education, the Centers for Disease Control and Prevention (CDC), or other relevant sources. The training curriculum shall include:

1.3.11.3.2.1. A slide deck.

1.3.11.3.2.2. Factsheets.

1.3.11.3.2.3. Respiratory disease prevention checklist.

1.3.11.3.2.4. A school inspection checklist.

1.3.11.3.2.5. Other materials, as needed.

1.3.11.3.3. Design a set of trainings based on adult learning principles to ensure the target audience gains relevant knowledge, problem-solving skills, and confidence to act.

1.3.11.3.4. Coordinate and conduct up to four (4) virtual or in-person training events annually for municipal health officers.

1.3.11.3.5. Evaluate all training programs to measure competencies of participants, including, but not limited to, as a pre- and post-surveys to measure participant knowledge, skills, and confidence to act.

1.3.11.3.6. Collaborate with the Department to implement the school inspection and prevention project within 20 school buildings in order to prevent the spread of seasonal communicable respiratory diseases and improve workforce skills.

1.3.11.3.7. Collaborate with the Department to evaluate the project for changes in process and outcome measures, lessons learned, and complete a final report that details the activities and findings of the intervention.

5. Modify Exhibit C, Payment Terms, Section 1, to read:

1. This Agreement is funded by:

1.1. 2% Environmental Public Health and Emergency Response, as awarded on May 20, 2021, by the United States Department of Health and Human Services (HHS), CFDA 93.070, FAIN# NUE1EH001357-04.

1.2. 8%, Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children, as awarded on 8/5/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.197, FAIN# NUE2EH001457.

1.3. 10%, Performance Partnership Grants, as awarded on 7/14/2021, by the United States Environmental Protection Agency (EPA), CFDA 66.605, FAIN# BG00100731.

03
kr

- 1.4. 7%, State Indoor Radon Grants, as awarded on 9/13/2021, by the United States Environmental Protection Agency (EPA), CFDA 66.032, FAIN# 00162332.
 - 1.5. 2%, National Bioterrorism Hospital Preparedness Program, as awarded on 7/1/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.889, FAIN# U3REO190580.
 - 1.6. 10%, Public Health Emergency Preparedness, as awarded on 5/12/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.069, FAIN# NU90TP922018
 - 1.7. 10%, Immunization Cooperative Agreements, as awarded on 3/31/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.268, FAIN# NH23IP922595.
 - 1.8. 9%, Immunization Cooperative Agreements, as awarded on 7/1/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.268, FAIN# NH23IP922595.
 - 1.9. 19%, HIV Prevention Activities Health Department Based, as awarded on 3/8/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.940, FAIN# NU62PS924538.
 - 1.10. 16%, ELC Enhancing Detection Funding, as awarded on May 18, 2020 by the Center for Disease Control & Prevention (CDC), CFDA 93.323, FAIN# NU50CK000522.
 - 1.11. 5% Federal Funds, Public Health Emergency Response, as awarded on May 18, 2021, by the United States Department of Health and Human Services (HHS), CFDA 93.354, FAIN # NU90TP922144
 - 1.12. 2% General funds.
6. Modify Exhibit B, Payment Terms, Section 3, to read:
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 item, as specified in Exhibits C-1, Budget through Exhibit C-49, Amendment #1 Budget, which is attached hereto and incorporated by reference herein.]]
7. Modify Exhibit I Business Associate Agreement in it's entirety with Exhibit I Business Associate Agreement Amendment #1, which is attached hereto and incorporated by reference herein.]

03
kr

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

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

State of New Hampshire
Department of Health and Human Services

5/19/2022

Date

DocuSigned by:
Iain Watt
07708BA3F970ACT
Name: Iain Watt
Title: Deputy Director - DPHS

JSI Research & Training Institute, Inc. d/b/a Community Health Institute

5/19/2022

Date

DocuSigned by:
Katie Robert
790C71F461433
Name: Katie Robert
Title: Director

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

OFFICE OF THE ATTORNEY GENERAL

5/24/2022

Date

DocuSigned by:
Robyn Guarino

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit C-45 Amendment #1 Budget

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name: <u>JSI Research & Training Institute, Inc.</u>	
Budget Request for: <u>HAI</u>	
Budget Period <u>July 1, 2022 - June 30, 2023</u>	
Indirect Cost Rate (if applicable) <u>27.68%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$24,321
2. Fringe Benefits	\$11,406
3. Consultants	\$0
4. Equipment	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/Communicatio	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	
Other (please specify)	\$0
Meeting & Event Expenses	\$30,000
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$65,727
Total Indirect Costs	\$13,953
TOTAL	\$79,680

Exhibit C-46 Amendment #1 Budget

New Hampshire Department of Health and Human Services Complete one budget form for each budget period. Contractor Name: <u>JSI Research & Training Institute, Inc.</u> Budget Request for: <u>Public Health Emergency Preparedness</u> Budget Period <u>April 1, 2022 - June 30, 2022</u> Indirect Cost Rate (If applicable) <u>17.51%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$0
2. Fringe Benefits	\$0
3. Consultants	\$0
4. Equipment	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	
Education & Outreach	\$8,270
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$8,270
Total Indirect Costs	\$1,756
TOTAL	\$10,026

OS
kr

5/19/2022

Exhibit C-47 Amendment #1 Budget

New Hampshire Department of Health and Human Services	
<i>Complete one budget form for each budget period.</i>	
Contractor Name: <u>JSI Research & Training Institute, Inc.</u>	
Budget Request for: <u>Public Health Crisis</u>	
Budget Period <u>April 1, 2022 - June 30, 2022</u>	
Indirect Cost Rate (if applicable) <u>17.51%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$11,162
2. Fringe Benefits	\$5,235
3. Consultants	\$0
4. Equipment	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/Communications	\$0
8. (b) Other - Education and Training	\$100
8. (c) Other - Other (specify below)	
<i>Other (please specify)</i>	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$16,498
Total Indirect Costs	\$3,502
TOTAL	\$20,000

DS
LR

Exhibit C-48 Amendment #1 Budget

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name: <u>JSI Research & Training Institute, Inc.</u>	
Budget Request for: <u>Public Health Crisis</u>	
Budget Period <u>July 1, 2022 - June 30, 2023</u>	
Indirect Cost Rate (if applicable) <u>27.68%</u>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$35,726
2. Fringe Benefits	\$16,756
3. Consultants	\$0
4. Equipment	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$300
7. Software	\$0
8. (a) Other - Marketing/Communicatio	\$0
8. (b) Other - Education and Training	\$1,000
8. (c) Other - Other (specify below)	
Other (please specify)	\$0
9. Subrecipient Contracts	\$10,000
Total Direct Costs	\$63,782
Total Indirect Costs	\$11,418
TOTAL	\$75,200

Exhibit C-49 Amendment #1 Budget

New Hampshire Department of Health and Human Services Complete one budget form for each budget period. Contractor Name: <i>JSI Research & Training Institute, Inc.</i> Budget Request for: <i>Radon</i> Budget Period <i>April 1, 2022 - June 30, 2022</i> Indirect Cost Rate (if applicable) <i>17.51%</i>	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$25,182
2. Fringe Benefits	\$11,810
3. Consultants	\$0
4. Equipment	\$0
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$0
7. Software	\$0
8. (a) Other - Marketing/Communications	\$0
8. (b) Other - Education and Training	\$0
8. (c) Other - Other (specify below)	\$12,500
<i>Meeting/Training Costs, Promotion, Ship</i>	
<i>Other (please specify)</i>	\$0
<i>Other (please specify)</i>	\$0
<i>Other (please specify)</i>	\$0
9. Subrecipient Contracts	\$0
Total Direct Costs	\$49,493
Total Indirect Costs	\$10,507
TOTAL	\$60,000

New Hampshire Department of Health and Human Services



Exhibit I

BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement (Form P-37) ("Agreement") agrees, to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191, the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162, and 164 (HIPAA), provisions of the HITECH Act, Title XIII, Subtitle D, Parts 1&2 of the American Recovery and Reinvestment Act of 2009, 42 USC 17934, et sec., applicable to business associates, and as applicable, to be bound by the provisions of the Confidentiality of Substance Use Disorder Patient Records, 42 USC s. 290 dd-2, 42 CFR Part 2, (Part 2), as any of these laws and regulations may be amended from time to time.

(1) Definitions.

a. "Business Associate" shall mean the Contractor and its agents who receive, use, or have access to protected health information (PHI) as defined in this Business Associate Agreement ("BAA") and the Agreement, and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

b. The following terms have the same meaning as defined in HIPAA, the HITECH Act, and Part 2, as they may be amended from time to time:

"Breach," "Covered Entity," "Designated Record Set," "Data Aggregation,"
"Designated Record Set," "Health Care Operations," "HITECH Act," "Individual,"
"Privacy Rule," "Required by law," "Security Rule," and "Secretary."

c. "Protected Health Information" ("PHI") as used in the Agreement and the BAA, means protected health information defined in HIPAA 45 CFR 160.103, limited to the information created, received, or used by Business Associate from or on behalf of Covered Entity, and includes any Part 2 records relating to substance use disorder, if applicable, as defined below.

d. "Part 2 record" means any patient "Record," relating to a "Patient," and "Patient Identifying Information," as defined in 42 CFR Part 2.11.

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

New Hampshire Department of Health and Human Services



Exhibit I

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

- a. Business Associate shall not use, disclose, maintain, store, or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit B, Scope of Services, of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPAA and 42 CFR Part 2, and not use, disclose, maintain, store, or transmit PHI in any manner that would constitute a violation of HIPAA or 42 CFR Part 2.
- b. Business Associate may use or disclose PHI, as applicable:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph c. and d. below;
 - III. According to the HIPAA minimum necessary standard; and
 - IV. For data aggregation purposes for the health care operations of the Covered Entity.
- c. To the extent Business Associate is permitted under the BAA or the Agreement to disclose PHI to any third party or subcontractor, prior to making any disclosure, the Business Associate must obtain, a business associate agreement with the third party or subcontractor, that complies with HIPAA and ensures that all requirements and restrictions placed on the Business Associate as part of this BAA with the Covered Entity, are included in those business associate agreements with the third party or subcontractor.
- d. The Business Associate shall not, disclose any PHI in response to a request or demand for disclosure, such as by a subpoena or court order, on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity can determine how to best protect the PHI. If Covered Entity objects to the disclosure, the Business Associate agrees to refrain from disclosing the PHI and shall cooperate with the Covered Entity in any effort the Covered Entity undertakes to contest the request for disclosure, subpoena, or other legal process. If applicable relating to Part 2 records, the Business Associate shall resist any efforts to access part 2 records in any judicial proceeding.

(3) Obligations and Activities of Business Associate.

- a. Business Associate shall implement appropriate safeguards to prevent unauthorized use or disclosure of all PHI in accordance with HIPAA Privacy Rule and Security Rule with regard to electronic PHI, and Part 2, as applicable.
- b. The Business Associate shall immediately notify the Covered Entity's Privacy Officer at the following email address, DHHSPrivacyOfficer@dhhs.nh.gov after the Business Associate has determined that any use or disclosure not provided for by its contract, including any known or suspected privacy or security incident or breach has occurred

Updated - 2.28.22

03
68

5/19/2022

New Hampshire Department of Health and Human Services



Exhibit I

potentially exposing or compromising the PHI. This includes inadvertent or accidental uses or disclosures or breaches of unsecured protected health information.

- c. In the event of a breach, the Business Associate shall comply with the terms of this Business Associate Agreement, all applicable state and federal laws and regulations and any additional requirements of the Agreement.
- d. The Business Associate shall perform a risk assessment, based on the information available at the time it becomes aware of any known or suspected privacy or security breach as described above and communicate the risk assessment to the Covered Entity. The risk assessment shall include, but not be limited to:
 - I. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - II. The unauthorized person who accessed, used, disclosed, or received the protected health information;
 - III. Whether the protected health information was actually acquired or viewed; and
 - IV. How the risk of loss of confidentiality to the protected health information has been mitigated.
- e. The Business Associate shall complete a risk assessment report at the conclusion of its incident or breach investigation and provide the findings in a written report to the Covered Entity as soon as practicable after the conclusion of the Business Associate's investigation.
- f. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the US Secretary of Health and Human Services for purposes of determining the Business Associate's and the Covered Entity's compliance with HIPAA and the Privacy and Security Rule, and Part 2, if applicable.
- g. Business Associate shall require all of its business associates that receive, use or have access to PHI under the BAA to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)n, and an agreement that the Covered Entity shall be considered a direct third party beneficiary of the Business Associate's business associate agreements with Business Associate's intended business associates, who will be receiving PHI pursuant to this BAA, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- h. Within ten (10) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all

Updated - 2.28.22

DS
LR

5/19/2022

New Hampshire Department of Health and Human Services



Exhibit I

records, books, agreements; policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the BAA and the Agreement.

- i. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- j. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- k. Business Associate shall document any disclosures of PHI and information related to any disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- l. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- m. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- n. Within thirty (30) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-ups of such PHI in any form or platform.
 1. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for as long as the Business Associate

Updated - 2.28.22

DS
LR

5/19/2022

New Hampshire Department of Health and Human Services



Exhibit I

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

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI. A current version of Covered Entity's Notice of Privacy

Practices and any changes thereto will be posted on the Covered Entity's website:
<https://www.dhhs.nh.gov/oos/hipaa/publications.htm>

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

(5) Termination of Agreement for Cause

In addition to Paragraph 9 of the General Provisions (P-37) of the Agreement, the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a material breach by Business Associate of the Business Associate Agreement. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity.

(6) Miscellaneous

- a. Definitions, Laws, and Regulatory References. All laws and regulations used, herein, shall refer to those laws and regulations as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in HIPAA or 42 Part 2, means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the BAA, from time to time as is necessary for Covered Entity and/or Business Associate to comply with the changes in the requirements of HIPAA, 42 CFR Part 2 other applicable federal and state law.

Updated - 2.28.22

DS
ER

5/19/2022

New Hampshire Department of Health and Human Services



Exhibit I

- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the BAA and the Agreement shall be resolved to permit Covered Entity and the Business Associate to comply with HIPAA and 42 CFR Part 2.
- e. Segregation. If any term or condition of this BAA or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this BAA regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the BAA in section (3) n.l., the defense and indemnification provisions of section (3) g. and Paragraph 13 of the General Provisions (P-37) of the Agreement, shall survive the termination of the BAA

IN WITNESS WHEREOF, the parties hereto have duly executed this Business Associate Agreement.

Department of Health and Human Services

The State

DocuSigned by:

Iain Watt

Signature of Authorized Representative

Iain watt

Name of Authorized Representative

Deputy Director - OPMS

Title of Authorized Representative

5/19/2022

Date

JSI Research & Training Institute, Inc.

Name of the Contractor

DocuSigned by:
Katie Robert

Signature of Authorized Representative

Katie Robert

Name of Authorized Representative

Director

Title of Authorized Representative

5/19/2022

Date

RCVD
35
mac



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

Loel A. Shilbinette
Commissioner

Patricia A. Tilley
Director

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

December 7, 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 of Public Health Services, to enter into a contract with JSI Research & Training Institute, Inc. (VC#161611-B0001), Bow, NH, in the amount of \$2,836,829, to provide a broad range of public health support services, with the option to renew for up to four (4) additional years, effective January 1, 2022 or upon Governor and Council approval, whichever is later, through December 31, 2024. 77% Federal Funds, 4% General Funds, 19% Other Funds (Pharmaceutical Rebates and Food Protection Fees).

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Years 2024 and 2025, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to provide a broad range of public health professional support services that includes, but is not limited to: developing and implementing risk and needs assessments; training programs; developing educational materials; planning for large statewide conferences as well as smaller meetings and conference; providing technical assistance to local partners; and providing subject matter expertise.

All New Hampshire residents may be reached through these efforts, specifically the education programs related to radon, lead poisoning, and immunizations.

The Contractor will provide support to the following programs:

- **Public Health Preparedness** – Professionals trained in emergency preparedness and response, including disease investigations, contact tracing and training programs for public health responders.
- **Radon Program** – Development and delivery of stakeholder engagement; public outreach and education, and an inventory of existing municipal policies and ordinances.

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

- **Healthy Homes and Lead Poisoning Prevention Program** – Ongoing outreach and education to stakeholders that include medical providers, families living in pre-1978 properties with children 72 months and younger, contractors, and landlords.
- **Immunization Program** – An Immunization Coalition with the goal of developing education and outreach tools for medical professionals and the general public.
- **HIV Prevention Program** – Procurement, management and self-testing HIV kits and other prevention supplies to individuals and develop and maintain an online ordering system to request these items.
- **Food Protection** –Food Service Establishment training for inspections in municipalities that are classified as self-inspecting.

The Department will monitor contracted services by ensuring the following performance measures are met:

- A minimum of 85% of participant's rate training programs as not less than 'Very Good' in evaluation surveys.
- A minimum of 85% of conference planning committee member's rate logistical support for conferences as not less than 'Very Good' in evaluation surveys.
- A minimum of 85% of conference participants rate the elements pertaining to conference logistics as not less than 'Very Good' in evaluation surveys.
- A minimum of 85% of workgroup participants rate elements pertaining to workgroup logistics as not less than 'Very Good' in evaluation surveys.
- A minimum of 85% of planning group members rate meeting logistics as no less than 'Very Good' in evaluation surveys.
- A minimum of 90% of all requests for high-priority consultation services are responded to within twenty-four (24) hours.
- A minimum of 90% of all requests for high-priority technical assistance are responded to within twenty-four (24) hours.

The Department selected the Contractor through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from October 6, 2021 through November 8, 2021. The Department received one (1) response that was reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

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

Should the Governor and Council not authorize this request, there will be a reduction in the capacity to provide training to a range of public health partners on multiple health topics; host large scale conferences; develop plans to evaluate the effectiveness of services; develop and produce educational materials; and provide technical assistance to local and state partners.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number CFDA 93.070, FAIN# NUE1EH001357-04; CFDA 93.197, FAIN#NUE2EH001457; CFDA 66.605, FAIN# BG00A00731; CFDA 66.032, FAIN# 00162332; CFDA 93.889, FAIN# U3REP190580; CFDA 93.069, FAIN#

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

NU90TP922018; CFDA 93.268, FAIN# NH23IP922595; CFDA 93.268, FAIN# NH23IP922595;
CFDA 93.940, FAIN# NU62PS924538; and CFDA 93.323, FAIN# NU50CK000522.

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

Respectfully submitted,

DocuSigned by:
Lori A. Shibinette
3-0A037E08E0488..

Lori A. Shibinette
Commissioner

05-95-90-901510-7426 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM CFDA 93.070
 FAIN NUE1EH001357-04 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	90041000	\$15,000
2023	102-500731	Contracts for Prog Svc	90041000	\$15,000
2024	102-500731	Contracts for Prog Svc	90041000	\$15,000
2025	102-500731	Contracts for Prog Svc	90041000	\$15,000
			<i>Subtotal</i>	<i>\$60,000</i>

\$60,000

05-95-90-901510-5390 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, FOOD PROTECTION 37% GENERAL FUNDS, 63% OTHER FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog SVC	90000022	\$7,500
2023	102-500731	Contracts for Prog Svc	90000022	\$15,000
2024	102-500731	Contracts for Prog Svc	90000022	\$15,000
2025	102-500731	Contracts for Prog Svc	90000022	\$15,000
			<i>Subtotal</i>	<i>\$52,500</i>

\$52,500

05-95-90-901510-7964, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PROTECTION CFDA 93.197 FAIN NUE2EH001457 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	90036000	\$28,333
2023	102-500731	Contracts for Prog Svc	90036000	\$65,000
2024	102-500731	Contracts for Prog Svc	90036000	\$65,000
2025	102-500731	Contracts for Prog Svc	90036000	\$32,500
			<i>Subtotal</i>	<i>\$190,833</i>

\$190,833

05-95-90-901510-7964, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, LEAD PROTECTION PPG CFDA 66.605 FAIN BG00A00731 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	90038022	\$80,730
2023	102-500731	Contracts for Prog Svc	90038022	\$82,165
2024	102-500731	Contracts for Prog Svc	90038022	\$55,734
2025	102-500731	Contracts for Prog Svc	90038022	\$27,867
			<i>Subtotal</i>	<i>\$246,496.00</i>

\$246,496

05-95-90-901510-5391, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, RADIOLOGICAL HEALTH
ASSESSMENT, CFDA 66.032 FAIN 00162332 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	90035100	\$0
2023	102-500731	Contracts for Prog Svc	90035100	\$40,000
2024	102-500731	Contracts for Prog Svc	90035100	\$40,000
2025	102-500731	Contracts for Prog Svc	90035100	\$20,000
			<i>Subtotal</i>	<i>\$100,000</i>

\$100,000

05-95-90-903510-1113, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL
PREPAREDNESS, CFDA 93.889 FAIN U3REP190580 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Program Services	90077700	\$10,000
2023	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	\$20,000
2025	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000
			<i>Subtotal</i>	<i>\$50,000</i>

05-95-90-903510-1114, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY
PREPAREDNESS, CGDA 93.069 FAIN NU90TP922018
69% FEDERAL 31% GENERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	074-500589	Grants for Pub Asst and Relief	90077410	\$57,500
2023	074-500589	Grants for Pub Asst and Relief	90077410	\$115,000
2024	074-500589	Grants for Pub Asst and Relief	90077410	\$115,000
2025	074-500589	Grants for Pub Asst and Relief	90077410	\$57,500
			<i>Subtotal</i>	<i>\$345,000</i>

05-95-90-902510-2496, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP IMMUNIZATION, CFDA
93.268 FAIN NH23IP922595 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	90023800	\$150,000
2023	102-500731	Contracts for Prog Svc	90023800	\$50,000
2024	102-500731	Contracts for Prog Svc	90023800	\$50,000
			<i>Subtotal</i>	<i>\$250,000</i>

05-95-90-902510-5178, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION,
CFDA 93.268 FAIN NH23IP922595 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000
2022	102-500731	Contracts for Program Services	90023320	\$75,000
2023	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000
2024	074-500589	Grants for Pub Asst and Relief	90023320	\$50,000
2025	074-500589	Grants for Pub Asst and Relief	90023320	\$25,000
			<i>Subtotal</i>	<i>\$250,000</i>

05-95-90-902510-2229, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PHARMACEUTICAL REBATES,
 100% OTHER

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	90024600	\$100,000
2023	102-500731	Contracts for Prog Svc	90024600	\$200,000
2024	102-500731	Contracts for Prog Svc	90024600	\$100,000
2025	102-500731	Contracts for Prog Svc	90024600	\$100,000
			<i>Subtotal</i>	<i>\$500,000</i>

05-95-90-902510-7536, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
 DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, STD/HIV PREVENTION, CFDA
 93.940 FAIN NU62PS924538 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	074-500589	Grants for Pub Asst and Relief	90024000	\$82,000
2023	074-500589	Grants for Pub Asst and Relief	90024000	\$164,000
2024	074-500589	Grants for Pub Asst and Relief	90024000	\$164,000
2025	074-500589	Grants for Pub Asst and Relief	90024000	\$82,000
			<i>Subtotal</i>	<i>\$492,000</i>

05-95-90-903010-1901, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS;
 DIVISION OF PUBLIC HEALTH, BUREAU OF LABORATORY SERVICES, ELC CARES COVID-19
 CFDA 93.323 FAIN NU50CK000522 100% FEDERAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	90183518	\$300,000
			<i>Subtotal</i>	<i>\$300,000</i>

Total **\$2,836,829.00**

DocuSign Envelope ID: 2294EDAF-E112-48F8-8C50-0827E86EC09A

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

Project ID # RFA-2022-DPHS-03-PUBLIC
Project Title Public Health Professional Support Services

	Maximum Points Available	JSI
Technical		
Experience Q1	30	30
Ability Q2	40	38
Capacity Q3	30	29
Knowledge Q4	60	48
TOTAL POINTS	160	145

Reviewer Name	Title
1. Craig Beaulac	Administrator III
2. Karina Hansen	Administrator III
3. Anne Marie Mercuri	Administrator III
4. Loraine Mohr	Public Health Program Manager
5. Stephanie Locke	Administrator III

Subject: Public Health Professional Support Services (RFA-2022-DPHS-05-PUBLIC)

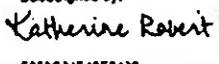
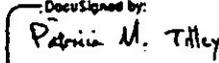
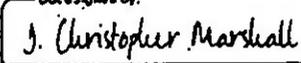
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name JSI Research & Training Institute, Inc.		1.4 Contractor Address 501 South Street, 2nd Fl Bow NH 03304	
1.5 Contractor Phone Number (603) 573-3300	1.6 Account Number See attached.	1.7 Completion Date December 31, 2024	1.8 Price Limitation \$2,836,829
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 12/6/2021		1.12 Name and Title of Contractor Signatory Katherine Robert Director	
1.13 State Agency Signature DocuSigned by:  Date: 12/6/2021		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 12/7/2021			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

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

DS
KR

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

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

9. TERMINATION.

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

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

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

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

DS
✓

Contractor Initials

Date 12/6/2021

Public Health Professional Support Services (RFA-2022-DPHS-05-PUBLIC)

Account Numbers:

05-95-90-901510-7426

05-95-90-901510-5390

05-95-90-901510-7964

05-95-90-901510-7964

05-95-90-901510-5391

05-95-90-903510-1113

05-95-90-903510-1114

05-95-90-902510-2496

05-95-90-902510-5178

05-95-90-902510-2229

05-95-90-902510-7536

05-95-90-903010-1901

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services
EXHIBIT A**

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

- 1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:
- 1.2. Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective upon G&C approval or January 1, 2022, whichever is later.
- 1.3. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:
 - 3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.
- 1.4. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:
 - 12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall provide a broad range of public health professional support services including, but not limited to:

- 1.1.1. Conducting needs assessments to determine specific professional development needs.
- 1.1.2. Developing and implementing prevention-focused training programs;
- 1.1.3. Providing logistical support for conferences and meetings.
- 1.1.4. Providing technical assistance ensuring subject matter experts are available to the Department and its Contractors.
- 1.1.5. Developing educational materials.
- 1.1.6. Developing and implementing evaluation plans.
- 1.1.7. Assisting the Department with updating strategic plans.
- 1.1.8. Ensuring the efficient use of resources.

1.2. The Contractor shall provide services to increase the capacity of local, regional and state-level public health practitioners to provide high-quality public health services by:

- 1.2.1. Coordinating an ongoing community-based human immunodeficiency virus (HIV) planning group;
- 1.2.2. Developing and implementing a variety of training programs;
- 1.2.3. Developing evaluation plans;
- 1.2.4. Facilitating several conference planning groups and providing logistical support services for these conferences; and
- 1.2.5. Providing technical assistance to the Department and its Contractors, as determined by the Department.

1.3. **Evaluation of Needs Assessments and Development and Implementation of Integrated Planning Infectious Disease Prevention, Investigation & Care**

1.3.1. HIV Comprehensive Needs Assessment (HIV-CNA)

1.3.1.1. The Contractor shall review the completed, published FY 2020 HIV Comprehensive Needs Assessment (HIV-CNA), as provided by the Department, and ensure that it is in compliance according to the CY 2022-2026 Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention (DHAP) and Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Integrated

DS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

Prevention and Care Plan Guidance, and the rules, regulations, and policies outlined by the HRSA, the CDC, and the Department.

1.3.1.2. The Contractor shall incorporate the HIV-CNA into the NH integrated HIV Prevention and Care Plan development, including:

1.3.1.2.1. Information from the most recent HIV-CNA regarding People Living with HIV/AIDS (PLWHA) as well as from their families and caregivers in order to identify common themes and trends outlined in data including, but not limited to:

1.3.1.2.1.1. Qualitative feedback from the needs assessment; and

1.3.1.2.1.2. Survey item responses previously conducted with targeted statewide populations including, but not limited to, individuals who:

1.3.1.2.1.2.1. Are in or out of HIV medical care; and

1.3.1.2.1.2.2. Have comorbidities that may include, but are not limited to, tuberculosis, sexually transmitted diseases, Hepatitis C, mental illness, and/or substance use disorders.

1.3.1.2.2. Priority PLWHA population data included in the needs assessment.

1.3.1.2.3. Services identified in the inventory of resources are accessible, available, appropriate, affordable, and acceptable to PLWHA. The Contractor shall:

1.3.1.2.3.1.1. Estimate how much of each service can be provided; and

1.3.1.2.3.1.2. Assess how well providers provide services, including expertise of agency staff and its accessibility.

1.3.1.3. The Contractor shall comply with all applicable responsibilities outlined in the HRSA National Monitoring Standards, as instructed by the Department.

1.3.1.4. The Contractor shall ensure the HIV-CNA Report complies with needs assessment principles and strategies outlined in the Ryan White HIV/AIDS Program Part B Manual and by the Department.

1.3.1.5. The Contractor shall review and include in the NH Integrated HIV Prevention and Care Plan development, all specific components as outlined and detailed by HRSA, the CDC, and the Department including, but not limited to:

08
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.3.1.5.1. Epidemiologic Overview;
- 1.3.1.5.2. HIV Care Continuum;
- 1.3.1.5.3. Financial and Human Resources Inventory;
- 1.3.1.5.4. Assessment of Needs, Gaps, and Barriers;
- 1.3.1.5.5. Data Access, Sources, and Systems; and
- 1.3.1.5.6. Epidemiological Profile Report.
- 1.3.1.6. The Contractor shall review HIV surveillance data, as provided by the Bureau of Infectious Disease Control (BIDC).
- 1.3.1.7. The Contractor shall review and include in the NH Integrated HIV Prevention and Care Plan development process, the FY 2020 epidemiological profile report including:
 - 1.3.1.7.1. Pertinent information including, but not limited to, prevalence, incidence, and unmet need data by:
 - 1.3.1.7.1.1. Age.
 - 1.3.1.7.1.2. Gender.
 - 1.3.1.7.1.3. Race/ethnicity.
 - 1.3.1.7.1.4. Transmission mode.
 - 1.3.1.7.1.5. Geographic area.
 - 1.3.1.7.1.6. Descriptive trends in HIV and associated comorbidities since case reporting by name began in 2005.
- 1.3.1.8. The Contractor shall ensure the profile that projects the status of the HIV epidemic, statewide, over the next three (3) to five (5) years, includes comorbidities which may include, but are not limited to:
 - 1.3.1.8.1. Sexually Transmitted Diseases (STDs).
 - 1.3.1.8.2. Tuberculosis (TB).
 - 1.3.1.8.3. Hepatitis associated with the HIV/AIDS epidemic in NH.
- 1.3.1.9. The Contractor shall review and incorporate into the New Hampshire Integrated HIV Prevention and Care Plan development process community population estimates which include, but are not limited to:
 - 1.3.1.9.1. The number of individuals diagnosed and living with HIV/AIDS within each Public Health Region;
 - 1.3.1.9.2. A comparison of the rate and percentages for the state; and

os
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.3.1.9.3. A description of individuals at-risk for HIV infection based on rates of sexually transmitted diseases.
- 1.3.1.10. The Contractor shall review and evaluate options for meeting service needs by:
- 1.3.1.10.1. Maximizing identified resources;
 - 1.3.1.10.2. Identifying barriers to resources; and
 - 1.3.1.10.3. Overcoming identified barriers, including coordinating Ryan White and HIV Prevention services with other health care delivery systems.
- 1.3.1.11. The Contractor shall present recommendations for improving service delivery, bridging gaps, and reducing duplicative services within the Ryan White and HIV Prevention service delivery system, as appropriate. The Contractor shall:
- 1.3.1.11.1. Provide a written assessment of service gaps and unmet needs, in an electronic format acceptable to the Department, for Department review and approval upon a mutually agreed timeframe.
- 1.3.1.12. The Contractor shall make recommendations for future gap analysis with emphasis on perceived and unmet needs statewide. The Contractor shall:
- 1.3.1.12.1. Develop a strategy for meeting training, education, and capacity needs of HIV providers, as identified by the assessment of service gaps and/or unmet needs.
 - 1.3.1.12.2. Provide a written strategy for meeting the needs of HIV providers, as identified by the assessment of service gaps and unmet needs, in an electronic format acceptable to the Department, for review and approval no later than August 31, 2022.
- 1.3.1.13. The Contractor shall make an in-person or virtual, as mutually agreed upon, presentation on the final Epidemiological Profile report to the Department no later than June 30, 2022.
- 1.3.2. Integrated HIV Prevention and Care Planning
- 1.3.2.1. The Contractor shall incorporate the HIV-CNA1.1 as described in Section 1.6.1. into the New Hampshire Integrated HIV Prevention and Care Plan development.
 - 1.3.2.2. The Contractor shall conduct the following activities:

DS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.3.2.2.1. Coordinate stakeholder engagement, including logistical planning of meetings and distribution of minutes and information as needed.
- 1.3.2.2.2. Maintain documentation of project in a shared, secure file with DPHS.
- 1.3.2.2.3. Coordinate quarterly meetings, including all logistics for all project and stakeholder meetings.
- 1.3.2.2.4. Comply with the rules, regulations, and policies as outlined by HRSA, Department, and BIOC.
- 1.3.2.3. The Contractor shall comply with legislative and programmatic planning requirements as outlined in the HRSA National Monitoring Standards, and as instructed by the Department. Universal, fiscal, and program monitoring standards, and NH CARE Standards of Care are available through the Department and at: <https://www.dhhs.nh.gov/dphs/bchs/std/provider-info.htm>.
- 1.3.2.4. The Contractor shall:
 - 1.3.2.4.1. Review funder requirements (CDC and HRSA) for a Statewide Comprehensive Integrated HIV Prevention and Care Plan, available through the Department and online at: <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf>.
 - 1.3.2.4.2. Review available and relevant literature and data for HIV services in NH, including the Statewide Coordinate Statement of Need (SCSN) and the HIV National Strategic Plan.
 - 1.3.2.4.3. Share literature and data with key stakeholders, collect feedback, and make recommendations for plan deliverables.
 - 1.3.2.4.4. Develop a five key phases of integrated planning to ensure objectives are met.
- 1.3.2.5. The Contractor shall determine and plan submission requirements including a final published report according to the CY 2022-2026 CDC DHAP and HRSA H&B Integrated Prevention and Care Plan Guidance (see Checklist, Appendix 1 for project outline) which can be reviewed at

OS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

<https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf>

1.3.3. Environmental Public Health Tracking Program

1.3.3.1. The Contractor shall provide logistical support, including but not limited to: meeting planning, participant list development, invitation creation and distribution, meeting hosting, and a written summary for at least one focus group to conduct user testing of National Environmental Public Health Tracking (EPHT) Network data products that will guide future product development.

1.3.4. Development and Implementation of Prevention-Focused Training Programs General Training Requirements

1.3.4.1. The Contractor shall consult with the Department subject matter experts to develop and/or implement program-specific training programs for all programs described in this Contract.

1.3.4.2. The Contractor will ensure training programs are based on adult learning theories utilizing various training modalities in order to maximize reach.

1.3.4.3. The Contractor will ensure training modalities include, but are not limited to:

1.3.4.3.1. In-classroom/virtual sessions.

1.3.4.3.2. Web-based training.

1.3.4.3.3. Train-the-trainer sessions.

1.3.4.3.4. IDPICSS.

1.3.4.4. The Contractor shall assist with maintaining ongoing Infectious Disease Prevention, Investigation and Care Services Section (IDPICSS) provider training programs in consultation with IDPICSS as defined in Section 1.13.1.

1.3.5. Food Protection Section (FPS)

1.3.5.1. The Contractor shall, in consultation with FPS staff, develop training curricula and standard operating procedures for FPS staff and Food Service Establishment (FSE) inspectors in municipalities that are classified as self-inspecting.

1.3.5.2. The Contractor shall, in consultation with FPS staff, develop training curricular for staff from state agencies who conduct food safety inspections as on component of a more

03
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

comprehensive operational inspection for Department staff.

1.3.5.3. The Contractor will, in consultation with FPS staff, develop training curricula for Food Service Workers including, but not limited to. Individuals who work in or for:

1.3.5.3.1. Restaurants.

1.3.5.3.2. Retail food stores.

1.3.5.3.3. Schools.

1.3.5.3.4. Caterers.

1.3.6. Public Health Emergency Preparedness

1.3.6.1. The Contractor shall develop and implement training programs for Regional Public Health Network (RPHN) emergency preparedness coordinators, either in-person or web-based at the direction of the Department, including but not limited to:

1.3.6.1.1. New Hire orientation.

1.3.6.1.2. Continuing education.

1.3.6.1.3. Operational Readiness Review (ORR) requirements.

1.3.6.2. The Contractor shall develop and implement training programs for individuals who are engaged in regional PHEP planning and response including, but not limited to:

1.3.6.2.1. State employees.

1.3.6.2.2. Local municipal officials.

1.3.6.2.3. Healthcare preparedness personnel.

1.3.6.2.4. Volunteers.

1.3.6.3. The Contractor shall provide logistical support for Laboratory Response Network Trainings sponsored by the Public Health Laboratories, as needed.

1.3.6.4. The Contractor shall participate in the State Training and Exercise Program (STEP) workgroup that is convened by the Department.

1.3.6.5. The Contractor shall support the Bureau of Emergency Preparedness, Response, and Recovery (BEPRR) Volunteer Coordinator as requested. Responsibilities may include, but are not limited to:

DS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.3.6.5.1. Coordinating regional training for volunteers.
- 1.3.6.5.2. Coordinating the annual integrated volunteer conference, per the tasks noted in Section 1.13.1.
- 1.3.6.5.3. Planning and conducting quarterly meetings of Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) leaders statewide.

1.3.7. Healthy Homes and Lead Poisoning Prevention Programs

- 1.3.7.1. The Contractor shall support the outreach and education activities of the program's Health Promotion Advisor as they pertain to the medical and early childhood education community.
- 1.3.7.2. The Contractor shall support the program's Health Educator by providing logistical support and coordination for two (2) virtual training programs, annually, made available to local Health Officers.

1.3.8. Environmental Public Health Tracking Program (EPHT)

- 1.3.8.1. The Contractor shall work with the program to implement virtual training sessions and materials on the new data portal to the Regional Public Health Networks which shall include:
 - 1.3.8.1.1. Providing a minimum of four (4) virtual training sessions to the thirteen (13) Regional Public Health Networks; and
 - 1.3.8.1.2. Developing a how-to guide for users of the DHHS Data Portal. The guide will include, but not be limited to, search, export, confidence intervals, trends, and geographies.

1.3.9. Radon Program

- 1.3.9.1. The Contractor shall support the outreach and education activities of the program as they pertain to radon resistant new home construction using methods which shall include, but are not limited to:
 - 1.3.9.1.1. Stakeholder outreach.
 - 1.3.9.1.2. Brochures or other printed materials.
 - 1.3.9.1.3. Three (3) virtual meetings that will target contractors, home builders, home buyers, and

ds
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

realtors and provide continuing education credits, if applicable. Topics may include, but are not limited to: new radon resistant technologies, policy and advocacy, cost vs. mitigation, and working with home buyers and realtors.

1.3.9.2. The Contractor shall support the outreach and education activities of the program as they pertain to real estate professionals using methods which shall include, but are not limited to:

1.3.9.2.1. Stakeholder outreach.

1.3.9.2.2. Brochures or other printed materials.

1.3.9.2.3. Two (2) virtual meetings, including credits, if applicable.

1.3.9.3. The Contractor shall plan and implement social media campaigns which shall include:

1.3.9.3.1. Radon awareness training for new home buyers;

1.3.9.3.2. Radon awareness training for real estate professional; and

1.3.9.3.3. Radon awareness training for real estate development contractors.

1.3.9.4. The Contractor shall support the program's Health Educator by providing logistical support and coordination for two (2) virtual, annually, training programs made available to local Health Officers.

1.4. Logistical Support for Conferences, Meetings, and Planning Groups

1.4.1. General Logistical Support for Conferences

1.4.1.1. The Contractor shall provide logistical support for conferences, as approved by the Department, which shall include, but is not limited to:

1.4.1.1.1. Convening, facilitating, and documenting meetings of each conference planning team.

1.4.1.1.2. Developing the conference agenda in coordination with planning teams.

1.4.1.1.3. Compiling e-mail lists to promote conferences using addresses supplied by members of the planning team.

DS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.4.1.1.4. Designing and electronically publishing conference brochures, "Save the Date" announcements, and other marketing materials as funding allows.
- 1.4.1.1.5. Designing the layout and printing materials for conference attendees.
- 1.4.1.1.6. Coordinating logistics with speakers.
- 1.4.1.1.7. Coordinating logistics with vendors and supporting their logistical needs during conferences.
- 1.4.1.1.8. Providing operations support during conferences including, but not limited to:
 - 1.4.1.1.8.1. Registering attendees;
 - 1.4.1.1.8.2. Coordinating IT needs;
 - 1.4.1.1.8.3. Coordinating with the conference site staff; and
 - 1.4.1.1.8.4. Conducting other activities typically associated with conference support.
- 1.4.1.1.9. Compiling data from evaluation forms completed by attendees, analyzing data, and providing written reports to programs.
- 1.4.1.1.10. Receiving payment from vendors, which shall be utilized for supporting conferences, with any additional funding to be utilized for activities funded by the program sponsoring the conference.
- 1.4.1.1.11. Facilitating reservations and logistics of each conference site.
- 1.4.1.1.12. Reporting all costs and income generated for each conference to the program funding the conference.

1.4.2. General Logistical Support for Committees and Planning Groups

1.4.2.1. The selected Applicant will provide logistical support, as approved by the Department, for conference committees and planning groups which may include, but is not limited to:

- 1.4.2.1.1. Convening, facilitating, and documenting meetings, including those of subcommittees, work groups, or similar bodies.

03
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.4.2.1.2. Developing meeting agendas in coordination with Department staff.
 - 1.4.2.1.3. Disseminating announcements of meetings to members and posting publicly, as requested by the Department.
 - 1.4.2.1.4. Maintaining contact information for all members of committees, and/or planning groups, including subcommittees, workgroups, or similar bodies.
 - 1.4.2.1.5. Maintaining existing websites to inform members and the public of the purpose, membership, and activities of planning groups and committees.
 - 1.4.2.1.6. Coordinating logistics with speakers.
 - 1.4.2.1.7. Coordinating logistics with vendors and supporting their logistical needs during conferences.
 - 1.4.2.1.8. Providing operations support during meetings including, but not limited to:
 - 1.4.2.1.8.1. Registering attendees
 - 1.4.2.1.8.2. Coordinating IT needs
 - 1.4.2.1.8.3. Coordinating with site staff
 - 1.4.2.1.8.4. Publishing minutes
 - 1.4.2.1.8.5. Conducting other activities typically associated with meeting support
 - 1.4.2.1.9. Compiling data from evaluation forms completed by attendees, analyzing data, and providing written reports to programs.
- 1.4.3. Healthcare Acquired Infections**
- 1.4.3.1. The Contractor shall provide logistical support for up to eleven (11) meetings per year of the Antimicrobial Resistance Advisory Workgroup (ARAW).
 - 1.4.3.2. The Contractor shall provide logistical and planning support for the annual Antimicrobial Stewardship Symposium for up to 400 attendees, which includes, but is not limited to, providing continuing education credits.
- 1.4.4. Infectious Disease Prevention, Investigation & Care Services Section**

DS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.4.4.1. The Contractor shall provide logistical support to the NH HIV Planning Group (HPG) which includes, but is not limited to:
- 1.4.4.1.1. A maximum of six (6) regular meetings of the full HPG.
 - 1.4.4.1.2. A maximum of thirty (30) committee and/or workgroup meetings per year.
- 1.4.5. **Immunization Program**
- 1.4.5.1. The Contractor shall provide logistical support for the annual Immunization Conference for approximately 400 attendees, which includes providing continuing education credits to attendees.
- 1.4.6. **Public Health Emergency Preparedness**
- 1.4.6.1. The Contractor shall provide logistical and planning support for the annual NH Statewide Preparedness conference for up to 800 attendees.
- 1.4.7. **Healthy Homes and Lead Poisoning Prevention Program**
- 1.4.7.1. The Contractor shall provide logistical support to the New England Lead Coordinating Committee (NELCC), which includes, but is not limited to:
- 1.4.7.1.1. No more than four (4) virtual meetings of the full NELCC;
 - 1.4.7.1.2. No more than one (1) in-person committee and/or workgroup meeting per year for up to twenty (20) attendees; and
 - 1.4.7.1.3. Support and maintenance of the NELCC membership list serve.
- 1.4.7.2. The Contractor shall provide logistical and planning support for a minimum of one (1) regional dinner meeting, which has capacity for 120 attendees.
- 1.4.7.3. The Contractor shall provide logistical support to the Statewide Clinical Lead Advisory Committee which includes, but is not limited to, no more than three (3) virtual meetings, per Agreement period, of the full committee.
- 1.4.7.4. The Contractor shall support and maintain the Statewide Clinical Lead Advisory Committee membership list serve.
- 1.4.7.5. The Contractor shall provide logistical and planning support for the Environmental Health annual conference for an

03
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

estimated 250 attendees.

1.4.8. Environmental Public Health Tracking Program (EPHT)

1.4.8.1. The Contractor shall provide logistical support to the EPHT Program for outreach to its Technical Advisory Group which includes, but is not limited to:

1.4.8.1.1. Developing a membership list; and

1.4.8.1.2. Organizing a minimum of two (2) virtual meetings, per Agreement period.

1.4.9. Radon Program

1.4.9.1. The Contractor shall provide logistical support to the Radon Program in the development and coordination of a new Radon Stakeholders Group, which includes a minimum of two (2) virtual meetings, annually.

1.5. Technical Assistance

1.5.1. Infectious Disease Prevention, Investigation & Care Services Section

1.5.1.1. The Contractor shall, in consultation with the Department subject matter experts, identify and coordinate technical assistance providers to the Department, Department contractors, and service provider agencies.

1.5.1.2. The Contractor shall conduct special projects as directed by the Department including, but not limited to:

1.5.1.2.1. Communication plans;

1.5.1.2.2. Trainings;

1.5.1.2.3. Social media management;

1.5.1.2.4. Development of social media posts to raise awareness about child, youth, and adult immunizations;

1.5.1.2.5. Generation of summary report to inform programmatic decision making;

1.5.1.2.6. Survey management and/or focus group facilitation;

1.5.1.2.7. Project management; and

1.5.1.2.8. Graphic design and creation of printed materials.

1.5.2. Immunization Program

DR
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.5.2.1. The Contractor shall provide technical assistance to the Department to support the outreach and education efforts of the NH Immunization Program (NHIP) including, but not limited to:

1.5.2.1.1. Organizing external stakeholders identified by the Department to assist with developing:

1.5.2.1.1.1. Methods to foster communication; and

1.5.2.1.1.2. Education and outreach tools and materials.

1.5.2.2. The Contractor shall conduct special projects as directed by the Department including, but not limited to:

1.5.2.2.1. Communication plans;

1.5.2.2.2. Trainings;

1.5.2.2.3. Development of social media posts to raise awareness about child, youth and adult immunizations;

1.5.2.2.4. Social media management including, but not limited to, strategic response to myths and misinformation, analyzing social media listening, and engagement on social media platforms for content and outreach effectiveness;

1.5.2.2.5. Generation of summary report to inform programmatic decision-making;

1.5.2.2.6. Development and dissemination of NH specific childhood vaccination toolkit for providers, schools, and other stakeholders to provide materials to promote childhood vaccines, answer parent questions, and address barriers to receipt of COVID-19 and routine vaccination;

1.5.2.2.7. Survey management and/or focus group facilitations;

1.5.2.2.8. Project management; and

1.5.2.2.9. Graphic design and creation of printed materials.

1.5.2.3. The Contractor shall facilitate the work of the NH Immunization Coalition for the purposes of promoting public awareness of immunizations and improving vaccination rates for NH's residents by conducting activities including,

OS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

but not limited to:

- 1.5.2.3.1. Conveying external stakeholders, which may include the NH Public Health Association and others identified by the Department, to recruit and maintain coalition members representatives of the community, public and private health care organizations, state agencies, service agencies, and businesses;
- 1.5.2.3.2. Developing broad-based strategies and implementing activities to raise awareness of child, youth, and adult immunizations;
- 1.5.2.3.3. Developing and implementing educational and outreach strategies to increase the number of children, youth, and adults receiving immunizations;
- 1.5.2.3.4. Expanding partnerships through the private and public sector to increase awareness of immunizations through education, partnerships, and marketing;
- 1.5.2.3.5. Utilizing methods to foster communication; and
- 1.5.2.3.6. Developing and disseminating education and outreach tools and materials that target stakeholders who include, but are not limited to:
 - 1.5.2.3.6.1. Medical Professionals.
 - 1.5.2.3.6.2. Parents.
 - 1.5.2.3.6.3. Seniors.
 - 1.5.2.3.6.4. Other members of the public.
 - 1.5.2.3.6.5. Other entities engaged in promoting immunizations.

1.5.3. Public Health Emergency Preparedness

- 1.5.3.1. The Contractor shall, in consultation with the Department subject matter experts, provide technical assistance to three (3) discrete groups directed toward meeting national standards described in the CDC's Public Health Emergency Preparedness Capabilities (October 2018, Updated January 2019) and subsequent editions. The groups are as follows:

- 1.5.3.1.1. Department preparedness;

DS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.5.3.1.2. Public health preparedness coordinators at the thirteen (13) organizations providing Regional Public Health Network services. Teaching assistance will be available to both individuals and as a group; and/or.
- 1.5.3.1.3. Medical Reserve Corps (MRC) units recognized and registered with the U.S. Surgeon General, Office of Civilian Volunteer Medical Reserve Corps, to support recruitment, training, and deployment of the MRC volunteers.
- 1.5.3.2. The Contractor shall provide professional staff to support public health incident response at the direction of the Department, if requested.
- 1.5.3.3. The Contractor shall ensure that professional staff:
 - 1.5.3.3.1. Have the appropriate licensure, certification, and skills to meet the requests made by DPHS;
 - 1.5.3.3.2. Work the minimum hours requested by DPHS; and
 - 1.5.3.3.3. Submit all documentation regarding hours worked and other documentation, as requested.
- 1.5.4. **Radon Program**
 - 1.5.4.1. The Contractor shall provide technical assistance for the collection of radon information and data which includes, but is not limited to:
 - 1.5.4.1.1. NH municipalities with existing building codes for radon resistant new construction;
 - 1.5.4.1.2. The estimated number of radon mitigations for existing homes per year;
 - 1.5.4.1.3. The estimated number of radon tests performed in NH per year; and
 - 1.5.4.1.4. Historical data from external partners and stakeholders for the purpose of updating the Department data portal.
- 1.5.5. **Hospital Preparedness Program (HPP)**
 - 1.5.5.1. The Contractor shall provide technical assistance to MRC and Community Emergency Response Team (CERT) leaders throughout the state.

OS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.6. Development and Production of Educational Materials

1.6.1. General Standards for Educational Materials

- 1.6.1.1. The Contractor shall, in consultation with the Department subject matter experts, develop and/or produce educational materials on topics identified by Department staff.
- 1.6.1.2. The Contractor shall obtain Department approval prior to distribution of any produced materials, and ensure all materials produced give credit to the funding source utilized to create the materials.
- 1.6.1.3. The Contractor shall ensure all materials are developed in accordance with CDC recommendations specified in Simply Put: Guide to Developing Easy-To-Understand Materials, CDC July 2010, including any updates that may be issued by the CDC.

1.6.2. Infectious Disease Prevention, Investigation & Care Services Section

- 1.6.2.1. The Contractor shall, in consultation with the Department, maintain and update the HIV Planning Group (HPG) and the Granite State PrEP Connect websites.
- 1.6.2.2. The Contractor shall, in consultation with the Department, create social media posts relevant to infectious disease prevention topics.

1.6.3. Immunization Program (IP)

- 1.6.3.1. The Contractor shall, in consultation with the Department, develop and conduct a statewide education campaign effort for testing and prevention of COVID-19 among travelers. The Contractor shall:
 - 1.6.3.1.1. Create and disseminate printed, poster and website materials on the availability and access of the following, which shall include but is not limited to:
 - 1.6.3.1.1.1. COVID-19 testing;
 - 1.6.3.1.1.2. Quarantine guidance; and
 - 1.6.3.1.1.3. Guide on prevention of COVID-19 during travel.
 - 1.6.3.1.2. Distribute the materials of all travel hubs in NH, which shall include, but are not limited to:

ds
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 1.6.3.1.2.1. Airports;
- 1.6.3.1.2.2. Bus stations;
- 1.6.3.1.2.3. Highway gas stations; and
- 1.6.3.1.2.4. Other ports of entry, as identified by the Department.

1.6.3.1.3. Distribute personal protective materials, which include but are not limited to, facemasks and hand sanitized, as purchased by the Contractor.

1.6.3.1.4. Ensure all materials have a graphic design label, as approved by the Department.

1.6.4. Healthy Homes and Lead Poisoning Prevention Program

1.6.4.1. The Contractor shall assist the program's Health Educator with the development of outreach and educational materials, that include, but are not limited to:

1.6.4.1.1. Development and coordination of at least two (2) social media campaigns;

1.6.4.1.2. Design and limited printing (500 copies) of an annual 4 to 6 page blood lead surveillance report; and

1.6.4.1.3. Maintenance and quarterly updates to the About Lead Free Kids NH – Lead Free Kids NH website.

1.6.5. Radon Program

1.6.5.1. The Contractor shall develop educational materials for the radon program, in collaboration with the program, that are appropriate for 5th to 8th grade science students, which include, but are not limited to:

1.6.5.1.1. Creating a stakeholder outreach list and securing a minimum of five (5) schools to participate;

1.6.5.1.2. Developing curriculum; and

1.6.5.1.3. Promoting and organizing a poster contest.

1.6.6. Core Services Planning

1.6.6.1. The Contractor shall implement an annual survey of program clients for the purpose of core services planning, in consultation with care services staff.

DR
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.7. Develop and Implement Evaluation Plans

1.7.1. The Contractor shall develop evaluation plans, in consultation with Department subject matter experts, which clearly outline goals, objectives, activities, outputs, outcomes, and performance measures.

1.8. Update Strategic Plans

1.8.1. General Assistance with Strategic Plans

1.8.1.1. The Contractor shall, in consultation with the Department subject matter experts, assist the Department with:

1.8.1.1.1. Updating pre-existing strategic plans; and

1.8.1.1.2. Outlining goals, objectives, activities, outputs, outcomes, and performance measures for various programs.

1.9. Maximize the Efficient Use of Resources

1.9.1. Infectious Disease Prevention, Investigation & Care Services Section (IDPICSS)

1.9.1.1. The Contractor shall facilitate reimbursements of costs incurred by approximately five (5) public members of the NH HPG and/or contracted vendors to attend out-of-state conferences identified by the Department, as well as mileage costs to attend in-state meetings.

1.9.1.2. The Contractor shall procure and disperse prevention supplies as determined by the Department to a minimum of six (6) clinics funded by the Department to provide testing and treatment for sexually transmitted infections and HIV.

1.9.1.3. The Contractor shall procure, manage, and disperse prevention and self-testing supplies for NH residents, as directed by the Department.

1.9.1.4. The Contractor shall develop and maintain an online ordering system that enables NH residents and partners to order prevention and self-testing supplies.

1.9.2. Coordination and Logistics, Web-Based Training

1.9.2.1. The Contractor shall, in consultation with the Department, coordinate and monitor ongoing provider and/or DPHS staff technical assistance and facilitate reimbursement to vendors for web-based case management entry-level competency training modules and other programs as designated by the Department.

ds
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

1.9.2.2. The Contractor shall develop and maintain a participant/user tracking system for the comprehensive self-directed, web-based medical cases management training.

1.9.3. Public Health Emergency Preparedness

1.9.3.1. The Contractor shall provide access to E-Studio, a web-based collaboration system, to the Regional Public Health Networks and the Department.

2. Exhibits Incorporated

- 2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Reporting Requirements

3.1. Needs Assessments and Integrated Planning

- 3.1.1. The Contractor shall conduct training needs assessments for eleven (11) MIECHV home visiting sites.
- 3.1.2. The Contractor shall provide a review of the epidemiological profile to the Department for review and approval no later than June 30, 2022.
- 3.1.3. The Contractor shall provide a review of service gaps and unmet needs with the Ryan White and HIV Prevention service delivery system to the Department for review and approval on a date mutually agreed upon by both parties.
- 3.1.4. The Contractor shall provide a written strategy for meeting the needs of HIV providers as identified by the assessment of service gaps and unmet needs no later than June 30, 2022.
- 3.1.5. The Contractor shall make an in-person presentation of the final Epidemiological Profile report to the Department no later than November 31, 2022.

3.2. Integrated HIV Prevention and Care Plan

3.2.1. The Contractor shall develop and prepare the required written

DS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

components of the integrated strategic plan including, but not limited to:

- 3.2.1.1. Executive Summary of Integrated Plan and Statewide Coordinated Statement of Need;
- 3.2.1.2. Situational analysis;
- 3.2.1.3. 2022-2026 goals and objectives;
- 3.2.1.4. Jurisdictional monitoring plan; and
- 3.2.1.5. Letters of Concurrence as outlined in CDC DHAP and HRSA guidance.
- 3.2.2. The Contractor shall:
 - 3.2.2.1. Maintain quarterly meetings and email communication with IDPICSS staff.
 - 3.2.2.2. Submit a written final summary on or before May 31, 2022.
 - 3.2.2.3. Present a final written report on or before June 30, 2022.
 - 3.2.2.4. Develop strategic plan recommendations and submit final work plan to DPHS for final approval on or before August 30, 2022.
 - 3.2.2.5. Conduct a minimum of four (4) strategic planning sessions with stakeholders before November 15, 2022.
- 3.2.3. Immunization Program
 - 3.2.3.1. The Contractor shall:
 - 3.2.3.1.1. Participate in monthly meetings/calls and maintain email communication with NHIP staff.
 - 3.2.3.1.2. Hold NH Immunization Coalition meetings at least quarterly.
 - 3.2.3.1.3. Submit NH Immunization Coalition Meeting Agenda to the Immunization Program at least five (5) business days in advance of each meeting. Submit NH Immunization Coalition meeting minutes with meeting attendance list to the Immunization Program within five (5) business days following each meeting.
 - 3.2.3.1.4. Submit quarterly written reports for the Immunization Program and the Immunization Coalition to describe project administration and coordination which includes, but is not limited to:

OS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

summary of social media listening/engagement sessions, communications, program and project oversight, reporting, programmatic activities, successes, challenges/barriers, meeting minutes, and project deliverable timelines.

3.2.3.1.5. Develop strategic plan recommendations and submit work plan to DPHS for final approval on or before 60 days after Governor & Executive Council approval.

3.2.3.1.6. Conduct a minimum of four (4) strategic planning sessions with stakeholders per year.

3.2.3.1.7. Submit final drafts of NH specific childhood vaccination toolkits: one (1) for schools and one (1) for general public by June 30, 2022.

3.2.3.1.8. Submit conference budget proposal for program approval by February 15, 2022, for the Immunization Fall 2022 conference.

3.2.3.1.9. Submit conference budget proposal for program approval by October 15, 2022, and annually thereafter for fall conferences.

3.2.3.1.10. Submit monthly reporting of conference expenditures and revenues to include expenditures per the NH Immunization Conference – Income & Expense Detail Sheet, as provided by the Department.

4. Performance Measures

4.1. The Contractor shall meet or exceed performance measures for Develop and Implement Prevention-Focused Training Programs, as follows:

4.1.1. A minimum of 85% of participant's rate training programs as not less than 'Very Good' in evaluation surveys.

4.2. The Contractor shall meet or exceed performance measures for Logistical Support for Conferences, Meetings and Planning Groups as follows:

4.2.1. A minimum of 85% of conference planning committee members rate logistical support for conferences as not less than 'Very Good' in evaluation surveys.

4.2.2. A minimum of 85% of conference participants rate the elements pertaining to conference logistics as not less than 'Very Good' in evaluation surveys.

OS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

- 4.2.3. A minimum of 85% of workgroup participants rate elements pertaining to workgroup logistics as not less than 'Very Good' in evaluation surveys.
- 4.2.4. A minimum of 85% of planning group members rate meeting logistics as no less than 'Very Good' in evaluation surveys.
- 4.3. The Contractor shall meet or exceed performance measures for Provide Technical Assistance, as follows:
 - 4.3.1. A minimum of 90% of all requests for high-priority consultation services are responded to within twenty-four (24) hours.
 - 4.3.2. A minimum of 90% of all requests for high-priority technical assistance are responded to within twenty-four (24) hours.
- 4.4. The Contractor shall identify barriers to meeting performance measures on a semi-annual basis and provide a corrective action plan which:
 - 4.4.1. Identifies barriers to success;
 - 4.4.2. Includes a work plan for mitigating barriers; and
 - 4.4.3. Includes a timeline in which compliance with performance measures will be met.
- 4.5. The Contractor shall ensure the following performance outcomes and measures are achieved and monitored throughout the contract period to measure the effectiveness of the agreement:
 - 4.5.1. 100% of staff deployed have the appropriate licensure, certification, and skills.
 - 4.5.2. 100% of staff deployed submit all required documentation.
- 4.6. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 4.7. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.
- 4.8. Where applicable, the Contractor shall collect and share data with the Department in a format specified by the Department.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

- 5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities

DS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

and expenditure requirements under this Agreement so as to achieve compliance therewith.

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

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

5.3. Credits and Copyright Ownership

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

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

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

5.3.3.1. Brochures.

5.3.3.2. Resource directories.

5.3.3.3. Protocols or guidelines.

5.3.3.4. Posters.

5.3.3.5. Reports.

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

6. Records

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

6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the

DS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services**

EXHIBIT B

Contractor in the performance of the Contract, and all income received or collected by the Contractor.

- 6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.



**New Hampshire Department of Health and Human Services
Public Health Professional Support Services
EXHIBIT C**

Payment Terms

1. This Agreement is funded by:
 - 1.1. 2% Environmental Public Health and Emergency Response, as awarded on May 20, 2021, by the United States Department of Health and Human Services (HHS), CFDA 93.070, FAIN# NUE1EH001357-04.
 - 1.2. 7%, Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children, as awarded on 8/5/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.197, FAIN# NUE2EH001457.
 - 1.3. 8%, Performance Partnership Grants, as awarded on 7/14/2021, by the United States Environmental Protection Agency (EPA), CFDA 66.605, FAIN# BG00100731.
 - 1.4. 6%, State Indoor Radon Grants, as awarded on 9/13/2021, by the United States Environmental Protection Agency (EPA), CFDA 66.032, FAIN# 00162332.
 - 1.5. 2%, National Bioterrorism Hospital Preparedness Program, as awarded on 7/1/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.889, FAIN# U3REO190580.
 - 1.6. 8%, Public Health Emergency Preparedness, as awarded on 5/12/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.069, FAIN# NU90TP922018
 - 1.7. 9%, Immunization Cooperative Agreements, as awarded on 3/31/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.268, FAIN# NH23IP922595.
 - 1.8. 9%, Immunization Cooperative Agreements, as awarded on 7/1/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.268, FAIN# NH23IP922595.
 - 1.9. 17%, HIV Prevention Activities Health Department Based, as awarded on 3/8/2021, by the United States Department of Health and Human Services (HHS), CFDA 93.940, FAIN# NU62PS924538.
 - 1.10. 10%, ELC Enhancing Detection Funding, as awarded on May 18, 2020 by the Center for Disease Control & Prevention (CDC), CFDA 93.323, FAIN# NU50CK000522.
 - 1.11. 4% General funds.
 - 1.12. 18% Other funds (include specific information if available).
2. For the purposes of this Agreement:

DS
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services
EXHIBIT C**

- 2.1. The Department has identified the Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
- 2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
- 2.3. The de minimis Indirect Cost Rate of 21.2% applies in accordance with 2 CFR §200.414.
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 item, as specified in Exhibits C-1, Budget through Exhibit C-44, Budget.
4. The Contractor shall submit an invoice in a form satisfactory to the Department by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment.
5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to DPHSCContractBilling@dhhs.nh.gov, or invoices may be mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
6. The Department shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.
7. The final invoice 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.
8. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.
9. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B, Scope of Services.
10. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.

03
KR

**New Hampshire Department of Health and Human Services
Public Health Professional Support Services
EXHIBIT C**

11. 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.

12. Audits

12.1. The Contractor must email an annual audit to melissa.s.morin@dhhs.nh.gov if any of the following conditions exist:

12.1.1. 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.

12.1.2. 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.

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

12.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

12.3. 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.

12.4. 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.

12.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

DS
KR

DocuSign Envelope ID: 4114F4C2B-4A64-1124-4ADE-BE3F-B05749ED5F2D

Local 64, 67 2020 Budget

New Hampshire - Department of Health and Human Services

Contractor Name: All Research & Training Institute, Inc.

Project Title: PPH Public Health Professional Support Services

Budget Period: July 1, 2020 - June 30, 2021 (FY 2020)

Line Item	2020 (7/1/20 - 6/30/21)			2021 (7/1/21 - 6/30/22)			2022 (7/1/22 - 6/30/23)		
	Total	Actual	Est.	Total	Actual	Est.	Total	Actual	Est.
1000 - Personnel	1,000,000			1,000,000			1,000,000		
1010 - Salaries	800,000			800,000			800,000		
1020 - Fringe Benefits	200,000			200,000			200,000		
1030 - Travel									
1040 - Contractual Services									
1050 - Consulting Fees									
1060 - Per Diem									
1070 - Other Personnel									
2000 - Materials									
2010 - Printing									
2020 - Postage									
2030 - Reproduction									
2040 - Supplies									
2050 - Travel									
2060 - Other Materials									
3000 - Equipment									
3010 - Furniture									
3020 - Information Technology									
3030 - Other Equipment									
4000 - Construction									
4010 - Construction									
5000 - Other									
5010 - Other									
6000 - Other									
6010 - Other									
7000 - Other									
7010 - Other									
8000 - Other									
8010 - Other									
9000 - Other									
9010 - Other									
10000 - Other									
10001 - Other									
10002 - Other									
10003 - Other									
10004 - Other									
10005 - Other									
10006 - Other									
10007 - Other									
10008 - Other									
10009 - Other									
10010 - Other									
10011 - Other									
10012 - Other									
10013 - Other									
10014 - Other									
10015 - Other									
10016 - Other									
10017 - Other									
10018 - Other									
10019 - Other									
10020 - Other									
10021 - Other									
10022 - Other									
10023 - Other									
10024 - Other									
10025 - Other									
10026 - Other									
10027 - Other									
10028 - Other									
10029 - Other									
10030 - Other									
10031 - Other									
10032 - Other									
10033 - Other									
10034 - Other									
10035 - Other									
10036 - Other									
10037 - Other									
10038 - Other									
10039 - Other									
10040 - Other									
10041 - Other									
10042 - Other									
10043 - Other									
10044 - Other									
10045 - Other									
10046 - Other									
10047 - Other									
10048 - Other									
10049 - Other									
10050 - Other									
10051 - Other									
10052 - Other									
10053 - Other									
10054 - Other									
10055 - Other									
10056 - Other									
10057 - Other									
10058 - Other									
10059 - Other									
10060 - Other									
10061 - Other									
10062 - Other									
10063 - Other									
10064 - Other									
10065 - Other									
10066 - Other									
10067 - Other									
10068 - Other									
10069 - Other									
10070 - Other									
10071 - Other									
10072 - Other									
10073 - Other									
10074 - Other									
10075 - Other									
10076 - Other									
10077 - Other									
10078 - Other									
10079 - Other									
10080 - Other									
10081 - Other									
10082 - Other									
10083 - Other									
10084 - Other									
10085 - Other									
10086 - Other									
10087 - Other									
10088 - Other									
10089 - Other									
10090 - Other									
10091 - Other									
10092 - Other									
10093 - Other									
10094 - Other									
10095 - Other									
10096 - Other									
10097 - Other									
10098 - Other									
10099 - Other									
10100 - Other									
10101 - Other									
10102 - Other									
10103 - Other									
10104 - Other									
10105 - Other									
10106 - Other									
10107 - Other									
10108 - Other									
10109 - Other									
10110 - Other									
10111 - Other									
10112 - Other									
10113 - Other									
10114 - Other									
10115 - Other									
10116 - Other									
10117 - Other									
10118 - Other									
10119 - Other									
10120 - Other									
10121 - Other									
10122 - Other									
10123 - Other									
10124 - Other									
10125 - Other									
10126 - Other									
10127 - Other									
10128 - Other									
10129 - Other									
10130 - Other									
10131 - Other									
10132 - Other									
10133 - Other									
10134 - Other									
10135 - Other									
10136 - Other									
10137 - Other									
10138 - Other									
10139 - Other									
10140 - Other									
10141 - Other									
10142 - Other									
10143 - Other									
10144 - Other									
10145 - Other									
10146 - Other									
10147 - Other									
10148 - Other									
10149 - Other									
10150 - Other									
10151 - Other									
10152 - Other									
10153 - Other									
10154 - Other									
10155 - Other									
10156 - Other									
10157 - Other									
10158 - Other									
10159 - Other									
10160 - Other									
10161 - Other									
10162 - Other									
10163 - Other									
10164 - Other									
10165 - Other									
10166 - Other									
10167 - Other									
10168 - Other									
10169 - Other									
10170 - Other									
10171 - Other									
10172 - Other									
10173 - Other									
10174 - Other									
10175 - Other									
10176 - Other									
10177 - Other									
10178 - Other									
10179 - Other									
10180 - Other									
10181 - Other									
10182 - Other									
10183 - Other									
10184 - Other									
10185 - Other									
10186 - Other									
10187 - Other									
10188 - Other									
10189 - Other									
10190 - Other									
10191 - Other									
10192 - Other									
10193 - Other									
10194 - Other									
1									

DocuSign Envelope ID: 7C57C632-EC2D-4746-A1C0-9F24B1B7FBBA

Exhibit C-10, BY 2023 Budget

New Hampshire Department of Health and Human Services

Contractor: JMI Research & Training Institute, Inc.

Project Title: Public Health Professional Support Services (and Prevention Job No. 1000 10000)

Budget Period: July 1, 2023 - June 30, 2023 (BY 2023)

Line Item	Fiscal Year 2023		Fiscal Year 2024		Fiscal Year 2025		Fiscal Year 2026		Total
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent	
1.0000	11,629.01		11,629.01						23,258.02
1.0001									
1.0002									
1.0003									
1.0004									
1.0005									
1.0006									
1.0007									
1.0008									
1.0009									
1.0010									
1.0011									
1.0012									
1.0013									
1.0014									
1.0015									
1.0016									
1.0017									
1.0018									
1.0019									
1.0020									
1.0021									
1.0022									
1.0023									
1.0024									
1.0025									
1.0026									
1.0027									
1.0028									
1.0029									
1.0030									
1.0031									
1.0032									
1.0033									
1.0034									
1.0035									
1.0036									
1.0037									
1.0038									
1.0039									
1.0040									
1.0041									
1.0042									
1.0043									
1.0044									
1.0045									
1.0046									
1.0047									
1.0048									
1.0049									
1.0050									
1.0051									
1.0052									
1.0053									
1.0054									
1.0055									
1.0056									
1.0057									
1.0058									
1.0059									
1.0060									
1.0061									
1.0062									
1.0063									
1.0064									
1.0065									
1.0066									
1.0067									
1.0068									
1.0069									
1.0070									
1.0071									
1.0072									
1.0073									
1.0074									
1.0075									
1.0076									
1.0077									
1.0078									
1.0079									
1.0080									
1.0081									
1.0082									
1.0083									
1.0084									
1.0085									
1.0086									
1.0087									
1.0088									
1.0089									
1.0090									
1.0091									
1.0092									
1.0093									
1.0094									
1.0095									
1.0096									
1.0097									
1.0098									
1.0099									
1.0100									
TOTAL	11,629.01		11,629.01						23,258.02

Amounts are in US Dollars

Budget Version ID: 204234-0110-07-0220-007000000

State C-11, SFY 2024 Budget

New Hampshire Department of Health and Human Services

Contractor Name: JBI Research & Training Institute, Inc.

Project Title: Public Health Professional Support Services, Lead Protection Job No. 00000000

Budget Period: July 1, 2023 - June 30, 2024 (SFY 2024)

Category	2023 Payroll Cost		Contract Labor / Mat. A		Funded by Other Available Funds	
	Actual	YTD	Actual	YTD	Actual	YTD
1. Travel						
2. Contract Support	11,824.11		11,824.11			
3. Contract Labor						
4. Contract Support						
5. Contract Labor						
6. Contract Support						
7. Contract Labor						
8. Contract Support						
9. Contract Labor						
10. Contract Support						
11. Contract Labor						
12. Contract Support						
13. Contract Labor						
14. Contract Support						
15. Contract Labor						
16. Contract Support						
17. Contract Labor						
18. Contract Support						
19. Contract Labor						
20. Contract Support						
21. Contract Labor						
22. Contract Support						
23. Contract Labor						
24. Contract Support						
25. Contract Labor						
26. Contract Support						
27. Contract Labor						
28. Contract Support						
29. Contract Labor						
30. Contract Support						
31. Contract Labor						
32. Contract Support						
33. Contract Labor						
34. Contract Support						
35. Contract Labor						
36. Contract Support						
37. Contract Labor						
38. Contract Support						
39. Contract Labor						
40. Contract Support						
41. Contract Labor						
42. Contract Support						
43. Contract Labor						
44. Contract Support						
45. Contract Labor						
46. Contract Support						
47. Contract Labor						
48. Contract Support						
49. Contract Labor						
50. Contract Support						
51. Contract Labor						
52. Contract Support						
53. Contract Labor						
54. Contract Support						
55. Contract Labor						
56. Contract Support						
57. Contract Labor						
58. Contract Support						
59. Contract Labor						
60. Contract Support						
61. Contract Labor						
62. Contract Support						
63. Contract Labor						
64. Contract Support						
65. Contract Labor						
66. Contract Support						
67. Contract Labor						
68. Contract Support						
69. Contract Labor						
70. Contract Support						
71. Contract Labor						
72. Contract Support						
73. Contract Labor						
74. Contract Support						
75. Contract Labor						
76. Contract Support						
77. Contract Labor						
78. Contract Support						
79. Contract Labor						
80. Contract Support						
81. Contract Labor						
82. Contract Support						
83. Contract Labor						
84. Contract Support						
85. Contract Labor						
86. Contract Support						
87. Contract Labor						
88. Contract Support						
89. Contract Labor						
90. Contract Support						
91. Contract Labor						
92. Contract Support						
93. Contract Labor						
94. Contract Support						
95. Contract Labor						
96. Contract Support						
97. Contract Labor						
98. Contract Support						
99. Contract Labor						
100. Contract Support						
TOTAL	11,824.11	11,824.11	11,824.11	11,824.11	11,824.11	11,824.11

DocuSign Envelope ID: 280504-411404-040404-040404

Line C-12, BY 2021 Budget

New Hampshire Department of Health and Human Services												
Contractor Name: JBI Research & Training Institute, Inc.												
Project Title: Public Health Professional Support Services (Last Procurement Job No. 00000000)												
Budget Period: July 1, 2021 - June 30, 2022 (BY 2021)												
Activity	Fiscal Year 2021			Fiscal Year 2022			Contractor's Budget			Funded by GRH with all other		
	Actual	YTD	Total	Actual	YTD	Total	Actual	YTD	Total	Actual	YTD	Total
Professional Services	1,241,000		1,241,000							1,241,000		1,241,000
Travel												
Materials												
Equipment												
Construction												
Information Technology												
Other												
Total	1,241,000		1,241,000							1,241,000		1,241,000

DocuSign Envelope ID: 828282-1124-4ADE-BE3F-B05749ED5F2D

Line 6-10 SFY 2023 Budget

New Hampshire Department of Health and Human Services

Customer Name: All Research & Training Institute, Inc.

Project Title: Public Health Professional Support Services (Local Protection and Enforcement)

Budget Period: July 1, 2022 - June 30, 2023 (SFY 2023)

Line Item	SFY 2022 Budget			SFY 2023 Budget			Total Budget		
	Start	End	Amount	Start	End	Amount	Start	End	Amount
10000	07/01/22	06/30/23	10000	07/01/22	06/30/23	10000	07/01/22	06/30/23	10000
10001									
10002									
10003									
10004									
10005									
10006									
10007									
10008									
10009									
10010									
10011									
10012									
10013									
10014									
10015									
10016									
10017									
10018									
10019									
10020									
10021									
10022									
10023									
10024									
10025									
10026									
10027									
10028									
10029									
10030									
10031									
10032									
10033									
10034									
10035									
10036									
10037									
10038									
10039									
10040									
10041									
10042									
10043									
10044									
10045									
10046									
10047									
10048									
10049									
10050									
10051									
10052									
10053									
10054									
10055									
10056									
10057									
10058									
10059									
10060									
10061									
10062									
10063									
10064									
10065									
10066									
10067									
10068									
10069									
10070									
10071									
10072									
10073									
10074									
10075									
10076									
10077									
10078									
10079									
10080									
10081									
10082									
10083									
10084									
10085									
10086									
10087									
10088									
10089									
10090									
10091									
10092									
10093									
10094									
10095									
10096									
10097									
10098									
10099									
10100									
TOTAL			10000			10000			10000

Budget Version: 07/2021-11/2021-000000000000

Line 0-11 NY 2021 Budget

New Hampshire Department of Health and Human Services

Contractor Name: All Research & Training Institute, Inc.

Project: 1001 Public Health Professional Support Services (Last Professional Job No. 00000072)

Budget Period: July 1, 2021 - June 30, 2021 (FFY 2021)

Activity	Total Program Cost		Funds Available		Funds Available		Funds Available	
	Start	End	Start	End	Start	End	Start	End
Total	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21
Contract	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21
Personnel	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21
Travel	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21
Materials	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21
Equipment	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21
Construction	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21
Information Technology	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21
Other	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21
Subtotal	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21
Total	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21	07/01/21	06/30/21

Budget System ID: 00000001 (1/1/00/0000000000000000)

Line: 6-16, EPT 2020 Budget

New York State Department of Health and Human Services

Kaiser Permanente (Kaiser Permanente Training Institute, Inc.)

Project 1 (01) Public Health Professional Support Services Grant Promotion Job No. 0000000001

Budget Period: July 1, 2021 - June 30, 2022 (EPT 2020)

Job Code	YTD Actual			YTD Budget			Percent of Budget		
	Actual	Committed	Unencumbered	Actual	Committed	Unencumbered	Actual	Committed	Unencumbered
0000000001	118317	0	0	118317	0	0	100.00	0.00	0.00
0000000002	0	0	0	0	0	0	0.00	0.00	0.00
0000000003	0	0	0	0	0	0	0.00	0.00	0.00
0000000004	0	0	0	0	0	0	0.00	0.00	0.00
0000000005	0	0	0	0	0	0	0.00	0.00	0.00
0000000006	0	0	0	0	0	0	0.00	0.00	0.00
0000000007	0	0	0	0	0	0	0.00	0.00	0.00
0000000008	0	0	0	0	0	0	0.00	0.00	0.00
0000000009	0	0	0	0	0	0	0.00	0.00	0.00
0000000010	0	0	0	0	0	0	0.00	0.00	0.00
0000000011	0	0	0	0	0	0	0.00	0.00	0.00
0000000012	0	0	0	0	0	0	0.00	0.00	0.00
0000000013	0	0	0	0	0	0	0.00	0.00	0.00
0000000014	0	0	0	0	0	0	0.00	0.00	0.00
0000000015	0	0	0	0	0	0	0.00	0.00	0.00
0000000016	0	0	0	0	0	0	0.00	0.00	0.00
0000000017	0	0	0	0	0	0	0.00	0.00	0.00
0000000018	0	0	0	0	0	0	0.00	0.00	0.00
0000000019	0	0	0	0	0	0	0.00	0.00	0.00
0000000020	0	0	0	0	0	0	0.00	0.00	0.00
0000000021	0	0	0	0	0	0	0.00	0.00	0.00
0000000022	0	0	0	0	0	0	0.00	0.00	0.00
0000000023	0	0	0	0	0	0	0.00	0.00	0.00
0000000024	0	0	0	0	0	0	0.00	0.00	0.00
0000000025	0	0	0	0	0	0	0.00	0.00	0.00
0000000026	0	0	0	0	0	0	0.00	0.00	0.00
0000000027	0	0	0	0	0	0	0.00	0.00	0.00
0000000028	0	0	0	0	0	0	0.00	0.00	0.00
0000000029	0	0	0	0	0	0	0.00	0.00	0.00
0000000030	0	0	0	0	0	0	0.00	0.00	0.00
0000000031	0	0	0	0	0	0	0.00	0.00	0.00
0000000032	0	0	0	0	0	0	0.00	0.00	0.00
0000000033	0	0	0	0	0	0	0.00	0.00	0.00
0000000034	0	0	0	0	0	0	0.00	0.00	0.00
0000000035	0	0	0	0	0	0	0.00	0.00	0.00
0000000036	0	0	0	0	0	0	0.00	0.00	0.00
0000000037	0	0	0	0	0	0	0.00	0.00	0.00
0000000038	0	0	0	0	0	0	0.00	0.00	0.00
0000000039	0	0	0	0	0	0	0.00	0.00	0.00
0000000040	0	0	0	0	0	0	0.00	0.00	0.00
0000000041	0	0	0	0	0	0	0.00	0.00	0.00
0000000042	0	0	0	0	0	0	0.00	0.00	0.00
0000000043	0	0	0	0	0	0	0.00	0.00	0.00
0000000044	0	0	0	0	0	0	0.00	0.00	0.00
0000000045	0	0	0	0	0	0	0.00	0.00	0.00
0000000046	0	0	0	0	0	0	0.00	0.00	0.00
0000000047	0	0	0	0	0	0	0.00	0.00	0.00
0000000048	0	0	0	0	0	0	0.00	0.00	0.00
0000000049	0	0	0	0	0	0	0.00	0.00	0.00
0000000050	0	0	0	0	0	0	0.00	0.00	0.00
0000000051	0	0	0	0	0	0	0.00	0.00	0.00
0000000052	0	0	0	0	0	0	0.00	0.00	0.00
0000000053	0	0	0	0	0	0	0.00	0.00	0.00
0000000054	0	0	0	0	0	0	0.00	0.00	0.00
0000000055	0	0	0	0	0	0	0.00	0.00	0.00
0000000056	0	0	0	0	0	0	0.00	0.00	0.00
0000000057	0	0	0	0	0	0	0.00	0.00	0.00
0000000058	0	0	0	0	0	0	0.00	0.00	0.00
0000000059	0	0	0	0	0	0	0.00	0.00	0.00
0000000060	0	0	0	0	0	0	0.00	0.00	0.00
0000000061	0	0	0	0	0	0	0.00	0.00	0.00
0000000062	0	0	0	0	0	0	0.00	0.00	0.00
0000000063	0	0	0	0	0	0	0.00	0.00	0.00
0000000064	0	0	0	0	0	0	0.00	0.00	0.00
0000000065	0	0	0	0	0	0	0.00	0.00	0.00
0000000066	0	0	0	0	0	0	0.00	0.00	0.00
0000000067	0	0	0	0	0	0	0.00	0.00	0.00
0000000068	0	0	0	0	0	0	0.00	0.00	0.00
0000000069	0	0	0	0	0	0	0.00	0.00	0.00
0000000070	0	0	0	0	0	0	0.00	0.00	0.00
0000000071	0	0	0	0	0	0	0.00	0.00	0.00
0000000072	0	0	0	0	0	0	0.00	0.00	0.00
0000000073	0	0	0	0	0	0	0.00	0.00	0.00
0000000074	0	0	0	0	0	0	0.00	0.00	0.00
0000000075	0	0	0	0	0	0	0.00	0.00	0.00
0000000076	0	0	0	0	0	0	0.00	0.00	0.00
0000000077	0	0	0	0	0	0	0.00	0.00	0.00
0000000078	0	0	0	0	0	0	0.00	0.00	0.00
0000000079	0	0	0	0	0	0	0.00	0.00	0.00
0000000080	0	0	0	0	0	0	0.00	0.00	0.00
0000000081	0	0	0	0	0	0	0.00	0.00	0.00
0000000082	0	0	0	0	0	0	0.00	0.00	0.00
0000000083	0	0	0	0	0	0	0.00	0.00	0.00
0000000084	0	0	0	0	0	0	0.00	0.00	0.00
0000000085	0	0	0	0	0	0	0.00	0.00	0.00
0000000086	0	0	0	0	0	0	0.00	0.00	0.00
0000000087	0	0	0	0	0	0	0.00	0.00	0.00
0000000088	0	0	0	0	0	0	0.00	0.00	0.00
0000000089	0	0	0	0	0	0	0.00	0.00	0.00
0000000090	0	0	0	0	0	0	0.00	0.00	0.00
0000000091	0	0	0	0	0	0	0.00	0.00	0.00
0000000092	0	0	0	0	0	0	0.00	0.00	0.00
0000000093	0	0	0	0	0	0	0.00	0.00	0.00
0000000094	0	0	0	0	0	0	0.00	0.00	0.00
0000000095	0	0	0	0	0	0	0.00	0.00	0.00
0000000096	0	0	0	0	0	0	0.00	0.00	0.00
0000000097	0	0	0	0	0	0	0.00	0.00	0.00
0000000098	0	0	0	0	0	0	0.00	0.00	0.00
0000000099	0	0	0	0	0	0	0.00	0.00	0.00
0000000100	0	0	0	0	0	0	0.00	0.00	0.00
TOTAL	118317	0	0	118317	0	0	100.00	0.00	0.00

Exhibit C-17 - Budget Number is not used.

Chart C-23, SFY 2023 Budget

Header Version 0: 8/28/2021 4:14:07 PM 4/23/2022

New York State Department of Health and Human Services

Contractor Name: J&J Research & Testing Institute, Inc.

Project: Elder and Health Public Health Postsecondary Support Services

Budget Period: July 1, 2021 - June 30, 2023 (SFY 2022)

Line Item	SFY 2021 Actual			SFY 2022 Actual			SFY 2023 Budget		
	Cost	Revenue	Total	Cost	Revenue	Total	Cost	Revenue	Total
1.0000	11000		11000						
1.0001	11000		11000						
1.0002									
1.0003									
1.0004									
1.0005									
1.0006									
1.0007									
1.0008									
1.0009									
1.0010									
1.0011									
1.0012									
1.0013									
1.0014									
1.0015									
1.0016									
1.0017									
1.0018									
1.0019									
1.0020									
1.0021									
1.0022									
1.0023									
1.0024									
1.0025									
1.0026									
1.0027									
1.0028									
1.0029									
1.0030									
1.0031									
1.0032									
1.0033									
1.0034									
1.0035									
1.0036									
1.0037									
1.0038									
1.0039									
1.0040									
1.0041									
1.0042									
1.0043									
1.0044									
1.0045									
1.0046									
1.0047									
1.0048									
1.0049									
1.0050									
1.0051									
1.0052									
1.0053									
1.0054									
1.0055									
1.0056									
1.0057									
1.0058									
1.0059									
1.0060									
1.0061									
1.0062									
1.0063									
1.0064									
1.0065									
1.0066									
1.0067									
1.0068									
1.0069									
1.0070									
1.0071									
1.0072									
1.0073									
1.0074									
1.0075									
1.0076									
1.0077									
1.0078									
1.0079									
1.0080									
1.0081									
1.0082									
1.0083									
1.0084									
1.0085									
1.0086									
1.0087									
1.0088									
1.0089									
1.0090									
1.0091									
1.0092									
1.0093									
1.0094									
1.0095									
1.0096									
1.0097									
1.0098									
1.0099									
1.0100									
1.0101									
1.0102									
1.0103									
1.0104									
1.0105									
1.0106									
1.0107									
1.0108									
1.0109									
1.0110									
1.0111									
1.0112									
1.0113									
1.0114									
1.0115									
1.0116									
1.0117									
1.0118									
1.0119									
1.0120									
1.0121									
1.0122									
1.0123									
1.0124									
1.0125									
1.0126									
1.0127									
1.0128									
1.0129									
1.0130									
1.0131									
1.0132									
1.0133									
1.0134									
1.0135									
1.0136									
1.0137									
1.0138									
1.0139									
1.0140									
1.0141									
1.0142									
1.0143									
1.0144									
1.0145									
1.0146									
1.0147									
1.0148									
1.0149									
1.0150									
1.0151									
1.0152									
1.0153									
1.0154									
1.0155									
1.0156									
1.0157									
1.0158									
1.0159									
1.0160									
1.0161									
1.0162									
1.0163									
1.0164									
1.0165									
1.0166									
1.0167									
1.0168									
1.0169									
1.0170									
1.0171									
1.0172									
1.0173									
1.0174									
1.0175									
1.0176									
1.0177									
1.0178									
1.0179									
1.0180									
1.0181									
1.0182									
1.0183									
1.0184			</						

Budget Envelope ID: 80428A71-1407-42B4-9704-00000000

Enroll 6/30/17 FY 2018 Budget

HPP - New Hampshire Department of Health and Human Services

Commodities Items: All Personnel & Training Positions, etc.

Project Title: HPP - Public Health Professional Support Services (Hospital Preparedness)

Budget Period: July 1, 2016 - June 30, 2017 (FY 2018)

Account	Type 1 Program Cost			Commodities Items FY2018			Total Available for Operations		
	Enroll	Actual	Total	Enroll	Actual	Total	Enroll	Actual	Total
10000	18000		18000				18000		18000
10100									
10200									
10300									
10400									
10500									
10600									
10700									
10800									
10900									
11000									
11100									
11200									
11300									
11400									
11500									
11600									
11700									
11800									
11900									
12000									
12100									
12200									
12300									
12400									
12500									
12600									
12700									
12800									
12900									
13000									
13100									
13200									
13300									
13400									
13500									
13600									
13700									
13800									
13900									
14000									
14100									
14200									
14300									
14400									
14500									
14600									
14700									
14800									
14900									
15000									
15100									
15200									
15300									
15400									
15500									
15600									
15700									
15800									
15900									
16000									
16100									
16200									
16300									
16400									
16500									
16600									
16700									
16800									
16900									
17000									
17100									
17200									
17300									
17400									
17500									
17600									
17700									
17800									
17900									
18000									
18100									
18200									
18300									
18400									
18500									
18600									
18700									
18800									
18900									
19000									
19100									
19200									
19300									
19400									
19500									
19600									
19700									
19800									
19900									
20000									
20100									
20200									
20300									
20400									
20500									
20600									
20700									
20800									
20900									
21000									
21100									
21200									
21300									
21400									
21500									
21600									
21700									
21800									
21900									
22000									
22100									
22200									
22300									
22400									
22500									
22600									
22700									
22800									
22900									
23000									
23100									
23200									
23300									
23400									
23500									
23600									
23700									
23800									
23900									
24000									
24100									
24200									
24300									
24400									
24500									
24600									
24700									
24800									
24900									
25000									
25100									
25200									
25300									
25400									
25500									
25600									
25700									
25800									
25900									
26000									
26100									
26200									
26300									
26400									
26500									
26600									
26700									
26800									
26900									
27000									
27100									
27200									
27300									
27400									
27500									
27600									
27700									
27800									
27900									
28000									
28100									
28200									
28300									
28400									
28500									
28600									

Line C-03 SFY 2023 Budget

New Hampshire Department of Health and Human Services

Contractor Name: JMI Research & Training Institute, Inc.

Project Title: PHE # Public Health Professional Support Services (PH Emergency Preparedness)

Budget Period: July 1, 2021 - June 30, 2023 (SFY 2023)

Activity	FY 2021			FY 2022			FY 2023		
	Actual	Budget	Total	Actual	Budget	Total	Actual	Budget	Total
Personnel	111,500		111,500	111,500		111,500	111,500		111,500
Travel									
Materials									
Equipment									
Contractual									
Information Technology									
Printing									
Telephone									
Postage									
Supplies									
Travel and Lodging									
Professional Services									
Construction									
Capital Equipment									
Other									
Total	111,500		111,500	111,500		111,500	111,500		111,500

Order C-26, SFY 2022 Budget

New Hampshire Department of Health and Human Services

Contractor Name: JH Research & Training Institute, Inc.
Project Name: ASP 004_Puhoi Health Professional Support Services
Budget Period: July 1, 2021 - June 30, 2022 (SFY 2022)

Line Item	Fiscal Year 2021			Fiscal Year 2022			Total		
	Item	Quantity	Unit Price	Item	Quantity	Unit Price	Item	Quantity	Unit Price
1.000									
1.001									
1.002									
1.003									
1.004									
1.005									
1.006									
1.007									
1.008									
1.009									
1.010									
1.011									
1.012									
1.013									
1.014									
1.015									
1.016									
1.017									
1.018									
1.019									
1.020									
1.021									
1.022									
1.023									
1.024									
1.025									
1.026									
1.027									
1.028									
1.029									
1.030									
1.031									
1.032									
1.033									
1.034									
1.035									
1.036									
1.037									
1.038									
1.039									
1.040									
1.041									
1.042									
1.043									
1.044									
1.045									
1.046									
1.047									
1.048									
1.049									
1.050									
1.051									
1.052									
1.053									
1.054									
1.055									
1.056									
1.057									
1.058									
1.059									
1.060									
1.061									
1.062									
1.063									
1.064									
1.065									
1.066									
1.067									
1.068									
1.069									
1.070									
1.071									
1.072									
1.073									
1.074									
1.075									
1.076									
1.077									
1.078									
1.079									
1.080									
1.081									
1.082									
1.083									
1.084									
1.085									
1.086									
1.087									
1.088									
1.089									
1.090									
1.091									
1.092									
1.093									
1.094									
1.095									
1.096									
1.097									
1.098									
1.099									
1.100									
1.101									
1.102									
1.103									
1.104									
1.105									
1.106									
1.107									
1.108									
1.109									
1.110									
1.111									
1.112									
1.113									
1.114									
1.115									
1.116									
1.117									
1.118									
1.119									
1.120									
1.121									
1.122									
1.123									
1.124									
1.125									
1.126									
1.127									
1.128									
1.129									
1.130									
1.131									
1.132									
1.133									
1.134									
1.135									
1.136									
1.137									
1.138									
1.139									
1.140									
1.141									
1.142									
1.143									
1.144									
1.145									
1.146									
1.147									
1.148									
1.149									
1.150									
1.151									
1.152									
1.153									
1.154									
1.155									
1.156									
1.157									
1.158									
1.159									
1.160									
1.161									
1.162									
1.163									
1.164									
1.165									
1.166									
1.167									
1.168									
1.169									
1.170									
1.171									
1.172									
1.173									
1.174									
1.175									
1.176									
1.177									
1.178									
1.179									
1.180									
1.181									
1.182									
1.183									
1.184									
1.185									
1.186									
1.187									
1.188									
1.189									
1.190									
1.191									
1.192									
1.193									
1.194									
1.195									
1.196									
1.197									
1.198									
1.199									
1.200									
1.201									
1.202									
1.203									
1.204									
1.205									
1.206									
1.207									
1.208									
1.209									
1.210									
1.211									
1.212									
1.213									
1.214									
1.215									
1.216									
1.217									
1.218									
1.219									
1.220									
1.221									
1.222									
1.223									
1.224									
1.225									
1.226									
1.227									
1.228									
1.229									
1.230									
1.231									
1.232									
1.233									
1.234									
1.235									
1.236									
1.237									
1.238									
1									

Local Gov. EY 2024 Budget

Vendor Name: JBI Research & Training Institute, Inc.

New Hampshire Department of Health and Human Services

Contract Name: JBI Research & Training Institute, Inc.

Project Title: NH Public Health Professional Support Services

Contract Period: July 1, 2024 - June 30, 2025 (EY 2024)

Item	Fiscal Year 2024		Fiscal Year 2025		Total	
	Estimate	Total	Estimate	Total	Estimate	Total
Professional Services	1,000,000	1,000,000	1,000,000	1,000,000	2,000,000	2,000,000
Travel	50,000	50,000	50,000	50,000	100,000	100,000
Materials	10,000	10,000	10,000	10,000	20,000	20,000
Subcontractors	200,000	200,000	200,000	200,000	400,000	400,000
Other	50,000	50,000	50,000	50,000	100,000	100,000
Total	1,410,000	1,410,000	1,410,000	1,410,000	2,820,000	2,820,000

Health Services © 2017-2018 (1) 10/10/2017 10:20:00 AM

Line C-7, NY 2020 Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD
 Instructions 11/7/16 and the Department's column 1 policy for Contractor, State, or Applicant and Funded by CHS2. Everything else will auto-populate.

Contractor Name: **RI Research & Training Institute, Inc.**
 Project Title: **RI Public Health Professional Support Services**
 Budget Period: **July 1, 2021 - June 30, 2021 (BY FY 2022)**

Line Item	Fiscal Year 2021			Fiscal Year 2022			Fiscal Year 2023			Total
	Amount	Percent	Rate	Amount	Percent	Rate	Amount	Percent	Rate	
1.0000	100000			100000						200000
1.0001										
1.0002										
1.0003										
1.0004										
1.0005										
1.0006										
1.0007										
1.0008										
1.0009										
1.0010										
1.0011										
1.0012										
1.0013										
1.0014										
1.0015										
1.0016										
1.0017										
1.0018										
1.0019										
1.0020										
1.0021										
1.0022										
1.0023										
1.0024										
1.0025										
1.0026										
1.0027										
1.0028										
1.0029										
1.0030										
1.0031										
1.0032										
1.0033										
1.0034										
1.0035										
1.0036										
1.0037										
1.0038										
1.0039										
1.0040										
1.0041										
1.0042										
1.0043										
1.0044										
1.0045										
1.0046										
1.0047										
1.0048										
1.0049										
1.0050										
1.0051										
1.0052										
1.0053										
1.0054										
1.0055										
1.0056										
1.0057										
1.0058										
1.0059										
1.0060										
1.0061										
1.0062										
1.0063										
1.0064										
1.0065										
1.0066										
1.0067										
1.0068										
1.0069										
1.0070										
1.0071										
1.0072										
1.0073										
1.0074										
1.0075										
1.0076										
1.0077										
1.0078										
1.0079										
1.0080										
1.0081										
1.0082										
1.0083										
1.0084										
1.0085										
1.0086										
1.0087										
1.0088										
1.0089										
1.0090										
1.0091										
1.0092										
1.0093										
1.0094										
1.0095										
1.0096										
1.0097										
1.0098										
1.0099										
1.0100										
1.0101										
1.0102										
1.0103										
1.0104										
1.0105										
1.0106										
1.0107										
1.0108										
1.0109										
1.0110										
1.0111										
1.0112										
1.0113										
1.0114										
1.0115										
1.0116										
1.0117										
1.0118										
1.0119										
1.0120										
1.0121										
1.0122										
1.0123										
1.0124										
1.0125										
1.0126										
1.0127										
1.0128										
1.0129										
1.0130										
1.0131										
1.0132										
1.0133										
1.0134										
1.0135										
1.0136										
1.0137										
1.0138										
1.0139										
1.0140										
1.0141										
1.0142										
1.0143										
1.0144										
1.0145										
1.0146										
1.0147										
1.0148										
1.0149										
1.0150										
1.0151										
1.0152										
1.0153										
1.0154										
1.0155										
1.0156										
1.0157										
1.0158										
1.0159										
1.0160										
1.0161										
1.0162										
1.0163										
1.0164										
1.0165										
1.0166										
1.0167										
1.0168										
1.0169										
1.0170										
1.0171										
1.0172										
1.0173										
1.0174										
1.0175										
1.0176										
1.0177										
1.0178										
1.0179										
1.0180										
1.0181										
1.0182										
1.0183										
1.0184										
1.0185										
1.0186										
1.0187										
1.0188										
1.0189										
1.0190										
1.0191										
1.0192										
1.0193										
1.0194										
1.0195										
1.0196										
1.0197										
1.0198										
1.0199										
1.0200										

Contract Number: 2020-01-001-0000000000

Line C-00 SPY 2024 Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD
In Section 1 of this form, the Department column's only for Contractors. Share (if applicable) and Funded by DHS - Everything else sets automatically, per state.

Contractor Name: JBI Research & Training Institute, Inc.
Project Title: 00_People Health Professional Support Services
Budget Period: July 1, 2023 - June 30, 2024 (FY 2024)

Line Item	2023			2024			2025			2026		
	Est.	Actual	Balance	Est.	Actual	Balance	Est.	Actual	Balance	Est.	Actual	Balance
001	10000			10000								
002	20000			20000								
003	30000			30000								
004	40000			40000								
005	50000			50000								
006	60000			60000								
007	70000			70000								
008	80000			80000								
009	90000			90000								
010	100000			100000								
011	110000			110000								
012	120000			120000								
013	130000			130000								
014	140000			140000								
015	150000			150000								
016	160000			160000								
017	170000			170000								
018	180000			180000								
019	190000			190000								
020	200000			200000								
021	210000			210000								
022	220000			220000								
023	230000			230000								
024	240000			240000								
025	250000			250000								
026	260000			260000								
027	270000			270000								
028	280000			280000								
029	290000			290000								
030	300000			300000								
031	310000			310000								
032	320000			320000								
033	330000			330000								
034	340000			340000								
035	350000			350000								
036	360000			360000								
037	370000			370000								
038	380000			380000								
039	390000			390000								
040	400000			400000								
041	410000			410000								
042	420000			420000								
043	430000			430000								
044	440000			440000								
045	450000			450000								
046	460000			460000								
047	470000			470000								
048	480000			480000								
049	490000			490000								
050	500000			500000								
051	510000			510000								
052	520000			520000								
053	530000			530000								
054	540000			540000								
055	550000			550000								
056	560000			560000								
057	570000			570000								
058	580000			580000								
059	590000			590000								
060	600000			600000								
061	610000			610000								
062	620000			620000								
063	630000			630000								
064	640000			640000								
065	650000			650000								
066	660000			660000								
067	670000			670000								
068	680000			680000								
069	690000			690000								
070	700000			700000								
071	710000			710000								
072	720000			720000								
073	730000			730000								
074	740000			740000								
075	750000			750000								
076	760000			760000								
077	770000			770000								
078	780000			780000								
079	790000			790000								
080	800000			800000								
081	810000			810000								
082	820000			820000								
083	830000			830000								
084	840000			840000								
085	850000			850000								
086	860000			860000								
087	870000			870000								
088	880000			880000								
089	890000			890000								
090	900000			900000								
091	910000			910000								
092	920000			920000								
093	930000			930000								
094	940000			940000								
095	950000			950000								
096	960000			960000								
097	970000			970000								
098	980000			980000								
099	990000			990000								
100	1000000			1000000								

DocuSign Envelope ID: 25458412-0714-0000-0000-000000000000

Form 6-08, BY 200 Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD
 (Systems 17.00 and the Governmental Systems only for Contractor Work, it applies to all Funded by DSHS. Every entry also has an item ready, please refer.)

Contract Name: **AM Research & Training Institute, Inc.**
 Project Title: **Public Health Professional Support Services**
 Budget Period: **July 1, 2008 - June 30, 2009 (BY 200)**

Line Item	2008 Budget (BY)		2009 Budget (BY)		2010 Budget (BY)		2011 Budget (BY)		2012 Budget (BY)	
	Est.	Actual								
1. Personnel	11,000.00		11,000.00							
2. Materials										
3. Travel										
4. Other										
Total	11,000.00		11,000.00							

DocuSign Envelope ID: 2B49F7114474444444444444

Line C-01 SFY 2024 Budget

New Hampshire Department of Health and Human Services

Contractor Name: All Research & Training Institute, Inc.
 Project Title: NH Public Health Professional Support Contract
 Budget Period: July 1, 2023 - June 30, 2024 (SFY 2024)

Line Item	Type of Support			Contract Type/FOUO			Funding Source/Category		
	Rate	Hours	Total	Rate	Hours	Total	Rate	Hours	Total
1.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
2.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
3.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
4.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
5.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
6.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
7.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
8.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
9.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
10.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
11.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
12.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
13.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
14.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
15.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
16.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
17.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
18.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
19.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
20.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
21.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
22.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
23.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
24.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
25.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
26.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
27.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
28.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
29.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
30.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
31.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
32.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
33.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
34.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
35.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
36.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
37.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
38.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
39.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
40.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
41.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
42.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
43.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
44.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
45.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
46.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
47.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
48.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
49.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
50.000	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
TOTAL	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Line C-0, SFY 2020 Budget

DocuSign Envelope ID: 4C2BA464-1124-4ADE-BE3F-B05749ED5F2D

New Hampshire Department of Health and Human Services

Contractor: State of New Hampshire & Training Institute, Inc.

Project Title: NH Public Health Professional Support Services

Budget Period: July 1, 2019 - June 30, 2020 (SFY 2020)

Line Item	2019 Budget		2020 Budget		Total		Total		Total	
	Est.	Act.	Est.	Act.	Est.	Act.	Est.	Act.	Est.	Act.
1.0000	11,000.00				11,000.00		11,000.00		11,000.00	
1.0001	11,000.00				11,000.00		11,000.00		11,000.00	
1.0002										
1.0003										
1.0004										
1.0005										
1.0006										
1.0007										
1.0008										
1.0009										
1.0010										
1.0011										
1.0012										
1.0013										
1.0014										
1.0015										
1.0016										
1.0017										
1.0018										
1.0019										
1.0020										
1.0021										
1.0022										
1.0023										
1.0024										
1.0025										
1.0026										
1.0027										
1.0028										
1.0029										
1.0030										
1.0031										
1.0032										
1.0033										
1.0034										
1.0035										
1.0036										
1.0037										
1.0038										
1.0039										
1.0040										
1.0041										
1.0042										
1.0043										
1.0044										
1.0045										
1.0046										
1.0047										
1.0048										
1.0049										
1.0050										
1.0051										
1.0052										
1.0053										
1.0054										
1.0055										
1.0056										
1.0057										
1.0058										
1.0059										
1.0060										
1.0061										
1.0062										
1.0063										
1.0064										
1.0065										
1.0066										
1.0067										
1.0068										
1.0069										
1.0070										
1.0071										
1.0072										
1.0073										
1.0074										
1.0075										
1.0076										
1.0077										
1.0078										
1.0079										
1.0080										
1.0081										
1.0082										
1.0083										
1.0084										
1.0085										
1.0086										
1.0087										
1.0088										
1.0089										
1.0090										
1.0091										
1.0092										
1.0093										
1.0094										
1.0095										
1.0096										
1.0097										
1.0098										
1.0099										
1.0100										
TOTAL	11,000.00				11,000.00		11,000.00		11,000.00	

New Hampshire Department of Health and Human Services
Exhibit D



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

DR
KR

New Hampshire Department of Health and Human Services
Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Vendor Name:

12/6/2021

Date

DocuSigned by:

Katherine Robert

Name: KATHERINE ROBERT

Title: Director

New Hampshire Department of Health and Human Services
Exhibit E



CERTIFICATION REGARDING LOBBYING

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

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

- Programs (indicate applicable program covered):
- *Temporary Assistance to Needy Families under Title IV-A
 - *Child Support Enforcement Program under Title IV-D
 - *Social Services Block Grant Program under Title XX
 - *Medicaid Program under Title XIX
 - *Community Services Block Grant under Title VI
 - *Child Care Development Block Grant under Title IV

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

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

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

Vendor Name:

12/6/2021

Date

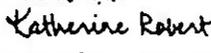
DocuSigned by:

 Name: Katherine Robert
 Title: Director

Exhibit E - Certification Regarding Lobbying

Vendor Initials

DS
KR

12/6/2021
Date

New Hampshire Department of Health and Human Services
Exhibit F



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

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

INSTRUCTIONS FOR CERTIFICATION

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

Exhibit F - Certification Regarding Debarment, Suspension
And Other Responsibility Matters

Contractor Initials

DR
KR

12/6/2021

Date

New Hampshire Department of Health and Human Services
Exhibit F



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

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

PRIMARY COVERED TRANSACTIONS

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

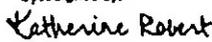
LOWER TIER COVERED TRANSACTIONS

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

Contractor Name:

12/6/2021

Date

DocuSigned by:

 Name: Katherine Robert
 Title: Director

03
KR

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

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

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

Exhibit G

Contractor Initials

DS
KR

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

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Contractor Name:

12/6/2021

Date

DocuSigned by:

Katherine Robert

Name: Katherine Robert

Title: Director

Exhibit G

Contractor Initials

DR

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

New Hampshire Department of Health and Human Services
Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name:

12/6/2021

Date

DocuSigned by:
Katherine Robert
Name: Katherine Robert
Title: Director

Contractor Initials KR
Date 12/6/2021

New Hampshire Department of Health and Human Services



Exhibit I

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT**

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

(1) Definitions

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

KR

New Hampshire Department of Health and Human Services



Exhibit I

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

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

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

New Hampshire Department of Health and Human Services



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3.(1). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

New Hampshire Department of Health and Human Services



Exhibit I

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

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

3/2014

Contractor Initials

KR

Date 12/6/2021

New Hampshire Department of Health and Human Services



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

3/2014

Contractor Initials

KR

Date 12/6/2021

New Hampshire Department of Health and Human Services



Exhibit I

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

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

Department of Health and Human Services

JSI Research & Training Institute, Inc.

The State of:

Name of the Contractor

Patricia M. Tilley

Katherine Robert

Signature of Authorized Representative

Signature of Authorized Representative

Patricia M. Tilley

Katherine Robert

Name of Authorized Representative Director

Name of Authorized Representative Director

Title of Authorized Representative

Title of Authorized Representative

12/6/2021

12/6/2021

Date

Date

New Hampshire Department of Health and Human Services
Exhibit J



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

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

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

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

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

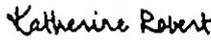
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees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

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

Contractor Name:

12/6/2021

Date

DocuSigned by:

 Name: Katherine Robert
 Title: Director

Contractor Initials 
 Date 12/6/2021

New Hampshire Department of Health and Human Services
Exhibit J



FORM A

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

1. The DUNS number for your entity is: 14-5729117
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

 NO x YES

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

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

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

 NO x YES

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

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

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

Name: _____	Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

09
KR

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

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

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

DR
KR

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Department's discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

DR
KR

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

DS
KR

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

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

V. LOSS REPORTING

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

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

- 1. Identify Incidents;
- 2. Determine if personally identifiable information is involved in Incidents;
- 3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
- 4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

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



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov