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

Lori A. Weaver  
Commissioner

Jain N. Watt  
Interim Director

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March 11, 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 award a contract with JSI Research & Training Institute, Inc. dba Community Health Institute (VC#161611-B001), Bow, NH, in the amount of \$425,000 to provide training and technical assistance to the NH Maternal, Infant and Early Childhood Home Visiting program, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2025. 100% General Funds.

Funds are available in the following account for State Fiscal Year 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.

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

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2024	102-500731	Contracts for Program Services	90005896	\$175,000
2025	102-500731	Contracts for Program Services	90005896	\$250,000
			<b>Total</b>	<b>\$425,000</b>

**EXPLANATION**

The purpose of this request is for the Contractor to provide statewide, coordinated training and technical assistance services and professional development opportunities to home visiting staff.. The Contractor will ensure successful outcomes focused on family health and wellness, promoting healthy parent-child interaction and child development, and making community connections. The Contractor will promote increased knowledge and skill-building among the Department's contracted home visiting agencies, timely and efficient administrative processes, and effective evaluation of programs.

Approximately 65 home visiting staff will be served during state fiscal years 2024 and 2025.

The Contractor will support the Department's Maternal, Infant and Early Childhood Home Visiting Program and its six (6) local implementing agencies. The Contractor will provide a broad range of home visiting and family support professional development support services to the local implementing agencies and the Department's Maternal, Infant and Early Childhood Home Visiting Program staff. The Contractor will:

- Develop and implement a variety of prevention-focused training programs.
- Conduct needs assessments to determine specific professional development needs.
- Conduct a gap analysis to determine communities and populations for targeted outreach.
- Provide scholarships for home visiting staff to attend advanced trainings.
- Provide technical assistance ensuring subject matter experts are available to the Department.
- Provide logistical support and planning for conferences and meetings.
- Provide an opportunity for families participating in the Healthy Families America NH program to have a voice in the quality improvement and service delivery activities of the program.

The Department will monitor services through:

- Quarterly reports from the Contractor.
- Quarterly meetings with the Contractor.
- Monthly review of invoices and supporting fiscal documents.

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 December 22, 2023 through January 31, 2024. The Department received two (2) responses that were 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, contracted local implementing agencies will be without sufficient resources to meet their required professional development needs, leaving staff under-trained for the work they do with families. Additionally, the Department will be unable to adequately assess gaps in services provided to NH communities, which may leave NH families at greater risk for negative maternal and child health outcomes.

Area served: Statewide.

Respectfully submitted,

  
Lori A. Weaver  
Commissioner

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

Project ID # **RFA-2024-DPHS-10-HOMEV**

Project Title **Home Visiting MIECHV Training and Technical Assistance**

	Maximum Points Available	JSI Research & Training Institute d/b/a Community Health Institute	NH Children's Trust
<b>Technical</b>			
Experience (Q1)	125	122	120
Training and Technical (Q2)	75	75	67
Recruitment and Engagement (Q3)	100	95	85
<b>TOTAL POINTS</b>	<b>300</b>	<b>292</b>	<b>272</b>

**Reviewer Name**

- 1 Kristi Hart
- 2 Paula Gyurcsan
- 3 Gary Titus
- 4 Virginia Jones
- 5 Mikung Hughes

**Title**

- Administrator
- Program Manager
- Data Coordinator
- Family Support Program Specialist
- Manager

**Subject:** RFA-2024-DPHS-10-HOMEV-01 (Home Visiting MIECHV Training and Technical Assistance)

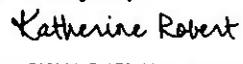
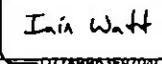
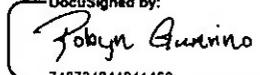
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**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. dba Community Health Institute		1.4 Contractor Address 501 South Street, 2nd Fl. Bow, NH 03304	
1.5 Contractor Phone Number (603) 573-3300	1.6 Account Unit and Class 05-95-90-902010-5896-102	1.7 Completion Date June 30, 2025	1.8 Price Limitation \$425,000
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Katherine Robert		1.12 Name and Title of Contractor Signatory Katherine Robert Director	
1.13 State Agency Signature DocuSigned by:  Iain Watt		1.14 Name and Title of State Agency Signatory Iain Watt Interim Director - DPHS	
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: 3/13/2024			
1.17 Approval by the Governor and Executive Council (if applicable)  G&C Item number: _____ G&C Meeting Date: _____			

Contractor Initials   
 Date  
 3/8/2024

**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, 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.

3.3 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. 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 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, 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 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. 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.

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 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

**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 and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. 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 age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4. 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 this Agreement and all rules, regulations and orders pertaining to 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 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

Contractor Initials   
Date 3/8/2024

**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) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar 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.

**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) calendar 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) calendar 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. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

**10. PROPERTY OWNERSHIP/DISCLOSURE.**

10.1 As used in this Agreement, the word "Property" shall mean all data, 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 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure 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 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, 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.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 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.** The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. 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 State's sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

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 Contractor Initials \_\_\_\_\_  
 Date 3/8/2024 \_\_\_\_\_

**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 any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. 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 any 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. WAIVER OF BREACH.** A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

**17. 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.

**18. 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.

**19. CHOICE OF LAW AND FORUM.**

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. 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.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

**20. CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

**21. THIRD PARTIES.** This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

**22. 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.

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

**24. FURTHER ASSURANCES.** The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

**25. 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.

**26. 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.

Contractor Initials   
Date 3/8/2024

**New Hampshire Department of Health and Human Services  
Home Visiting MIECHV Training and Technical Assistance  
EXHIBIT A**

**Revisions to Standard Agreement Provisions**

**1. Revisions to Form P-37, General Provisions**

**1.1. Paragraph 3, Effective Date/Completion of Services, is amended by deleting subparagraph 3.3 in its entirety and replacing it as follows:**

**3.3. Contractor must complete all Services by the Completion Date specified in block 1.7. 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.**

**1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.5 as follows:**

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

**New Hampshire Department of Health and Human Services  
RFA-2024-DPHS-10-HOMEV-01**

**EXHIBIT B**

**Scope of Services**

**1. Statement of Work**

- 1.1. The Contractor must provide training and technical assistance to the NH Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, including its participating agencies.
- 1.2. The Contractor must ensure services increase the capacity of local and state-level home visiting professionals to provide high-quality home visiting services to NH families. Services must include but are not limited to:
  - 1.2.1. Developing and implementing training programs.
  - 1.2.2. Conducting training needs assessments.
  - 1.2.3. Developing educational materials.
  - 1.2.4. Planning for statewide and regional conferences.
  - 1.2.5. Making subject matter experts available to NH MIECHV contractors.
- 1.3. For the purposes of this Agreement, all references to business hours mean Monday through Friday from 8:00 AM to 4:00 PM.
- 1.4. The Contractor must provide a broad range of home visiting and family support professional development opportunities to local implementing agencies (LIA) staff and the Department's MIECHV Program staff, including, but not limited to:
  - 1.4.1. Conducting needs assessments to determine specific professional development needs.
  - 1.4.2. Developing and implementing a variety of prevention-focused training programs.
  - 1.4.3. Providing logistical support and planning for conferences and meetings.
  - 1.4.4. Providing technical assistance ensuring subject matter experts are available to the Department.
  - 1.4.5. Developing and distributing educational materials to LIAs and the community as directed by the Department.
  - 1.4.6. Providing scholarships for home visiting staff to attend advanced trainings.
  - 1.4.7. Ensuring the efficient use of resources.
- 1.5. The Contractor must provide services to increase the capacity of LIA staff to provide high-quality home visiting services by:
  - 1.5.1. Developing and implementing a variety of training programs;
  - 1.5.2. Developing evaluation plans for all developed trainings;

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**New Hampshire Department of Health and Human Services  
RFA-2024-DPHS-10-HOMEV-01**

**EXHIBIT B**

- 1.5.3. Facilitating conference planning and providing logistical support services for these conferences; and
- 1.5.4. Providing technical assistance to the Department and its Contractors, as determined by the Department.
- 1.6. Gap Analysis and Program Support
  - 1.6.1. NH Maternal Infant and Early Childhood Home Visiting (MIECHV) Program
    - 1.6.1.1. The Contractor must work with the NH MIECHV program to conduct and complete an annual gap analysis of the NH MIECHV program's current service populations compared to the populations identified in the 2018 Needs Assessment, to identify opportunities for improved community outreach within the first 12 months of the resulting contract and annually thereafter.
    - 1.6.1.2. The Contractor must, based on the findings of the gap analysis, support the MIECHV Program in all identified at-risk communities in conducting a minimum of two targeted outreach efforts annually to engage and recruit members of diverse populations, unserved or underserved by the NH MIECHV program.
- 1.7. Logistical Support for Conferences, Meetings and Planning Groups
  - 1.7.1. General Logistic Support for Conferences
    - 1.7.1.1. The Contractor must provide logistical support for conferences as approved by the Department, which must include, but is not limited to:
      - 1.7.1.1.1. Convening, facilitating, and documenting meetings of work groups and role-specific groups.
      - 1.7.1.1.2. Developing the conference and meeting agendas in coordination with planning teams and/or the Department.
      - 1.7.1.1.3. Compiling e-mail lists to promote conferences using addresses supplied by members of the planning team.
      - 1.7.1.1.4. Designing and electronically publishing conference brochures, "Save the Date" announcements, and other marketing materials as funding allows.

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**New Hampshire Department of Health and Human Services  
RFA-2024-DPHS-10-HOMEV-01**

**EXHIBIT B**

- 1.7.1.1.5. Disseminating announcements of meetings to members.
- 1.7.1.1.6. Designing the layout and printing materials for conference attendees.
- 1.7.1.1.7. Coordinating logistics with speakers.
- 1.7.1.1.8. Coordinating logistics with vendors and supporting their logistical needs during conferences.
- 1.7.1.1.9. Providing operations support during conferences and meetings including, but not limited to:
  - 1.7.1.1.9.1. Registering attendees.
  - 1.7.1.1.9.2. Coordinating IT needs.
  - 1.7.1.1.9.3. Coordinating with the DHHS and site staff.
  - 1.7.1.1.9.4. Providing attendees with certificates of attendance or completion.
  - 1.7.1.1.9.5. Conducting other activities typically associated with conference and/or meeting support.
- 1.7.1.1.10. Compiling data from evaluation forms completed by attendees, analyzing data, and providing written reports to programs.
- 1.7.1.1.11. Receiving payments from vendors, which must be utilized for supporting conferences, with any additional funding to be utilized for activities funded by the program sponsoring the conference.
- 1.7.1.1.12. Facilitating reservations and logistics of each conference site.
- 1.7.1.1.13. Reporting all costs and income generated for each conference to the program funding the conference.
- 1.7.1.2. The Contractor must provide logistical support to the NH MIECHV Program to support family advisory capacity, including providing gift cards to caregiver/parent advisors.

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**New Hampshire Department of Health and Human Services  
RFA-2024-DPHS-10-HOMEV-01**

**EXHIBIT B**

- 1.7.1.3. The Contractor must offer program participants a \$15 gift card for completing surveys related to program advertisement or program improvement.
- 1.7.1.4. The Contractor must offer a gift card in the amount of \$25 to program participants who participate in virtual meetings for the purpose of program advisement, program improvement, or virtual trainings.
- 1.7.1.5. The Contractor must offer a gift card in the amount of \$50 for a half-day (up to 4 hours) and \$100 for a full-day (up to 8 hours) to program participants who participate in in-person meetings or trainings.
- 1.7.2. NH Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program
  - 1.7.2.1. The Contractor must provide planning, scheduling and logistical support as requested for role-specific collaborative meetings among LIA staff on at least a quarterly basis. Meetings must be held to support the following groups:
    - 1.7.2.1.1. HFA Nurses.
    - 1.7.2.1.2. Family Resource Specialists.
    - 1.7.2.1.3. Family Support Specialists.
    - 1.7.2.1.4. Supervisors and Program Managers.
    - 1.7.2.1.5. Newly hired staff.
    - 1.7.2.1.6. Parent/ caregiver/ family leaders and advisors.
  - 1.7.2.2. The Contractor must develop and implement an annual training plan that includes, but is not limited to:
    - 1.7.2.2.1. Agency – or role-specific training plans.
    - 1.7.2.2.2. A minimum of twelve (12) training opportunities offered to NH MIECHV home visiting staff annually.
    - 1.7.2.2.3. Pre- and post-evaluations of developed trainings.
  - 1.7.2.3. The Contractor must provide logistical support to the NH MIECHV Program to support family advisory capacity, including providing gift cards to caregiver/parent advisors, in a manner consistent with industry standards.
  - 1.7.2.4. The Contractor must develop training for, or link parent/caregiver/family advisors to existing training<sup>s</sup> to

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support strategic sharing and professional growth in family leadership for parent/caregiver/family advisors.

1.7.2.5. The Contractor must provide logistical support, planning support and evaluation for a minimum of two (2) annual all-staff or regional in-person training events for up to 60 staff from the NH MIECHV Program.

1.7.2.5.1. Content for training events will be determined based on a review of desired training content gathered through annual training surveys, in conjunction with a review of required training content for the Healthy Families America (HFA) model.

1.7.2.6. The Contractor must develop at least two (2) annual workforce wellness or wellbeing activities/initiatives to support agency staff in conducting self-care and team-building activities to prevent compassion fatigue and burnout, in support of workforce retention.

1.7.2.7. The Contractor must develop a set-aside fund to provide no less than eight (8) training scholarships for NH MIECHV-funded LIA staff, including HFA Family Resource Specialists, Family Support Specialists, Registered Nurses, Supervisors, and Program Managers to participate in advanced trainings and national conferences to expand professional development and learning opportunities. In the event of a special circumstance, approval may be given by DHHS for scholarship funds to pay for HFA Core training on a one-time basis.

**1.8. Technical Assistance**

1.8.1. The Contractor must provide technical assistance to support the NH MIECHV program's continuous quality improvement (CQI) activities through meeting coordination and the development of visual aids and data visualizations as requested.

1.8.2. The Contractor must provide technical assistance as requested for the purpose of engaging family and participant input related to program improvement activities.

**1.9. Development and Production of Educational Materials**

**1.9.1. General Standards for Education Materials**

1.9.1.1. The Contractor must, in consultation with the Department subject matter experts, develop and/or produce educational



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materials on topics identified by Department staff.

- 1.9.1.2. The selected Vendor must 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.
- 1.9.1.3. The selected Vendor must ensure all materials are developed in accordance with the 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. This document can be found here: [https://www.cdc.gov/healthliteracy/pdf/Simply\\_Put.pdf](https://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf)
- 1.9.2. NH Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program
  - 1.9.2.1. The Contractor must assist the Department's NH MIECHV staff with the development of outreach and educational materials, that include, but are not limited to:
    - 1.9.2.1.1. Updating the existing promotional materials in both digital and print formats;
    - 1.9.2.1.2. Developing 2-3 home visiting-specific social media posts per month, to share on the DPHS Facebook account.
    - 1.9.2.1.3. Developing materials to support current and upcoming CQI project activities, as guided by the Home Visiting Program Manager or designee.
    - 1.9.2.1.4. Developing and/or sharing Environmental Health promotional information and resource toolkits in collaboration with the NH Environmental Public Health Tracking program.
    - 1.9.2.1.5. A monthly e-newsletter for NH MIECHV LIA staff, promoting educational opportunities and program information.
    - 1.9.2.1.6. Other outreach and educational materials as identified through the training plan, training evaluations, or in response to emerging programmatic needs.

**1.10. Evaluation Planning**

1.10.1. The Contractor must develop evaluation plans, in consultation with

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B-2.0

Contractor Initials

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- Department subject matter experts, which clearly outline goals, objectives, activities, outputs, outcomes, and performance measures.
- 1.10.2. The Contractor must ensure that all staff submit all required documentation.
  - 1.10.3. The Contractor must actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes
  - 1.10.4. The Contractor must participate in meetings with the Department on a quarterly basis, or as otherwise requested by the Department.
  - 1.11. The Contractor must participate in meetings with the Department on a quarterly basis, or as otherwise requested by the Department.
  - 1.12. The Contractor may be required to facilitate reviews of files conducted by the Department on an annual basis, or as otherwise requested by the Department, that may include, but are not limited to:
  - 1.13. Reporting
    - 1.13.1. The Contractor must submit quarterly reports to which include, but are not limited to:
      - 1.13.1.1. Status of annual training plan;
      - 1.13.1.2. Training content developed;
      - 1.13.1.3. New training content made available to LIA staff from outside sources;
      - 1.13.1.4. In-person and virtual training with newly-developed content provide to LIA staff including:
        - 1.13.1.4.1. Content
        - 1.13.1.4.2. Number of attendees
        - 1.13.1.4.3. Evaluation Results
        - 1.13.1.4.4. Advanced Training Scholarships issued, including:
          - 1.13.1.4.4.1. Scholarship recipient.
          - 1.13.1.4.4.2. Agenda of training attended.
          - 1.13.1.4.4.3. Number of role-specific and other meetings coordinated and/or facilitated.
          - 1.13.1.4.4.4. Status and outcomes of gap analysis.

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1.13.1.4.4.5. Activities conducted to address service gaps.

1.13.1.4.5. Number and description of annual workforce wellness activities or initiatives conducted.

1.13.2. Performance Measures

1.13.2.1. The Contractor must provide key data in a format and at a frequency specified by the Department for the following performance measures:

1.13.2.1.1. Responds to all requests for high-priority consultation services within one (1) business day.

1.13.2.1.2. Respond to all requests for high-priority technical assistance within one (1) business day.

1.13.2.1.3. At least 85% of prevention focused training programs receive a rating no less than 'Very Good'.

1.13.2.1.4. At least 85% of the logistical support conferences, meetings, and planning groups receive a rating no less than 'Very Good'.

1.13.2.2. The Contractor must identify barriers to meeting performance measures on a quarterly basis in conjunction with the quarterly report, and provide a corrective action plan which:

1.13.2.2.1. Identifies barriers to success;

1.13.2.2.2. Includes a work plan for mitigating barriers; and

1.13.2.2.3. Includes a timeline in which compliance with performance measures will be met.

1.13.2.3. The Contractor must ensure the following performance outcomes and measure are achieved and monitored throughout the contract period to measure the effectiveness of the agreement:

1.13.2.3.1. 100% of staff deployed submit all required documentation.

1.13.2.3.2. The selected Vendor must actively and regularly collaborate with the Department to enhance contract management, improve results, and

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adjust program delivery and policy based on successful outcomes.

1.13.2.4. The Contractor may be required to provide other key data and metrics to the Department in a format specified by the Department.

**1.14. Confidential Data**

1.14.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Information Security Requirements Exhibit as referenced below.

1.14.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Information Security Requirements Exhibit. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.

**1.15. Privacy Impact Assessment**

1.15.1. Upon request, the Contractor must allow and assist the Department in conducting a Privacy Impact Assessment (PIA) of its system(s)/application(s)/web portal(s)/website(s) or Department system(s)/application(s)/web portal(s)/website(s) hosted by the Contractor, if Personally Identifiable Information (PII) is collected, used, accessed, shared, or stored. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:

1.15.1.1. How PII is gathered and stored;

1.15.1.2. Who will have access to PII;

1.15.1.3. How PII will be used in the system;

1.15.1.4. How individual consent will be achieved and revoked; and

1.15.1.5. Privacy practices.

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

**1.16. Contract End-of-Life Transition Services**

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**1.16.1. General Requirements**

- 1.16.1.1. If applicable, upon termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a smooth secure transition of the Services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the Services previously performed by the Contractor for this section the new Contractor shall be known as "Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.
- 1.16.1.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and its End Users to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of any such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with and assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.
- 1.16.1.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store Department Data in relationship to this contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of Department Data is complete.
- 1.16.1.4. The internal planning of the Transition Services by the Contractor and its End Users shall be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this Agreement.
- 1.16.1.5. Should the data Transition extend beyond the end of the Agreement, the Contractor agrees that the Information



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Security Requirements, and if applicable, the Department's Business Associate Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

1.16.1.6. In the event where the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the terms and conditions of the Department's DHHS Information Security Requirements Exhibit.

**1.16.2. Completion of Transition Services**

1.16.2.1. Each service or Transition phase shall be deemed completed (and the Transition process finalized) at the end of 15 business days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan, unless within said 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.

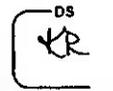
1.16.2.2. Once all parties agree the data has been migrated the Contractor will have 30 days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

**1.17. Disagreement over Transition Services Results**

1.17.1.1. In the event the Department is not satisfied with the results of the Transition Service, the Department shall notify the Contractor, in writing, stating the reason for the lack of satisfaction within 15 business days of the final product or at any time during the data Transition process. The Parties shall discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department shall be entitled to initiate actions in accordance with the Agreement.

**1.18. Website and Social Media**

1.18.1. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH DoIT website and social media requirements and policies.



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1.18.2. The Contractor agrees Protected Health Information (PHI), Personally Identifiable Information (PII), or other Confidential Information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other Confidential Information is subject to the terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

1.18.3. State of New Hampshire's Website Copyright

1.18.3.1. All right, title and interest in the State WWW site, including copyright to all Data and information, shall remain with the State of New Hampshire. The State of New Hampshire shall also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other Data or information shall, where applicable, display the State of New Hampshire's copyright.

**2. Exhibits Incorporated**

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

**3. Additional Terms**

**3.1. Impacts Resulting from Court Orders or Legislative Changes**

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

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

3.2.1. The Contractor must submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with

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limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

**3.3. Credits and Copyright Ownership**

- 3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 3.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 3.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to:
  - 3.3.3.1. Brochures.
  - 3.3.3.2. Resource directories.
  - 3.3.3.3. Protocols or guidelines.
  - 3.3.3.4. Posters.
  - 3.3.3.5. Reports.
- 3.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

**4. Records**

- 4.1. The Contractor must keep records that include, but are not limited to:
  - 4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
  - 4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such 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

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the Department.

- 4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts.
- 4.3. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder, the Department retains the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

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Home Visiting MIECHV Training and Technical Assistance  
EXHIBIT C**

**Payment Terms**

1. This Agreement is funded by:
  - 1.1. 100% General funds.
2. For the purposes of this Agreement the Department has identified:
  - 2.1. The Contractor as a Contractor, based on the criteria in 2 CFR 200.331.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-2, Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
  - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
  - 4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
  - 4.3. Identifies and requests payment for allowable costs incurred in the previous month.
  - 4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
  - 4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
  - 4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to [Dhhs.dphs.contract@dhhs.nh.gov](mailto:Dhhs.dphs.contract@dhhs.nh.gov) or mailed to:  
  
Financial Manager  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301
5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.



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Home Visiting MIECHV Training and Technical Assistance  
EXHIBIT C**

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7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. Audits
  - 8.1. The Contractor must email an annual audit to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) if any of the following conditions exist:
    - 8.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
    - 8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations.
    - 8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
  - 8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
    - 8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.
  - 8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
  - 8.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
  - 8.5. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor ~~that~~ the

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Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception.

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New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	JSI Research & Training Institute, Inc. d/b/a Community Health Institute
<b>Budget Request for:</b>	Home Visiting MIECHV Training and Technical Assistance
<b>Budget Period</b>	Upon GC Approval through June 30, 2024
<b>Indirect Cost Rate (if applicable)</b>	21%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$62,070
2. Fringe Benefits	\$29,136
3. Consultants	\$3,000
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	\$3,000
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	\$4,000
8. (a) Other - Marketing/ Communications	\$2,000
8. (b) Other - Education and Training	\$25,000
8. (c) Other - Other (specify below)	\$0
Family Engagement	\$10,000
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$5,000
<b>Total Direct Costs</b>	<b>\$145,206</b>
<b>Total Indirect Costs</b>	<b>\$29,794</b>
<b>TOTAL</b>	<b>\$175,000</b>

New Hampshire Department of Health and Human Services	
<b>Contractor Name:</b>	JSI Research & Training Institute, Inc. d/b/a Community Health Institute
<b>Budget Request for:</b>	Home Visiting MIECHV Training and Technical Assistance
<b>Budget Period</b>	July 1, 2024 through June 30, 2025
<b>Indirect Cost Rate (if applicable)</b>	20%
<b>Line Item</b>	<b>Program Cost - Funded by DHHS</b>
1. Salary & Wages	\$94,554
2. Fringe Benefits	\$44,384
3. Consultants	\$5,000
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	\$3,000
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$0
6. Travel	\$5,000
7. Software	\$4,000
8. (a) Other - Marketing/ Communications	\$2,000
8. (b) Other - Education and Training	\$30,000
8. (c) Other - Other (specify below)	\$0
Family Engagement	\$10,000
Other (please specify)	\$0
Other (please specify)	\$0
Other (please specify)	\$0
9. Subrecipient Contracts	\$10,000
<b>Total Direct Costs</b>	<b>\$207,938</b>
<b>Total Indirect Costs</b>	<b>\$42,062</b>
<b>TOTAL</b>	<b>\$250,000</b>

## New Hampshire Department of Health and Human Services

### Exhibit D

## DHHS Information Security Requirements

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### A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all 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

Contractor Initials



## New Hampshire Department of Health and Human Services

### Exhibit D

#### DHHS Information Security Requirements

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or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

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

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## New Hampshire Department of Health and Human Services

### Exhibit D

### DHHS Information Security Requirements

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2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that 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.

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit D

### DHHS Information Security Requirements

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8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

### III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the 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, antihacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit D

### DHHS Information Security Requirements

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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.).

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit D

### DHHS Information Security Requirements

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit D

#### DHHS Information Security Requirements

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future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doiit/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.

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit D

#### DHHS Information Security Requirements

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- d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such 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;

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit D

### DHHS Information Security Requirements

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4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

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

#### VI. PERSONS TO CONTACT

##### A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov B.

##### DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

# 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

# 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 COMMUNITY HEALTH INSTITUTE is a New Hampshire Trade Name registered to transact business in New Hampshire on April 12, 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: 742096

Certificate Number: 0006558251



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 "D. Scanlan", is written over a faint circular stamp.

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)

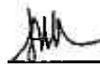
**VOTED:** That Katherine Robert (may list more than one person)  
(Name and Title of Contract Signatory)

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

### 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 Concord, 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.

## Community Health Institute

### Mission Statement

The Community Health Institute's mission is to support and strengthen New Hampshire's health care system by providing coordinated information dissemination and technical assistance resources to health care providers, managers, planners, and policy makers, statewide. Our success translates into improved access to quality health and social services for all New Hampshire residents.

**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		<b>79,653,325</b>

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

**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/>
<b>Total support and revenue</b>	<b>835,905,202</b>
Expenses	
Program services:	
International programs	750,754,663
Domestic programs	37,361,211
	<hr/>
<b>Total program services</b>	<b>788,115,875</b>
Supporting services	
Management and general	33,382,268
Fundraising	1,134,482
	<hr/>
<b>Total supporting services</b>	<b>34,516,750</b>
Other Expenses	
Unallowable	488,476
	<hr/>
<b>Total other expenses</b>	<b>488,476</b>
<b>Total expenses</b>	<b>823,121,100</b>
<b>Increase in net assets without donor restrictions</b>	<b>12,784,102</b>
<b>Increase in net assets with donor restrictions</b>	<b>202,250</b>
<b>Increase (decrease) in net assets</b>	<b>12,986,352</b>
Net assets at beginning of year	66,666,972
	<hr/>
Net assets at end of year	<u><u>79,653,324</u></u>

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	<u>\$ 750,754,663</u>	<u>\$ 37,361,211</u>	<u>\$ 788,115,875</u>	<u>\$ 33,382,268</u>	<u>\$ 1,134,482</u>	<u>\$ 822,632,624</u>

## JSI Research and Training Institute, Inc.

## CONSOLIDATED STATEMENT OF CASH FLOWS

Year ended September 30, 2022

	2022
<b>Cash flows from operating activities:</b>	
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>
<b>Cash flows from financing activities:</b>	
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>
<b>Cash flows from investing activities:</b>	
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**

**Abdourahmane Diallo, MD, MPH**

Board Member

World Health Organization Representative, Kenya

**Alina Rocha Menocal**

Board Member

Principal Research Fellow, Politics and Governance

**Hafiz Adamjee, M.S.**

Board Member

Retired, former executive at Novartis

**Kulleni Gebreyes**

Board Member

Principal at Deloitte

**Margaret Crotty**

Board Member (ex officio JSI CEO)

President/CEO

**Mike Useem, M.A., Ph.D.**

Board Member

William and Jacalyn Egan Professor of Management

**Nneka Mobisson**

Board Member

Co-founder and CEO of mymdoc and Faculty Advisor at IHI

**Sandro Galea, MD, MPH, DrPH**

Board Chair

Dean and Robert A. Knox Professor

**Topsy Kola-Oyeneyin**

Board Member

Partner at McKinsey & Company

# JULIE ATTYS, MPH

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## EDUCATION

### *BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH*

*Master of Public Health, Global Health Program Design, Monitoring, and Impact Evaluation 2020*

### *MONTCLAIR STATE UNIVERSITY*

*Bachelor of Science, Public Health conc. Community Health Education*

## EXPERIENCE

### **JSI Research & Training Institute, Inc. (JSI), Bow, New Hampshire**

*Consultant, July 2021-present*

*40 Hours/Week*

#### **Program Evaluation of the Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) Investment Program.**

*Qualitative Data Collection Lead, August 2023- present.*

JSI will undertake the patient experience survey and patient interview portions of the HPC's mixed-methods program evaluation of the BESIDE Investment Program. To accomplish this, JSI will work with the HPC to prepare the final study design for these portions of the evaluation, facilitate a Patient Experience Committee (PEC), administer and analyze patient experience surveys, and facilitate and analyze patient interviews to understand site-specific program impact. JSI will produce a summary report including the methods, recruitment process, and a brief summary of findings to inform the BESIDE Investment Program evaluation report developed by the HPC.

#### **New York State Perinatal and Infant Community Health Collaborative Center for Community Action**

*Project Director, October 2023-November 2024.*

As the New York State Perinatal and Infant Community Health Collaborative Center for Community Action (PICHC CCA), JSI serves as the training and technical assistance provider for 26 agencies funded by the New York State Department of Health (NYSDOH) PICHC initiative. The overall goal of the PICHC initiative is to improve perinatal and infant health outcomes and eliminate racial, ethnic, and economic disparities in those outcomes through collaborative and coordinated community-based strategies. PICHC programs will implement individual-level strategies to address perinatal and infant health behaviors, and community-level strategies to address the social determinants which impact health outcomes.

#### **Center for Disease Control and Prevention Expansion of Disease Intervention Training.**

*Program Manager, September 2022- present.*

With funding awarded through the "Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats" program, JSI is working closely with the CDC Division of STD Prevention (DSTDP) to develop new and expand existing training opportunities for the disease intervention workforce. Areas of focus include: (1) implementing the Coaching for Enhanced Disease Intervention Skills (CEDIS) program; (2) developing a comprehensive training program for DIS supervisors, inclusive of synchronous and asynchronous learning; and (3) developing new curricula to increase STD surveillance capacity, including a new course on syphilis staging.

#### **Nassau County Health Disparities Study – COVID-19 Barriers.**

*Focus Group Facilitator, October 2022- December 2022.*

In partnership with Choice for All, a local community-based organization, JSI analyzed qualitative and quantitative data for the purpose of producing a survey to determine attitudes around COVID-19 vaccination, and barriers/facilitators to COVID-19 testing and treatment in Nassau County, NY. Tasks implemented for this project included conducting a series of focus groups in both English and Haitian Creole.

**New Hampshire Medical Reserve Corps Development**

*TA Provider, August 2021 – June 2023.*

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 planning trainings for volunteers.

**New Hampshire Public Health Emergency Planning Technical Assistance and Training**

*TA Provider, August 2021 – June 2023.*

Provide technical assistance and support to the 13 Regional Public Health Networks in New Hampshire (NH) around public health emergency preparedness, planning, and response. Contribute to the development of trainings and plan templates on a variety of public health and emergency response topics, including medical surge, medical countermeasure dispensing, emergency public information, and emergency operations coordination. Develop, facilitate, and evaluate exercises and real events.

**Harbor Homes Grants for the Benefit of Homeless Individuals**

*Program Evaluator, August 2021 – January 2023.*

Evaluator for the 5-year SAMHSA-funded Grants for the Benefit of Homeless Individuals (GBHI) and technical assistance with on-going quality improvement strategies by monitoring, participant feedback and process evaluation. Design and oversee a utilization-focused evaluation plan, data collection tools, integration with electronic medical records systems, develop and disseminate evaluation reports and comply with Federal reporting requirements.

**New Hampshire Center for Excellence**

*Data Analyst, August 2021– July 2022.*

Provided technical assistance to DHHS Bureau of Drug and Alcohol Services and other state and local stakeholders in support of best practice implementation, quality improvement, and data reporting and evaluation. Conducted data analysis and report writing for the implementation of the 2020 Middle School Youth Risk Behavior Survey (YRBS).

**PRIOR EXPERIENCE**

**New Hampshire Department of Health and Human Services, Concord, NH**

*November 2020-July 2021*

*40 Hours/Week*

*Investigation Branch Director, November 2020 – July 2021.*

Served as an Investigation Branch Director for a team of 100 case investigators, public health nurses, and congregate setting investigators. Conducted weekly training for staff members, developed and updated disease investigation protocols, and served as a subject matter expert for internal public health matters related to COVID-19 disease investigations. Developed a new process for how schools, childcare centers, and camps will report positive cases to the Department of Health and a prioritization process for the investigators to assess each case reported to the State of New Hampshire.

*Case Investigation Lead, July 2020 – November 2020.*

Supported the New Hampshire Public Health COVID-19 Operations Center by conducting COVID-19 disease investigations. Supervised, trained and supported staff conducting disease investigations. Served as a resource and provided guidance related to disease investigation. Conducted quality assurance on disease investigation work in New Hampshire Electronic Disease Surveillance System (NHEDSS) and provided recommendations for improvement.

**Partners in Health, Boston, Massachusetts**

*Case Investigator and Supervisor, April 2020- July 2020.*

*40 Hours/Week*

Supported the Massachusetts COVID-19 response in several different roles, including COVID-19 case investigator and supervisor. Acted as primary point person to call individuals with a positive diagnostic test for COVID-19, provide support and gather information including information about the disease using Salesforce. Trained and led a team of 100 case investigators, care resource coordinators, and contact tracing. Conducted Troubleshooting with units on difficult cases, patient referrals, and escalated as needed to the central leadership team or local board of health.

**Hands up for Haiti, Cap-Haitian, Haiti**

*Intern and Committee Member, May 2019-May 2021.*

*40 Hours/Week*

Developed a quality improvement plan as part of an in-depth review to strengthen current process evaluation methods. Developed a qualitative questionnaire in Haitian Creole, French, and English to address severe acute child malnutrition (SAM) in rural Haiti to give to over 100 respondents. Conducted trainings for community health workers (CHWs) on how to administer questionnaires to program participants in the SAM program. Established monitoring and evaluation framework for the severe acute child malnutrition program.

**Tufts University, Boston, Massachusetts**

*Research Assistant, 09/18-12/20.*

*10 Hours/Week*

Developed, programmed, and managed surveys in REDCap. Recruited 50 mothers-daughter dyads living with HIV from various community-based organizations and web-based platforms. Conducted 20 qualitative interviews and analyzed transcripts using NVivo12. Performed data cleaning procedures and assisted with data analysis using Excel and RStudio. Supported the development of the Black Maternal Health Conference for 800 attendees to address maternal health disparities across the US.

**AFFILIATIONS**

**JSI Northern New England Equity Committee, Member, August 2021-present**

**JSI Center for Capacity Development, JSI Domestic Division Liaison, April 2022- present**

**SELECT PUBLICATIONS**

Shull, J., Attys, J., Amutah-Onukagha, N., Hill, M. (2020, October). Utilizing emergency departments for pre-exposure prophylaxis (PrEP). *Journal of the American College of Emergency Physician.*

Fletcher, F., Amutah-Onukagha, N., Attys, J., Rice, W. (February 2021). Volume 23, Number 2: E150-159. How Can the Experiences of Black Women Living with HIV Inform Equitable and Respectful Reproductive Health Care Delivery?. *AMA Journal of Ethics.*

**SKILLS**

**Computer:** Microsoft Office, Google applications, NVivo 12 Pro, MAXQDA, RStudio, SPSS, SAS, RedCap, Endnote

**Language:** Full Professional Proficiency- Haitian Creole

## RACHEL DAUBE

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### EDUCATION

KEENE STATE COLLEGE  
*Bachelor of Science, Political Science*

### EXPERIENCE

**JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, New Hampshire**  
*Analyst, August 2022 to present*

**Maine CDC's Rethink Diabetes Campaign, November 2021 to present**  
Serves as an Analyst and digital marketing specialist; responsible for marketing tasks including development and implementation of paid and organic marketing and communications plan; fulfilling reporting requirements, monthly budget reconciliation, campaign analysis and reporting.

**NH Community-Based Partnership for Comprehensive Tobacco Control, November 2021 to present**  
Serves as an Analyst; responsible for analysis, reporting, and marketing tasks supporting the implementation and maintenance of a statewide multi-media marketing strategy for mass-reach communication interventions of a comprehensive tobacco prevention and cessation.

**NH Tobacco Prevention and Cessation Program, November 2021 to present**  
Serves as an Analyst; responsible for analysis, reporting, and marketing tasks including developing and implementing a campaign for Tobacco Cessation eLearning Modules for QuitWorks-NH; participates in formative research and focus groups to reduce health disparities of those living with a mental health condition or illness who use tobacco; completes monthly reporting and campaign analysis.

**Concord Hospital Community Health Needs Assessment/Implementation Plan, August 2022 to present**  
Serves as an Analyst; collects and compiles state health and population data, identifies resource gaps and systems strengths and weaknesses, analyzes and reports findings, and facilitates community-based focus groups and engagement sessions.

**NH Adult Drug Court, January 2023 to present**  
Serves as an Analyst; provides support to elevate the use of evidence-based practices and principles; build capacity in risk and needs assessment; ensure access to evidence-based services; expand the use of recovery support services; and conduct a program recidivism study.

**Dartmouth Hitchcock Community Health Needs Assessment, August 2023 to present**  
Serves as an Analyst; collects and compiles state health and population data, identifies resource gaps and systems strengths and weaknesses, analyzes and reports findings, and facilitates community-based focus groups and engagement sessions.

**NH Lives Well State Health Improvement Plan, January 2024 to present**  
Serves as an Analyst; responsible for creating implementation plans and materials for community partners to elevate the identified priorities and strategies of the State Health Improvement Plan.

### PRIOR EXPERIENCE

**Santa Clara County Public Health Department Childhood Immunization, January 2023 to July 2023**

Served as Digital Marketing Specialist; responsible for all aspects of developing, implementing, maintaining, and analyzing a paid digital media campaign for Santa Clara County, CA's "Another Part of Growing Up" vaccine campaign.

**City of Portsmouth, NH Department of Public Health, Community Health Profile, August 2022 to March 2023**

Served as Analyst; conducted a community health profile for the city of Portsmouth, NH to understand population health data, inequities in access to and use of local health services and systems, and compiled a directory of data resources for future assessment use.

**The Partnership@drugfreeNH, November 2021 to November 2022**

Served as Project Associate for The Partnership @drugfreeNH which convenes stakeholders in prevention from across the state of NH in conversation about best practices, community learning and the utilization of best practices. Duties include maintaining partner campaigns such as Binge-Free 603, Today is For Me, and Take A Break NH; The Partnership Blog asset development and technical oversight; assisting with paid advertising and marketing strategies; partnering with local youth coalitions; and other tasks as assigned.

**NH Healthy Homes and Lead Poisoning Prevention Program, November 2021 to September 2022**

Served as Project Associate responsible for administrative tasks such as tracking deliverables, communicating with the clients, reviewing the work plan, and scheduling both management and internal meetings.

**NH Immunization Program Toolkit Development, March 2022 to August 2022**

Served as Project Associate responsible for development of two immunization toolkits: one for NH schools to use to educate parents about the importance of pediatric vaccination and encourage parents to get their children caught up on vaccines, and one to share with NH pediatric providers that they can use to educate parents about the importance of pediatric vaccination and encourage parents to get their children caught up on vaccines.

## **SKILLS**

Adobe Creative Suite; Google applications (sites, docs, forms); Microsoft Office Suite; IBM SPSS Statistics; Social media management/advertising platforms (Meta, LinkedIn, YouTube, Snapchat, TikTok, Spotify, Canva, Yoast SEO, Hootsuite); Web content management systems (Wordpress); Email management software (Hubspot, Constant Contact, Salesforce, MailChimp, SendInBlue/Brevo); Search advertising platforms (Google Ads, Microsoft Ads [Bing]); OTT advertising (Spectrum, Hulu); Survey and analysis platforms (Qualtrics, SurveyMonkey).

## **CERTIFICATIONS**

Hubspot CMS for Developers Certification

## KATELYN FLAHERTY DORÉ

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### EDUCATION

ASSOCIATION FOR TALENT DEVELOPMENT (ATD) CERTIFICATION INSTITUTE  
*E-Learning Instructional Design Certificate, 2023*

ACADEMY OF LACTATION POLICY AND PRACTICE, MASSACHUSETTS  
*Certified Lactation Counselor, 2018 (renewed in 2021)*

BOSTON UNIVERSITY, BOSTON, MASSACHUSETTS  
*MPH, Maternal and Child Health, 2012*

UNIVERSITY OF WISCONSIN, MILWAUKEE, WISCONSIN  
*BS, Major in Biology, 2004*

### EXPERIENCE

JSI, Boston, Massachusetts

Senior Consultant, June 2020–Present | Project Manager, March 2012– June 2020 | Intern, Nov 2011– March 2012

#### *Selected projects:*

**Reproductive Health National Training Center (HHS Office of Population Affairs). *Grantee Liaison / Training and Technical Assistance Provider (T&TA)*.** Serve as direct point of contact for a group of Teen Pregnancy Prevention Program grantees to facilitate access to T&TA resources. Design T&TA opportunities, including the on-demand *Trauma-Informed Approach in Adolescent Health: Team Meeting Series*, *Introduction to Fidelity eLearning course*, *Introduction to Adaptations eLearning course*, and *Introduction to Sexual and Reproductive Anatomy and Physiology for TPP Project Staff eLearning course*. These on-demand learning opportunities are inclusive of multiple learning modalities such as text, graphics, audio, video, interactive and scenario-based activities, and case studies.

**Recipient Compilation of Best Practice Strategies and Interventions (HRSA HIV/AIDS Bureau). *Knowledge Management & Communications Lead*.** Provides strategic direction to develop and refine the Ryan White HIV/AIDS Program (RWHAP) Best Practices Compilation—a comprehensive, web-based resource that allows people to easily search, share, and nominate emerging and established approaches shown to improve HIV care and services. Coordinates across JSI and subcontractor team to design and write profiles and curate resources, develop fact sheets and postcards, and design presentations. Collaborate with the University of California, San Francisco (UCSF) to design, develop content for, maintain, and refine the Compilation ([targethiv.org/bestpractices](http://targethiv.org/bestpractices)). Develop dissemination plan and coordinate with HRSA and UCSF to promote the Compilation.

**Family Planning National Training Center (HHS Office of Population Affairs). *eLearning Specialist*.** Designed on-demand learning opportunities including the *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP) eLearning series* and *Identifying and Responding to Human Trafficking in Title X Settings eLearning Course*.

**New Hampshire Maternal, Infant, & Early Childhood Home Visiting (MIECVH) Program T&TA. *Training Advisor and eLearning Lead*.** Worked as part of a team to assess MIECHV local implementing agency staff T&TA needs and design responsive yearly training plans. Planned, designed, and implemented a variety of opportunities including in-person meetings, webinars, eNewsletters, blended learning, eLearning, and microsite. Assessed participant satisfaction with T&TA opportunities and identifies opportunities for improvement.

**Supporting Healthy Start Performance Project (HRSA Maternal and Child Health Bureau). *Online Technologies Lead & Capacity Building Assistance Provider.*** Provided T&TA services to Healthy Start grantees across the U.S. Managed online technologies (healthystartepic.org website, Twitter, and YouTube). Co-led the development of an 11-module online Community Health Worker course and companion guide for supervisors. Including formative research to inform course content development, programming content into web-based platform, conducting user testing to refine course experience, and leading the development of communications materials to increase awareness of and uptake of the course.

**What Works in Youth HIV (Office of Adolescent Health). *Content Development Specialist.*** Worked with a team to research and develop content for the What Works in Youth HIV website and TA to re-launch the Adolescent HIV/AIDS Prevention National Resource Center. Areas of focus included building the capacity of youth-serving providers to: 1) find prevention strategies, interventions, or social media/marketing strategies to meet the needs of youth, 2) use positive youth development principles, and 3) create engaging programs and inclusive supportive environments for the youth they serve.

**Wisconsin Human Trafficking Awareness Campaign (Wisconsin Department of Children and Families). *Community Engagement Specialist.*** Led a team in formative research to inform the development of the Wisconsin Human Trafficking Awareness and Prevention Campaign. Methods included a literature review; national, state, media, and social media scans; listening sessions, key informant interviews, and a conversation with the Anti-Human Trafficking Task Force; and in-person and virtual focus groups to test campaign materials.

**Working with Diverse Communities (Centers for Disease Control and Prevention). *Communications Specialist and TA Provider.*** Provided dissemination support TA on the *Working with Diverse Communities (WDC)* project, a component of the CDC TPP Integrating Services, Programs, and Strategies Through Communitywide Initiatives project. Responsibilities included and collaborating on the development and dissemination of a video and discussion guide.

**Massachusetts Alliance on Teen Pregnancy. *Technical Assistance Provider.*** Worked with Massachusetts Alliance on Teen Pregnancy and their community partners in Lawrence, Massachusetts to plan a pilot community referral network for teens as part of a Teen Pregnancy Prevention (TPP) grant from OAH.

**Working with Diverse Communities. *Technical Assistance Provider.*** Provided dissemination support T&TA on the *Working with Diverse Communities (WDC)* project, a component of the Centers for Disease Control and Prevention TPP Integrating Services, Programs, and Strategies Through Communitywide Initiatives project. Responsibilities included collaborating on the development and dissemination of a video and discussion guide.

**Healthy Futures TPP Evaluation. *Project Manager.*** Provided evaluation project management on a TPP grant from OAH. Used a randomized controlled trial design to evaluate the impact of Healthy Futures on youth knowledge, perceptions, and behaviors in three Massachusetts communities.

**Boston University School of Public Health, Boston, Massachusetts**

*Research Fellow, Oct 2010 to Oct 2011 | Administrative Assistant/Coordinator, January 2010 to November 2011*

**Boston Public Health Commission, Boston, Massachusetts**

*Intern, June 2011 to August 2011*

**Meriter Hospital, Madison, Wisconsin**

*Scheduling Coordinator, August 2007 to July 2009*

**St. Francis Pediatrics, Milwaukee, Wisconsin**

*Medical Office Manager, July 2004 to August 2007*

## POSTERS | PRESENTATIONS

### *Selected posters and presentations:*

**Association of Nurses in AIDS Care**, New Orleans, LA, October 2023

Poster: **Doré KF**, Hook J, Herur S. The RWHAP Best Practices Compilation: Accelerating Knowledge Transfer to Improve HIV Services

**National Latinx Conference on HIV, HCV, SUD**, New Orleans, LA, May 2023

Poster: Florentino J, **Doré KF**, Hook J. The RWHAP Best Practices Compilation: Accelerating Knowledge Transfer to Improve HIV Services Within the Hispanic/Latina(o/x) Community

**National Transgender Health Summit**, San Francisco, CA, May 2023

Poster: Florentino J, **Doré KF**, Hook J. The RWHAP Best Practices Compilation: Improving HIV Services for the Transgender Community through Knowledge Transfer.

**SYNChronicity: The National Conference for HIV, HCV, STIs, Harm Reduction, and LGBTQ Health**, Virtual, December 2022

Poster: Herur S, **Doré KF**, Hook J. The RWHAP Best Practices Compilation: Accelerating Knowledge Transfer to Improve HIV Services

**Youth+Tech+Health (YTH) Live Global**, Virtual, October 2022

Presentation: **Doré KF**, Hiltner M. Encouraging Conversations about Trauma-Informed Approaches: On-Demand Team Meeting Packages

**National Ryan White Conference on HIV Care & Treatment**, Virtual, August 2022

Poster: **Doré KF**, Hook J, Dean D, Psihopoulos D, Bakayoko N The Best Practices Compilation: Accelerating RWHAP Knowledge Transfer

**American Public Health Association Public Health Film Festival**, Denver, CO, October 2021

Video Presentation: Refuge, J, **Doré KF**, Hook J, Psihopoulos D, Bakayoko N. What are emerging strategies and how can I submit mine?

**American Public Health Association, San Diego**, CA, November 2018

Presentation: **Doré KF**, Dean D, Fox D, Spezeski J, Vatalaro M, Rossen J. Strengthening the Healthy Start CHW Workforce

**American Public Health Association Global Public Health Film Festival**, Chicago, IL, November 2015

Video Presentation: Hicks RJ, **Doré KF**, Renderos W, Hernandez Jennings M, Chu J, Dean D, Sokhos I. Place Matters: Youth Perspectives on Teen Pregnancy & Their Environment

## PUBLICATIONS

Quimby K, Spitzer N, **Doré KF**, Kawatu J. An eLearning series for staff working in Title X-funded settings: An effort to disseminate national family planning recommendations. *Contraception*. 2023 Apr;120:109903. doi: 10.1016/j.contraception.2022.10.005. Epub 2022 Oct 15. PMID: 36257373.

DeAngelis KR, **Doré KF**, Dean D, Osterman P. Strengthening the Healthy Start Workforce: A Mixed-Methods Study

to Understand the Roles of Community Health Workers in Healthy Start and Inform the Development of a Standardized Training Program. *Maternal and Child Health Journal*. 2017; 21 (Suppl 1): S65–S74

Calise TV, Chow W, **Doré KF**, O'Brien MJ, Heitz ER, Millock RR. Impact of the Healthy Futures Program on Teen Sexual Behaviors in Three Massachusetts Cities: A Cluster Randomized Controlled Trial. *Am J Public Health*. 2016; 106 (Suppl 1): S103-S109

Calise TV, Howland J, Bliss CA, **Flaherty KL**, Gordon R. Differential Effects of the Healthy Futures Program on Sexual Risk Knowledge, Beliefs, Behavioral Intentions and Behaviors by Middle School vs. High School Grades. *Journal of Health Behavior & Public Health*. 2012; 2(3): 8-14.

## EMMA GIER

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### EDUCATION

DEPAUL UNIVERSITY, CHICAGO, ILLINOIS  
*Master of Public Health, Community Health, 2020*

DEPAUL UNIVERSITY, CHICAGO, ILLINOIS  
*Bachelor of Arts, Anthropology, 2017*

CORNERSTONE DOULA TRAININGS  
*Full Spectrum Doula Certification, expected June 2024*

### EXPERIENCE

**JSI, Berkeley, California**  
*Consultant, September 2022-present*

**Delaware Maternity Care Target Area (MCTA) Landscape Analysis | Delaware Division of Public Health**  
Serves as Qualitative Research Lead. Project team will conduct landscape analysis to identify leading factors that contribute to maternal health and maternity care access, and to better understand disparities within each MCTA. Responsible for developing qualitative protocol detailing study design, sampling and recruitment methods, data collection methods, analysis plan, and data collection tools.

**California Home Visiting Program Planning | City of Berkeley Department of Health, Housing and Community Services**  
Served as Program Manager. Oversaw and conducted mapping and analysis of current California Home Visiting Program (CHVP) programs in similar Local Health Jurisdictions (LHJ), current Berkeley Public Health Division (BPH) services for families and children, and the size, scope and demographics of eligible CHVP population in Berkeley to identify a) gaps in programming and services, b) staffing requirements to implement and sustain CHVP, and c) anticipated challenges in program implementation and sustainability. Findings informed final report detailing recommended selection of HV model.

**City of Berkeley CHA/CHIP | City of Berkeley Department of Health, Housing and Community Services**  
Serves as Program Manager. Project team will conduct a Health Assessment and develop a Health Improvement Plan for the City of Berkeley. Throughout this project, the team will: integrate qualitative and quantitative research methods to gain a clearer picture of context and opportunities to improve the wellbeing of residents, engage a Steering Committee of community leaders with organizational standing and lived experience to ensure genuine community engagement and power-sharing, and center health equity and a root-cause analysis so that solutions acknowledge history and focus on high-impact structural and systems changes.

**Delaware PRAMS Non-Response Study | Delaware Division of Public Health, Delaware Health and Social Services**  
Led qualitative data collection and analysis to learn about parental experience with being contacted for the (Pregnancy Risk Assessment and Monitoring System) PRAMS survey and the factors that influenced their decision to respond or not. The purpose of this study was to explore and identify factors related to response and non-response to the Delaware PRAMS survey, and inform strategies and actions of the Delaware Division of Public Health to promote response to the PRAMS survey.

**Santa Clara County Childhood Immunization Campaign | County of Santa Clara Public Health Department**  
Responsible for formative research processes including but not limited to: literature review, environmental scan, planning and facilitation of stakeholder convening and listening sessions; key informant interviews; and execution of message testing workshops. This project aimed to design and implement an immunization campaign to increase vaccination rates among children in the south Bay Area. The campaign focused on COVID-19 vaccines as a part of routine vaccinations for children, aiming to reach parents and caregivers. Led development and provision of trainings for community partners on addressing vaccine hesitancy and patient advocacy.

**Delta Center California | California Health Care Foundation**  
Collaboratively crafted, wrote, and designed Learning Lab team final products including project spotlights, podcasts, and

briefs. Supported convening preparation and execution; project management, and Learning Lab team coaching. Delta Center California was a 2.5-year initiative supported by the California Health Care Foundation and the Robert Wood Johnson Foundation that brought together behavioral health and primary care leaders to accelerate care improvement and integration through policy and practice change. The project aimed to foster collaboration and collective action between primary care and behavioral health at the state and county level in California; to build knowledge and ability of state associations to ensure that changes in incentives and care systems meet the goals and needs of individuals and families; and to accelerate payment and care integration through on-the-ground projects in selected sites across California. Ultimately, Delta Center California aimed to advance health policy solutions and create a care system that better meets the goals and needs of individuals and families, and addresses racial and economic disparities.

**Northwestern University, Program in Public Health, Chicago, IL**

*Teaching Assistant / Co-Instructor, 2021-2022*

Facilitated case based foundational public health courses; sourced current reading materials in alignment with CEPH MPH competencies; graded student work, and engaged with students to support them in becoming public health professionals

**Northwestern University, Center for Community Health, Chicago, IL**

*Mothers and Babies Evaluation and Implementation Coordinator, 2020-2022*

Oversaw program evaluation efforts to understand implementation and client-level impact as MB is implemented in real world settings; facilitated trainings and provided tailored technical assistance for all implementation sites; developed implementation resources and strategies to support service providers as they implement MB; conducted readiness conversations to assess organizational structure, and barriers and facilitators to implementation; created adaptations and innovations of intervention materials to meet needs of diverse parent populations, increase reach and promote equity; provided supervision and mentorship to staff and interns

*Mothers and Babies Program Intern, 2019-2020*

Evaluated and assessed feasibility and scalability of pilot Fathers and Babies program

**RefugeeOne, Chicago, IL**

*Resettlement Case Coordinator, 2018-2020*

Oversaw department to ensure productivity, efficiency and quality assurance; completed regular file checks in preparation for contract compliance monitoring and evaluation; conducted intake interviews with all new clients and referred to appropriate departments; created client-focused strengths-based self-sufficiency plans for all new arrivals; evaluated cultural orientation curriculum and revamped to better meet needs of clients

**PUBLICATIONS/PRESENTATIONS**

Ward, E. A., Iron Cloud-Two Dogs, E., Gier, E. E., Littlefield, L., & Tandon, S. D. (2022). Cultural Adaptation of the Mothers and Babies Intervention for Use in Tribal Communities. *Frontiers in psychiatry*, 13, 807432. <https://doi.org/10.3389/fpsy.2022.807432>

Hamil, J., Gier, E., Garfield, C. F., & Tandon, D. (2021). The Development and Pilot of a Technology-Based Intervention in the United States for Father's Mental Health in the Perinatal Period. *American journal of men's health*, 15(5), 15579883211044306. <https://doi.org/10.1177/15579883211044306>

Tandon, S. D., Hamil, J., Gier, E. E., & Garfield, C. F. (2021). Examining the Effectiveness of the Fathers and Babies Intervention: A Pilot Study. *Frontiers in psychology*, 12, 668284. <https://doi.org/10.3389/fpsyg.2021.668284>

*Innovative Methodologies for Adapting an Evidence-Based Perinatal Depression Preventive Intervention to Advance Equitable Dissemination and Implementation*. 2022, Presentation – Society for Prevention Research 30<sup>th</sup> Annual Meeting.

*Cultural Adaptation of an Evidence Based Postpartum Depression Intervention: Mothers and Babies for Tribal Communities*. 2021, Presentation – Ann & Robert Lurie Children's Hospital Scholarly Projects – Monthly Series.

**COMPUTER SKILLS**

Microsoft Office, Google Suite, ATLAS.ti, NVivo, Creative Cloud, Canva, WordPress

# CARA GRIFFITH

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## EDUCATION

UNIVERSITY OF NEW HAMPSHIRE INSTITUTE ON DISABILITY  
*Building Futures Together Certificate, 2022*

ST. LAWRENCE UNIVERSITY  
*B.A. Sociology, 2019, Public Health and Arabic Studies Minors*

## EXPERIENCE

**JSI, Bow, New Hampshire, Project Associate, February 2023-Present**

**NH NH Early Childhood Comprehensive Systems (ECCS), October 2023-Present**

Serves as a Project Associate; responsible for providing support and technical assistance through CQI, coordinating virtual learning opportunities for providers, and establishing and providing contract management to a micro-grant with a focus on improving the experience of families receiving care or resource coordination support.

**NH Public Health Emergency Preparedness, February 2023-Present**

Serves as a Project Associate and Project Manager; supports project to provide technical assistance and support to the 13 Regional Public Health Networks in NH around public health emergency preparedness, planning, and response. Assists in meeting and training logistics, training development, and statewide jurisdictional risk assessment. Assist in After Action Report development for the NH Mpx response. Acts a Project Manager in planning for the NH Emergency Volunteer Conference.

**WY Workforce HPSA Projects, February 2023-Present**

Served as a Project Associate and Survey Coordinator; responsible for assisting in identifying areas meeting the federal criteria for health professional shortage area (HPSA) and medically underserved area/population (MUA/P) in the state of Wyoming. Conducts collection and analysis of statewide primary care, mental health, and dental health survey data and completes data updates in SDMS system. Works with providers and members of the local service area to obtain and validate information for designations.

## PRIOR EXPERIENCE

**NH Student Assistance Network, February 2023-October 2023**

Served as a Project Associate; provided support in planning, logistics, and coordination of Community of Practices, Regional Peer Collaboratives, and assisted in evaluation, contract management, and subcontracting process. The NH Student Assistance Network develops and promotes Student Assistance Programs and provides group and individual technical assistance, a Community of Practice learning collaborative, and support with evaluation and sustainability planning.

**NH Governor's Commission on Alcohol and Other Drugs, February 2023-October 2023**

Served as a Project Associate; responsible for providing technical assistance and support to the Coordination and Cooperation Task Force of the NH Governor's Commission on Alcohol and Other Drugs through the Center for Excellence on Addiction. This support included providing meeting preparation and support through note taking, creation of agendas, finalizing official meeting summaries and minutes for online publication, as well as coordinating internal meeting logistics and budget tracking.

**The Upper Room, a Family Resource Center Derry, NH**

*Program Coordinator, 2020-2023*

Managed Teen Information for Parenting Success and Kinship Navigation programs, to promote self-sufficiency and increase outcomes for over 50 families using a trauma informed approach. Developed and facilitated a calendar of workshops, while building strong partnerships with community organizations. Assisted in data collection, report writing, and case management as well as provide oversight to staff and volunteers.

## PRESENTATIONS

*Panelist, International Summit on Female Concussion and TBI at Georgetown University, 2016.*

*Speaker, TEDx Amoskeag Millyard at Southern New Hampshire University, 2015.*

## COMPUTER SKILLS

Microsoft Office, Google Suite, QuickBase, NextGen, Canva, MailChimp

## YVONNE HAMBY, M.P.H.

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### EDUCATION

UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLORIDA  
*MPH, MATERNAL AND CHILD HEALTH, 1996*

Recipient of the Centers of Excellence in MCH Education, Science and Practice (formerly the National MCH Traineeship)

GEORGIA STATE UNIVERSITY, ATLANTA, GEORGIA  
*BA, Sociology, 1989*  
*Sociology Honors Award*

### EXPERIENCE

JSI, Denver, Colorado

*Project Director and Evaluator, 1999 to present*

Quality-oriented professional with 22+ years of experience and a proven knowledge of research methodology, wellness programs, and public health administration. Areas of expertise are program evaluation, research, and quality improvement of health services delivery for under-served populations. Skilled in quantitative and qualitative research and evaluation design, analysis, and implementation. Below are a sample of key evaluation/quality improvement projects I have led:

- **Treating Addiction in Rural Areas ECHO**, Evaluator for the HRSA funded project as multi-year learning opportunity for organizations providing substance use disorder treatment services. It is a team-based ECHO learning community.
- **Evaluation of Clinics Pathway Approach (CPA) Grantee Work**, Qualitative Evaluation Lead, Episcopal Health Foundation contracted with JSI to conduct the evaluation of this 5-year project, looking at current clinic capacity strengths and needs, improvements implemented by the clinics, and strategies utilized, as well as facilitators and barriers to conducting population health management successfully.
- **Comprehensive Reproductive Health Needs Assessment and Planning**, Project Director, Mississippi Department of Health, Family Planning Program contracted with JSI to conduct a comprehensive landscape assessment and strategic planning for reproductive health needs and services across the state.
- **Wyoming Breast and Cervical Cancer Early Detection Program Evaluation**, Project Director, JSI was contracted to conduct an evaluation of the Wyoming Cancer Program to determine the reach and impact of the program as well as areas of improvement.
- **New Hampshire Maternal, Infant, and Early Childhood Home Visiting Home Program**. Responsible for the development and implementation of a continuous quality improvement (QI) plans for three local agencies implementing the Healthy Families America model, funded by the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Providing QI coaching and training to three QI teams.
- **Spirit within Project**, JSI was contracted by Denver Indian Health and Family Services to conduct a comprehensive evaluation of the Spirit within Program. SWP was a federally funded grant which focused on delivering health messages and programs to the community about incorporating traditional foods and nutrition and physical activity in daily activities.
- **Evaluation of Partnerships Impacting STD Outcomes in Areas of Service Reduction**, Stakeholder Engagement Consultant, contributed to the development and implementation of partnership strategies, the survey tool, and the in-depth assessments and site visits.
- **Supporting Healthy Start Performance Project-Healthy Start Collaborative Improvement and Innovative Network**, CoIN Team Lead, Health Resources & Services Administration, Maternal Child Health Bureau contracted with JSI to provide facilitation and leadership development to the HS CoIN.

### CERTIFICATES | AWARDS | HONORS

Systems Thinking Advanced Facilitator Credential, Water's Center for Systems Thinking

Social Marketing and Qualitative Research Summer Institute

ATD Adult Learning Certificate

Colorado Medical Institution Review Board, Expedited Review

CITI Program Human Research Group and Social & Behavioral Research

Technology of Participation Strategic Planning, Institute of Cultural Affairs



# KATHERINE ROBERT

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## 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](http://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.

**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

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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*

JSI Research & Training Institute, Inc. | Community Health Institute | FY24  
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Katherine Robert	Project Director	\$7,328.85
Cara Griffith	Project Coordinator	\$9,359.13
Katelyn Flaherty Doré	Training Lead	\$5,581.07
Julie Attys	Peer Learning Lead	\$3,988.04
Yvonne Hamby	Quality Improvement Lead	\$7,451.56
Emma Gier	Technical Advisor	\$4,313.03
Rachel Daube	Analyst	\$10,406.47
Project Associate (TBD)	Project Associate	\$9,096.63

JSI Research & Training Institute, Inc. | Community Health Institute | FY25  
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Katherine Robert	Project Director	\$21,986.55
Cara Griffith	Project Coordinator	\$12,478.85
Katelyn Flaherty Doré	Training Lead	\$5,581.07
Julie Attys	Peer Learning Lead	\$11,964.11
Yvonne Hamby	Quality Improvement Lead	\$14,903.12
Emma Gier	Technical Advisor	\$3,881.73
Rachel Daube	Analyst	\$13,875.29
Project Associate (TBD)	Project Associate	\$9,096.63