



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER

Lori A. Weaver
Commissioner

Morissa S. Henn
Deputy Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857
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June 4, 2025

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of the Commissioner, to enter into a **Sole Source Retroactive** amendment to an existing agreement with Mary Hitchcock Memorial Hospital (VC# 177160), Lebanon, NH, to exercise an available contract renewal option for the Contractor to continue providing critical clinical and administrative services to meet specialized health needs of New Hampshire residents in five (5) service areas, including Medicaid; Children, Youth, and Families; Behavioral Health; Adult and Aging Services; and Developmental Services, by increasing the price limitation by \$5,508,524 from \$9,724,586 to \$15,233,110 and extending the completion date from June 30, 2025, to June 30, 2027, effective retroactive to March 24, 2025, upon Governor and Council approval. 20% Federal Funds. 80% General Funds.

The original contract was approved by Governor and Council on March 23, 2022, item #10, and amended on June 26, 2024, item #12.

Funds are available in the following accounts for State Fiscal Year 2025 and are anticipated to be available in State Fiscal Years 2026 and 2027, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

In 2016, the Department entered into a competitively bid agreement with Mary Hitchcock Memorial Hospital to provide clinical and administrative services in seven (7) service areas: New Hampshire Hospital (NHH); Glenclyff Home; Medicaid; Children, Youth, and Families; Behavioral Health; Adult and Aging Services; and Developmental Services. In 2022, due to the need to address clinical services at the planned secure psychiatric forensic unit at NHH, the Department 1) competitively reprocured for clinical services at New Hampshire Hospital and Glenclyff Home and 2) entered into a new, separate agreement with the Contractor to continue clinical and administrative services for the remaining five (5) DHHS service areas. The Contractor has the necessary specialized experience, qualifications, and staffing capacity to provide the complex array of services to the Department across five (5) different service areas necessary to meet clinical and administrative needs for New Hampshire residents served. This request is **Sole Source** because MOP 150 requires all amendments to agreements originally approved as sole source be identified as sole source.

This request is **Retroactive** because the Department received notification of termination of the Community Health Services & Substance Abuse Prevention and Treatment Block Grant federal award, effective March 24, 2025, which partially funded behavioral health

services in this agreement. The Department is therefore removing technical assistance and training services for community mental health and substance use disorder treatment organizations, as well as the evaluation of NH's behavioral health crisis system, Rapid Response, effective the date of the federal funding termination.

The purpose of this request is to exercise an available contract renewal option for the Contractor to continue providing clinical and administrative services for Medicaid; Children, Youth, and Families; Behavioral Health; Adult and Aging Services; and Developmental Services. The Department does not employ the clinical staff necessary to provide these critical services. This includes providing:

- The Department's Chief Medical Officer, who plays an integral role in providing medical oversight of the State's publicly funded health insurance programs, informs key policy decisions, and shapes administrative planning strategies that enhance the operating efficiency of Medicaid and Children's Health Insurance Program (CHIP), and related healthcare initiatives across the state.
- Medical and psychiatric services required for youth at Sununu Youth Services Center (SYSC). Clinicians provide trauma-focused cognitive and dialectical behavioral therapy, treatment planning, clinical consultations, case reviews, and assessments for treatment coordinators. Clinicians inform SYSC program development to promote stability within the facility, improve transitional processes between residential and community-based programs for court-involved youths, and reduce recidivism from unmet behavioral health needs.
- Medical director support to the Division for Behavioral Health, including addressing behavioral health clinical issues, reviewing and informing behavioral health policy, reviewing and informing Medicaid and state rule issues, and coordinating care between New Hampshire Hospital and Community Mental Health Centers.
- Medical director support to Adult and Aging Services, including advising on Adult and Aging Services clinical components of the service delivery model; providing clinical expertise and guidance to the Department in the development of services to ensure they support wellness and prevention initiatives to improve the lives of individuals served; providing expertise on emerging trends in clinical practice, research and best practices that positively impact service development and delivery for NH's aging population and those receiving Adult Protective Services.
- Medical director support, including psychiatric consultations to Developmental Services and services in response to referrals from the ten (10) Area Agencies and the Department; and convening and providing medical professionals for two (2) Interdisciplinary Clinic Teams, including one (1) team for adults and one for children with complex medical and/or developmental needs, to assist families and/or service provider(s) with better supporting the adult or child in the community. The Interdisciplinary Clinic Team, which conducts treatment planning, clinical consultations, case reviews, and assessments for clients, also assists Developmental Services staff in addressing medical issues related to quality assurance activities or sentinel event reviews.

The services and support provided by the Contractor continue to demonstrate positive impact on Department program areas. For example, the quality of healthcare services provided to Medicaid beneficiaries in the most recent Centers for Medicare & Medicaid (CMS) Scorecard demonstrated moderate-to-excellent performance. The Department was able to submit performance on 83 of 86 core set measures covering adults, children, behavioral health, and maternity care. Under this agreement, the Medical Director position provides clinical direction and guidance for goals contained in the Care Management Quality Strategy (<https://medicaidquality.nh.gov/care-management-quality-strategy>), plays a key role in the development and evaluation of clinical utilization and appropriateness of care criteria and measures, and supports the development of measures and improvement goals for the Medicaid Care Management Program's annual withhold and incentive program. The Department will continue to monitor and ensure the continued provision of high-quality services through required performance metrics and monitoring processes and annual reviews of Contractor personnel performance.

As referenced in Exhibit A of the original agreement, the parties have the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is exercising its option to renew services for two (2) years of the four (4) years available.

Should the Governor and Council not authorize this request, the Department will no longer have a Chief Medical Officer role that is necessary to operate the NH Medicaid program; ensure all clinical programs comply with state and federal regulations; maintain a formal quality assurance and quality improvement function within the NH Medicaid program; and implement federal health care reforms and clinical quality initiatives. Without the Chief Medical Officer role, the Department will not have the expertise and skill set necessary to judge clinically complex cases with Medicaid and Board of Medicine standards on approvals or denials of care made by Medicaid Managed Care Organizations (MCO), exposing the Department to inappropriate costs and/or care with regulatory compliance exposure with CMS or legal liability exposure. In addition, the Chief Medical Officer supports the NH Medicaid program by providing expertise in a number of complex compliance areas, such as Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and helping to ensure treatment costs are appropriately picked up by the MCOs (as opposed to shifting costs to State funding). The Chief Medical Officer also provides judgement on criteria and utilization for adopting high-cost gene or biologic therapies and working through complex cases on appropriate use. The Department will also no longer have the clinical staff necessary to conduct a wide array of other services to meet the needs of New Hampshire residents and clients. Youth served at the Sununu Youth Services Center (SYSC) will no longer be able to receive medical and psychiatric services, as well as trauma-based therapy services and treatment planning that allow for more successful transitions back into the community and reduce recidivism. Additionally, children and adults served within the Developmental Services system, and the providers that support them, will not have access to treatment planning, clinical consultations, case reviews, and assessments that enable community living.

Area served: Statewide.

Sources of Federal Funds: ALN 93.004, FAIN 2401NHOASS-04; ALN 93.778, FAIN 2505NH5ADM; and ALN 93.994, FAIN B0454562.

Respectfully submitted,



Lori A. Weaver
Commissioner

Department of Health and Human Services
Fiscal Details
SS-2022-OCOM-02-CLINI-01-A02 (Clinical and Administrative Services)

**05-95-95-950010-50000000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT, COMMISSIONER'S OFFICE, OFFICE OF THE COMMISSIONER, COMMISSIONER'S
OFFICE**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	102-500731	Contracts for Prog Svc	95063303	\$148,811	\$0	\$148,811
2023	102-500731	Contracts for Prog Svc	95063303	\$459,358	\$0	\$459,358
			<i>Subtotal</i>	\$608,169	\$0	\$608,169

**05-95-47-470010-79370000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT, DIVISION OF MEDICAID SERVICES, OFFICE OF MEDICAID SERVICES, MEDICAID
ADMINISTRATION**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2024	102-500731	Contracts for Prog Svc	47000021	\$472,670	\$0	\$472,670
2025	102-500731	Contracts for Prog Svc	47000021	\$486,381	\$0	\$486,381
2026	102-500731	Contracts for Prog Svc	47000021	\$0	\$486,765	\$486,765
2027	102-500731	Contracts for Prog Svc	47000021	\$0	\$500,971	\$500,971
			<i>Subtotal</i>	\$959,051	\$987,736	\$1,946,787

**05-95-42-421510-66430000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT, HHS: HUMAN SERVICES, SUNUNU YOUTH SERVICE CENTER, SYSC**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	101-500729	Medical Payments to Providers	42151501	\$279,985	\$0	\$279,985
2023	101-500729	Medical Payments to Providers	42151501	\$864,807	\$0	\$864,807

2024	101-500729	Medical Payments to Providers	42151501	\$890,406	\$0	\$890,406
2025	101-500729	Medical Payments to Providers	42151501	\$1,206,701	\$0	\$1,206,701
2026	101-500729	Medical Payments to Providers	42151501	\$0	\$1,268,851	\$1,268,851
2027	101-500729	Medical Payments to Providers	42151501	\$0	\$1,306,399	\$1,306,399
			<i>Subtotal</i>	<i>\$3,241,899</i>	<i>\$2,575,250</i>	<i>\$5,817,149</i>

**05-95-92-922010-41170000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, CMH
PROGRAM SUPPORT**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	102-500731	Contracts for Prog Svc	92204117	\$199,947	\$0	\$199,947
2023	102-500731	Contracts for Prog Svc	92204117	\$616,422	\$0	\$616,422
2024	102-500731	Contracts for Prog Svc	92204117	\$634,191	\$0	\$634,191
2025	102-500731	Contracts for Prog Svc	92204117	\$652,492	\$0	\$652,492
2026	102-500731	Contracts for Prog Svc	92204117	\$0	\$694,244	\$694,244
2027	102-500731	Contracts for Prog Svc	92204117	\$0	\$714,001	\$714,001
			<i>Subtotal</i>	<i>\$2,103,052</i>	<i>\$1,408,245</i>	<i>\$3,511,297</i>

**05-95-92-922010-41200000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL
HEALTH BLOCK GRANT**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	102-500731	Contracts for Prog Svc	92254120	\$97,114	(\$33,836)	\$63,278
2023	102-500731	Contracts for Prog Svc	92254120	\$286,437	(\$15,101)	\$271,336

2024	102-500731	Contracts for Prog Svc	92254120	\$257,564	(\$23,221)	\$234,343
2025	102-500731	Contracts for Prog Svc	92254120	\$359,041	(\$39,535)	\$319,506
			<i>Subtotal</i>	<i>\$1,000,156</i>	<i>(\$111,693)</i>	<i>\$888,463</i>

**05-95-48-481010-78720000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT, HHS: DLTSS-ELDERLY&ADULT SVCS, GRANTS FOR SOCIAL SVC PROG, ADM ON
AGING**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	540-500382	Social Services Contract	48130305	\$13,420	\$0	\$13,420
2023	540-500382	Social Services Contract	48130305	\$41,461	\$0	\$41,461
2024	540-500382	Social Services Contract	48130305	\$42,696	\$0	\$42,696
2025	540-500382	Social Services Contract	48130305	\$43,968	\$0	\$43,968
2026	540-500382	Social Services Contract	48130305	\$0	\$26,873	\$26,873
2027	540-500382	Social Services Contract	48130305	\$0	\$27,679	\$27,679
			<i>Subtotal</i>	<i>\$141,545</i>	<i>\$54,552</i>	<i>\$196,097</i>

**05-95-93-930010-51910000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT, HHS: DLTSS-DEVELOPMENTAL SVCS, DIV OF DEVELOPMENTAL SERVICES, SPECIAL
MEDICAL SERVICES**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	561-500911	Specialty Clinics	93001000	\$30,000	\$0	\$30,000
2023	561-500911	Specialty Clinics	93001000	\$30,000	\$0	\$30,000

2024	561-500911	Specialty Clinics	93001000	\$30,000	\$0	\$30,000
2025	561-500911	Specialty Clinics	93001000	\$30,000	\$0	\$30,000
			<i>Subtotal</i>	<i>\$120,000</i>	<i>\$0</i>	<i>\$120,000</i>

**05-95-93-930510-36760000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT OF, HHS: DLTSS-DEVELOPMENTAL SVCS, BUR - FAMILY CENTERED SERVICES,
SPECIAL MEDICAL SERVICES**

State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2026	102-500731	Contracts for Prog Svc	93001000	\$0	\$30,000	\$30,000
2027	102-500731	Contracts for Prog Svc	93001000	\$0	\$30,000	\$30,000
			<i>Subtotal</i>	<i>\$0</i>	<i>\$60,000</i>	<i>\$60,000</i>

**05-95-93-930010-51910000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
DEPT, HHS: DLTSS-DEVELOPMENTAL SVCS, DIV OF DEVELOPMENTAL SERVICES,
PROGRAM SUPPORT**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	561-500911	Specialty Clinics	93005947	\$74,788	\$0	\$74,788
2023	561-500911	Specialty Clinics	93005947	\$293,514	\$0	\$293,514
2024	561-500911	Specialty Clinics	93005947	\$302,938	\$0	\$302,938
2025	561-500911	Specialty Clinics	93005947	\$312,645	\$0	\$312,645
			<i>Subtotal</i>	<i>\$983,885</i>	<i>\$0</i>	<i>\$983,885</i>

**05-95-93-930010-59470000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
 DEPT OF, HHS: DLTSS-DEVELOPMENTAL SVCS, DIV OF DEVELOPMENTAL SVCS,
 PROGRAM SUPPORT**

State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2026	102-500731	Contracts for Prog Svc	93005947	\$0	\$312,645	\$312,645
2027	102-500731	Contracts for Prog Svc	93005947	\$0	\$312,645	\$312,645
			<i>Subtotal</i>	\$0	\$625,290	\$625,290

**05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS
 DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, SABG
 ADDITIONAL**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	102-500731	Contracts for Prog Svc	92055902	\$77,876	(\$30,266)	\$47,610
2023	102-500731	Contracts for Prog Svc	92055902	\$231,038	(\$16,908)	\$214,130
2024	102-500731	Contracts for Prog Svc	92055902	\$173,875	(\$9,044)	\$164,831
2025	102-500731	Contracts for Prog Svc	92055902	\$84,040	(\$34,638)	\$49,402
			<i>Subtotal</i>	\$566,829	(\$90,856)	\$475,973
			Total	\$9,724,586	\$5,508,524	\$15,233,110

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

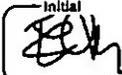
This Amendment to the Clinical and Administrative Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Mary Hitchcock Memorial Hospital ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 23, 2022 (Item #10), as amended on June 26, 2024 (Item #12), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:
June 30, 2027
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$15,233,110
3. Modify Exhibit B – Scope of Services, by deleting and replacing all references to "Service area #4 – Elderly and Adult Services," to read:
"Service Area #4 – Adult and Aging Services"
4. Modify Exhibit B – Scope of Services, by deleting and replacing all references to "Bureau of Elderly and Adult Services (BEAS)," to read:
"Bureau of Adult and Aging Services (BAAS)"
5. Modify Exhibit B, Scope of Services, Subsection 1.3, to read:
 - 1.3. For the purposes of this agreement, one (1) full-time equivalent (FTE) is equal to one (1) full-time employee who works forty (40) hours per week.
6. Modify Exhibit B, Scope of Services, Subparagraph 1.8.1.5, to read:
 - 1.8.1.5. The Medical Director shall serve as a member of the Department's Certified Community Behavioral Health Clinic (CCBHC) implementation and oversight team.
7. Modify Exhibit B, Scope of Services, Paragraph 1.8.2, by deleting Subparagraph 1.8.2.6 in its entirety.
8. Modify Exhibit B, Scope of Services, Subparagraphs 1.8.2.1.2.1, 1.8.2.1.2.2, and 1.8.2.1.2.3 to read:
 - 1.8.2.1.2.1 IPS Basic trainings to accommodate new staff will be held no less than 2 x year. These trainings will be 4-6 hours duration.
 - 1.8.2.1.2.2 IPS job development trainings for new staff will be held no less than 2 x year. These trainings will be 4-6 hours duration.
 - 1.8.2.1.2.3 IPS Supervisor training will be provided 1 x year. These trainings will be 4-6 hours in duration.
9. Modify Exhibit B, Scope of Services, Subparagraphs 1.8.2.1.3.1, 1.8.2.1.3.2, and 1.8.2.1.3.3 to read:

Initial


- 1.8.2.1.3.1 ACT Basic trainings to accommodate new staff will be held no less than 2 x year. These trainings will be 4-6 hours duration.
 - 1.8.2.1.3.2 ACT advanced training will be provided no less than 1 x year. Training will be 4-6 hours in duration.
 - 1.8.2.1.3.3 ACT Supervisor training will be provided 1 x year. These trainings will be 4-6 hours in duration.
10. Modify Exhibit B, Scope of Services, Subparagraph 1.8.3.1.1 to read:
- 1.8.3.1.1 As needed, the Contractor will securely receive, store, and utilize data from Medicaid claims files, the Phoenix data system, and other Department data related to service utilization and quality to assist the Department in program development and program evaluation. For each instance of data to be shared, the Contractor and the Department shall complete a Data Sharing Plan that details the minimum necessary data to be shared, the outcomes, and the protections necessary to complete each project.
11. Modify Exhibit B, Scope of Services; Paragraph 1.8.5, to read:
- 1.8.5. RESERVED.
12. Modify Exhibit B, Scope of Services; Paragraph 1.9.1.1 to read:
- 1.9.1.1. The Contractor shall provide one (1) part-time (0.06 FTE) Medical Director to provide consultation services to the Bureau of Adult and Aging Services (BAAS) area. The Medical Director shall:
13. Modify Exhibit B, Scope of Services Paragraph 1.9.1.1.6 to read:
- 1.9.1.1.6. Meet quarterly with Department designee to review initiatives and check in on consultation services.
14. Modify Exhibit B, Scope of Services; Paragraph 1.10.2, Developmental Services Interdisciplinary Clinic Team, Part 1.10.2.3.1, to read:
- 1.10.2.3.1. Ensure the Interdisciplinary Clinic Team accepts children and adults up to 26 years of age referred from Service Coordinators and Area Agencies;
15. Modify Exhibit B, Scope of Services; Paragraph 1.10.2, Developmental Services Interdisciplinary Clinic Team, Part 1.10.2.3.6, to read:
- 1.10.2.3.6. Convene the Adult Interdisciplinary Clinic Team one (1) time per month and conduct a face to face or remote appointment with one (1) client per month, for a total of 12 clients per year; and convene the children's Interdisciplinary Team for children and adults up to 26 years of age every other month and conduct a face to face or remote appointment with one (1) client every other month, for a total of six (6) clients per year.
16. Modify Exhibit C, Payment Terms, Section 1, to read:
- 1. This Agreement is funded by:
 - 1.1. 20.13% Federal Funds from:
 - 1.1.1. The Centers for Medicare & Medicaid Services (CMS), Assistance Listing Number (ALN) 93.778, FAINs 2405NH5ADM and 2505NH5ADM;
 - 1.1.2. Health Resources and Services Administration (HRSA), Maternal and Child Health Block Grant, ALN 93.994, FAINs B0452939 and B0454562;
 - 1.1.3. Administration on Aging, Title III-B Social Services, ALN 93.004, FAIN 2401NHOASS-04;

- 1.1.4. Substance Abuse & Mental Health Services Administration (SAMHSA), Community Mental Health Block Grant, ALN 93.958, FAIN B09SM085371; and
- 1.1.5. SAMHSA, Substance Abuse Block Grant ARPA, ALN 93.959, FAIN 1B08T1083955.

1.2. 79.87% General funds.

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

- 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-13, Budget Sheet – Amendment #2.
 - 3.1. Services provided in the event of a healthcare system emergency as specified in Paragraph 1.5.5 of Exhibit B, Scope of Services, are budgeted to serve any or all of the five (5) service areas. The Contractor shall invoice the Department at the hourly rate per position, which is inclusive of direct salary and benefits, for the number of hours worked, not to exceed the Total Price Limitation in Block 1.8 of the Form P-37, General Provisions.
- 18. Modify Exhibit C-4, Budget Sheet by deleting it in its entirety and replacing with Exhibit C-4, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
- 19. Modify Exhibit C-5, Budget Sheet by deleting it in its entirety and replacing with Exhibit C-5, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
- 20. Add Exhibit C-8, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
- 21. Add Exhibit C-9, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
- 22. Add Exhibit C-10, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
- 23. Add Exhibit C-11, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
- 24. Add Exhibit C-12, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
- 25. Add Exhibit C-13, Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.

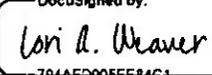
All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to March 24, 2025, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

6/2/2025

Date

DocuSigned by:

794AED005EE84C1
Name: Lori A. weaver
Title: DHHS Commissioner

Mary Hitchcock Memorial Hospital

5/30/2025

Date

Signed by:

8AC3JCFR1CC438
Name: Edward Merrens, MD
Title: chief clinical officer

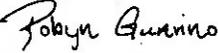
The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/3/2025

Date

DocuSigned by:



748734844941480...

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Exhibit C-4 Budget Sheet - Amendment #2 (Behavioral Health - Co-Occurring Trainer)

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*

Budget Request for: *Clinical and Administrative Services - Service Area #3 Behavioral Health (Co-occurring Trainer)*

Budget Period *SFY22 through SFY25*

Line Item	Total Program Cost <i>Enter all costs that will be incurred through this contract/agreement</i>	SFY22	SFY23	SFY24	SFY25
		<i>7/1/21 to 6/30/22</i>	<i>7/1/22 to 6/30/23</i>	<i>7/1/23 to 6/30/24</i>	<i>7/1/24 to 6/30/25</i>
1. Salary/Wages	\$ 304,974	25,466	84,405	76,681	65,237
2. Employee Benefits	\$ 104,911	8,739	29,006	24,308	20,680
3. Consultants	\$ -				
4.(a) Equipment - Rental	\$ -				
4.(b) Equipment - Repairs & Maintenance	\$ -				
4.(c) Equipment - Purchase	\$ -				
5.(a) Supplies - Educational	\$ 17,121	1,667	5,000	110	0
5.(b) Supplies - Lab	\$ -				
5.(c) Supplies - Pharmacy	\$ -				
5.(d) Supplies - Medical	\$ -				
5.(e) Supplies Office	\$ -				
6. Travel	\$ 25,000	2,500	7,500	7,137	0
7. Occupancy	\$ -				
9. Software	\$ -				
10. Marketing/Communications	\$ -				
11. Staff Education and Training	\$ 19,000	1,000	6,000	6,000	0
12. Subcontracts/Agreements	\$ -				
13. Other (Provide specific details)	\$ -				
Total Direct Costs	\$ 471,006	\$ 39,372	\$ 131,911	\$ 114,236	\$ 85,917
Indirect Cost Rate %	15%				
Total Indirect Costs	\$ 70,651	5,905	19,786	17,135	12,887
TOTAL	541,657	45,277	151,697	131,371	98,804

Initial 
 Contractor Initials
 Date 5/30/2025

Exhibit C-5 Budget Sheet - Amendment #2 (Behavioral Health - Crisis System Evaluator)

New Hampshire Department of Health and Human Services				
Contractor Name: <i>Mary Hitchcock Memorial Hospital</i>				
Budget Request for: <i>Clinical and Administrative Services - Service Area #3 Behavioral Health - Crisis System Evaluator</i>				
Budget Period: <i>SFY22 through SFY25</i>				
Indirect Cost Rate (if applicable) 13.37%				
Line Item	Program Cost - Funded by DHHS - SFY 22	Program Cost - Funded by DHHS - SFY 23	Program Cost - Funded by DHHS - SFY 24	Program Cost - Funded by DHHS - SFY 25
1. Salary & Wages	\$11,294	\$19,194	\$23,965	\$10,492
2. Fringe Benefits	\$3,886	\$6,508	\$8,243	\$3,257
3. Consultants	\$0	\$0	\$21,740	\$118,276
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0	\$0
5.(e) Supplies - Office	\$0	\$0	\$0	\$0
6. Travel	\$0	\$0	\$0	\$0
7. Software	\$0	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0	\$0
8. (b) Other - Education and Training	\$0	\$0	\$0	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
9. Subrecipient Contracts	\$44,404	\$264,532	\$182,185	\$118,276
Total Direct Costs	\$59,584	\$290,234	\$236,133	\$250,301
Total Indirect Costs	\$6,027	\$43,535	\$31,670	\$19,803
Subtotals	\$65,611	\$333,769	\$267,803	\$270,104
			TOTAL \$	937,287

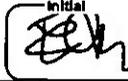
Initial

Contractor Initials:

Date: 5/30/2025

Exhibit C-8 Budget - Amendment #2

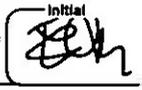
New Hampshire Department of Health and Human Services				
Contractor Name: <i>Dartmouth Hitchcock</i>				
Budget Request for: <i>Medicaid</i>				
Budget Period: <i>SFY26 through SFY27</i>				
Indirect Cost Rate (if applicable) 15.00%				
Line Item	Program Cost - Funded by DHHS - SFY 2026	Program Cost - Funded by DHHS - SFY 2027	Program Cost - Funded by DHHS - SFY 2028	Program Cost - Funded by DHHS - SFY 2029
1. Salary & Wages	\$347,782	\$358,215	\$0	\$0
2. Fringe Benefits	\$63,992	\$65,912	\$0	\$0
3. Consultants	\$0	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0	\$0
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0	\$0
5.(e) Supplies - Office	\$0	\$0	\$0	\$0
6. Travel	\$2,500	\$2,500	\$0	\$0
7. Software	\$0	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0	\$0
8. (b) Other - Education and Training	\$9,000	\$9,000	\$0	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
9. Subrecipient Contracts	\$0	\$0	\$0	\$0
Total Direct Costs	\$423,274	\$435,627	\$0	\$0
Total Indirect Costs	\$63,491	\$65,344	\$0	\$0
Subtotals	\$486,765	\$500,971	\$0	\$0
			TOTAL	\$987,736

Contractor Initials: 

Date: 5/30/2025

Exhibit C-9 Budget - Amendment #2

New Hampshire Department of Health and Human Services				
Contractor Name: <i>Dartmouth Hitchcock</i>				
Budget Request for: <i>Children, Youth and Families</i>				
Budget Period: <i>SFY26 through SFY27</i>				
Indirect Cost Rate (if applicable) 15.00%				
Line Item	Program Cost - Funded by DHHS - SFY 2026	Program Cost - Funded by DHHS - SFY 2027	Program Cost - Funded by DHHS - SFY 2028	Program Cost - Funded by DHHS - SFY 2029
1. Salary & Wages	\$849,901	\$875,398	\$0	\$0
2. Fringe Benefits	\$238,447	\$245,601	\$0	\$0
3. Consultants	\$0	\$0	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0	\$0
5.(e) Supplies - Office	\$0	\$0	\$0	\$0
6. Travel	\$3,000	\$3,000	\$0	\$0
7. Software	\$0	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0	\$0
8. (b) Other - Education and Training	\$12,000	\$12,000	\$0	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
9. Subrecipient Contracts	\$0	\$0	\$0	\$0
Total Direct Costs	\$1,103,349	\$1,135,999	\$0	\$0
Total Indirect Costs	\$165,502	\$170,400	\$0	\$0
Subtotals	\$1,268,851	\$1,306,399	\$0	\$0
			TOTAL \$	2,575,250

Contractor Initials: 

Date: 5/30/2025

Exhibit C-10 Budget - Amendment #2

New Hampshire Department of Health and Human Services				
Contractor Name: <i>Dartmouth Hitchcock</i>				
Budget Request for: <i>BMHS</i>				
Budget Period: <i>SFY26 through SFY27</i>				
Indirect Cost Rate (if applicable) 15.00%				
Line Item	Program Cost - Funded by DHHS - SFY 2026	Program Cost - Funded by DHHS - SFY 2027	Program Cost - Funded by DHHS - SFY 2028	Program Cost - Funded by DHHS - SFY 2029
1. Salary & Wages	\$440,762	\$453,985	\$0	\$0
2. Fringe Benefits	\$120,898	\$124,525	\$0	\$0
3. Consultants	\$0	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0	\$0
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.				
5.(a) Supplies - Educational	\$10,965	\$11,294	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0	\$0
5.(e) Supplies - Office	\$0	\$0	\$0	\$0
6. Travel	\$25,065	\$25,066	\$0	\$0
7. Software	\$0	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0	\$0
8. (b) Other - Education and Training	\$6,000	\$6,000	\$0	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
9. Subrecipient Contracts	\$0	\$0	\$0	\$0
Total Direct Costs	\$603,690	\$620,870	\$0	\$0
Total Indirect Costs	\$90,554	\$93,131	\$0	\$0
Subtotals	\$694,244	\$714,001	\$0	\$0
			TOTAL	\$1,408,245

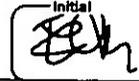
Contractor Initials:  Initial
Date: 5/30/2025

Exhibit C-11 Budget - Amendment #2

New Hampshire Department of Health and Human Services				
Contractor Name: <i>Dartmouth Hitchcock</i>				
Budget Request for: <i>DLTSS-Adult & Aging Services</i>				
Budget Period: <i>SFY26 & SFY27</i>				
Indirect Cost Rate (If applicable) 15.00%				
Line Item	Program Cost - Funded by DHHS - SFY 2026	Program Cost - Funded by DHHS - SFY 2027	Program Cost - Funded by DHHS - SFY 2028	Program Cost - Funded by DHHS - SFY 2029
1. Salary & Wages	\$19,736	\$20,328	\$0	\$0
2. Fringe Benefits	\$3,631	\$3,740	\$0	\$0
3. Consultants	\$0	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0	\$0
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.				
5.(a) Supplies - Educational	\$0	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0	\$0
5.(e) Supplies - Office	\$0	\$0	\$0	\$0
6. Travel	\$0	\$0	\$0	\$0
7. Software	\$0	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0	\$0
8. (b) Other - Education and Training	\$0	\$0	\$0	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0
9. Subrecipient Contracts	\$0	\$0	\$0	\$0
Total Direct Costs	\$23,368	\$24,069	\$0	\$0
Total Indirect Costs	\$3,505	\$3,610	\$0	\$0
Subtotals	\$26,873	\$27,679	\$0	\$0
			TOTAL	\$54,552

Contractor Initials: 

Date: 5/30/2025

Exhibit C-12 Budget - Amendment #2

New Hampshire Department of Health and Human Services Contractor Name: Dartmouth Hitchcock Budget Request for: Developmental Services, SMS Budget Period: SFY26 through SFY27 Average Indirect Cost Rate (if applicable) 15%				
Line Item	Program Cost Funded by DHHS - SFY 2026	Program Cost Funded by DHHS - SFY 2027	Program Cost Funded by DHHS - SFY 2028	Program Cost Funded by DHHS - SFY 2029
1. Salary & Wages	\$22,033	\$22,033		
2. Fringe Benefits	\$4,054	\$4,054		
3. Consultants				
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>				
5.(a) Supplies - Educational				
5.(b) Supplies - Lab				
5.(c) Supplies - Pharmacy				
5.(d) Supplies - Medical				
5.(e) Supplies - Office				
6. Travel				
7. Software				
8. (a) Other - Marketing/Communications				
8. (b) Other - Education and Training				
8. (c) Other - Other (specify below)				
<i>Other (please specify)</i>				
<i>Other (please specify)</i>				
<i>Other (please specify)</i>				
<i>Other (please specify)</i>				
<i>Other (please specify)</i>				
<i>Other (please specify)</i>				
<i>Other (please specify)</i>				
9. Subrecipient Contracts				
Total Direct Costs	\$26,087	\$26,087	\$0	\$0
Total Indirect Costs	\$3,913	\$3,913		
	15.00%	15.00%	#DIV/0!	#DIV/0!
Subtotals	\$30,000	\$30,000	\$0	\$0
			TOTAL	\$60,000

Contractor Initials 

Exhibit C-13 Budget - Amendment #2

New Hampshire Department of Health and Human Services				
Contractor Name: Dartmouth Hitchcock				
Budget Request for: Developmental Services, Program Support				
Budget Period: SFY26 through SFY27				
Average Indirect Cost Rate (if applicable) 15%				
Line Item	Program Cost Funded by DHHS - SFY 2026	Program Cost Funded by DHHS - SFY 2027	Program Cost Funded by DHHS - SFY 2028	Program Cost Funded by DHHS - SFY 2029
1. Salary & Wages	\$225,145	\$225,145		
2. Fringe Benefits	\$46,720	\$46,720		
3. Consultants				
4. Equipment <i>Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.</i>				
5.(a) Supplies - Educational				
5.(b) Supplies - Lab				
5.(c) Supplies - Pharmacy				
5.(d) Supplies - Medical				
5.(e) Supplies - Office				
6. Travel				
7. Software				
8. (a) Other - Marketing/Communications				
8. (b) Other - Education and Training				
8. (c) Other - Other (specify below)				
Other (please specify)				
Other (please specify)				
Other (please specify)				
Other (please specify)				
Other (please specify)				
Other (please specify)				
Other (please specify)				
9. Subrecipient Contracts				
Total Direct Costs	\$271,865	\$271,865	\$0	\$0
Total Indirect Costs	\$40,780	\$40,780		
	15.00%	15.00%	#DIV/0!	#DIV/0!
Subtotals	\$312,645	\$312,645	\$0	\$0
			TOTAL	\$625,290

Contractor Initials 

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 MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. 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: 68517

Certificate Number: 0007142928



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2025.

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

David M. Scanlan
Secretary of State

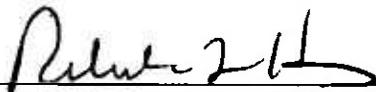


CERTIFICATE OF VOTE/AUTHORITY

I, Roberta L. Hines, MD, do hereby certify that:

1. I am the duly elected Chair of the Boards of Trustees of Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic (together, "Dartmouth-Hitchcock").
2. The following is a true and accurate excerpt from the Amended, Restated and Integrated Bylaws of the Dartmouth-Hitchcock Corporations:
 - a. **"ARTICLE II – Section A. Fiduciary Duty. Stewardship over Corporate Assets.** As responsible stewards of tax-exempt, charitable Corporations, members of the Corporations' Boards have the fiduciary duty to oversee, with due care and loyalty, the stewardship of the Corporations' assets and operations in order to create a sustainable health system that is population focused and value-based, and to advance their respective corporate purposes. In exercising this duty, the Boards may, consistent with the respective Corporation's Articles of Agreement and these Bylaws, delegate authority to Board Committees and other bodies, or to various officers, to provide input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporations as may be necessary or desirable in furtherance of their charitable purposes."
3. Pursuant to policy approved and adopted by the Boards of Trustees consistent with the above Bylaws provision, the Chief Clinical Officer, Edward Merrens, MD, has subdelegated signature authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. The foregoing authority shall remain in full force and effect as of the date of the agreement executed or action taken in reliance upon this Certificate. This authority shall remain valid for thirty (30) days from the date of this Certificate and the State of New Hampshire shall be entitled to rely upon same, until written notice of modification, rescission or revocation of same, in whole or in part, has been received by the State of New Hampshire.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Boards of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 14th day of May, 2025.



Roberta L. Hines, MD, Board Chair

DATE: July 1 2024

CERTIFICATE OF INSURANCE

COMPANY AFFORDING COVERAGE
 Hamden Assurance Risk Retention Group, Inc.
 P.O. Box 1687
 30 Main Street, Suite 330
 Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED
 Mary Hitchcock Memorial Hospital
 One Medical Center Drive
 Lebanon, NH 03756
 (603)653-6850

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY	X CLAIMS MADE	0002024-A	7/1/2024	7/1/2025	EACH OCCURRENCE	\$1,000,000
					DAMAGE TO RENTED PREMISES	\$1,000,000
					MEDICAL EXPENSES	N/A
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$3,000,000
OTHER					PRODUCTS- COMP/OP AGG	\$1,000,000
PROFESSIONAL LIABILITY	X CLAIMS MADE	0002024-A	7/1/2024	7/1/2025	EACH CLAIM	\$1,000,000
					ANNUAL AGGREGATE	\$3,000,000
					OCCURENCE	
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
 Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

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

CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/8/2024

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

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

PRODUCER License # 1780862 HUB International New England 275 US Route 1 Cumberland Foreside, ME 04110	CONTACT NAME: Lauren Stiles PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Lauren.Stiles@hubinternational.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: The Gray Insurance Company	NAIC # 36307
INSURER B: Midwest Employers Casualty Company	23612
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

 Dartmouth-Hitchcock Health
 1 Medical Center Dr.
 Lebanon, NH 03756

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SPX0702544	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Excess Workers' Comp			EWC010235	7/1/2024	7/1/2026	NH Only \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of Workers Compensation coverage for

Cheshire Medical Center
 Dartmouth-Hitchcock Health
 Mary Hitchcock Memorial Hospital
 Alice Peck Day Memorial Hospital
 New London Hospital Association
 Visiting Nurse Associates and Hospice of Vermont and New Hampshire

CERTIFICATE HOLDER CANCELLATION

NH DHHS 129 Pleasant Street Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Dartmouth Hitchcock Medical Center
Dartmouth Hitchcock Clinics

About Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics

Dartmouth Hitchcock Medical Center and Clinics—members of Dartmouth Health (<https://www.dartmouth-health.org>)—include Dartmouth Hitchcock Medical Center, the state's only academic medical center, and Dartmouth Hitchcock Clinics, which provide primary and specialty care throughout New Hampshire and Vermont.

Our physicians and researchers collaborate with Geisel School of Medicine scientists and faculty as well as other leading healthcare organizations to develop new treatments at the cutting edge of medical practice bringing the latest medical discoveries to the patient.

Who are Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics?

Dartmouth Hitchcock Medical Center



Dartmouth Hitchcock Medical Center is the state's only academic medical center and the only Level I Adult and Level II Pediatric Trauma Center in New Hampshire. The Dartmouth Hitchcock Advanced Response Team (DHART), based in Lebanon and Manchester, provides ground and air medical transportation to communities throughout northern New England. In 2024, Dartmouth Hitchcock Medical Center was named New Hampshire's best hospital in the *U.S. News & World Report* Best Hospitals 2024-25 (<https://health.usnews.com/best-hospitals/area/nh/dartmouth-hitchcock-medical-center-6120170>) rankings, recognized as high-performing in 11 common adult procedures and conditions. We also are recognized for high-performing Maternity Care/Uncomplicated Pregnancy, which was part of the Best Maternity Hospitals survey.

Dartmouth Hitchcock Clinics



Dartmouth Hitchcock Clinics provide primary and specialty care throughout New Hampshire and Vermont, with major community group practices in Lebanon, Concord, Manchester, Nashua, and Keene, New Hampshire, and Bennington, Vermont.

Children's Hospital at Dartmouth Hitchcock Medical Center

Children's Hospital at Dartmouth Hitchcock Medical Center (<https://childrens.dartmouth-health.org/locations-directions/lebanon-region>) is New Hampshire's only children's hospital and a member of the Children's Hospital Association, providing advanced pediatric inpatient, outpatient and surgical services at Dartmouth Hitchcock Medical Center.



Norris Cotton Cancer Care Pavilion Lebanon

Norris Cotton Cancer Care Pavilion Lebanon (<https://cancer.dartmouth.edu/locations-directions/norris-cotton-cancer-care-pavilion-lebanon>), one of only 57 NCI-designated Comprehensive Cancer Centers in the nation, is one of the premier facilities for cancer treatment, research, prevention, and education.

Our mission, vision, and values

Our mission

We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Our values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

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Also of interest

Learn About Clinical Trials & Research (<https://www.dartmouth-hitchcock.org/research/learn-about-clinical-trials-research>)

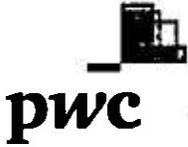
Dartmouth Hitchcock Medical Center and... (<https://www.dartmouth-hitchcock.org/about/history>)

Collaborations (<https://www.dartmouth-hitchcock.org/about/collaborations>)

**Dartmouth-Hitchcock Health (d/b/a
Dartmouth Health) and Subsidiaries**
Consolidated Financial Statements
June 30, 2024 and 2023

**Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and
Subsidiaries**
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June 30, 2024 and 2023

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Report of Independent Auditors

To the Board of Trustees of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and subsidiaries

Opinion

We have audited the accompanying Consolidated Financial Statements of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and its subsidiaries (the Dartmouth Health System), which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, including the related notes (collectively referred to as the "Consolidated Financial Statements").

In our opinion, the accompanying Consolidated Financial Statements present fairly, in all material respects, the financial position of Dartmouth Health as of June 30, 2024 and 2023, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Dartmouth Health System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the Consolidated Financial Statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of Consolidated Financial Statements that are free from material misstatement, whether due to fraud or error.

In preparing the Consolidated Financial Statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Dartmouth Health System's ability to continue as a going concern for one year after the date the Consolidated Financial Statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

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



In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the Consolidated Financial Statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the Consolidated Financial Statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Dartmouth Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the Consolidated Financial Statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Dartmouth Health System's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the Consolidated Financial Statements taken as a whole. The accompanying consolidating balance sheets and consolidating statements of operations and changes in net assets without donor restrictions as of and for the years ended June 30, 2024 and 2023 (the "supplemental information") is presented for purposes of additional analysis and is not a required part of the Consolidated Financial Statements. The consolidating information is not intended to present, and we do not express an opinion on, the financial position, results of operations and cash flows of the individual companies. The supplemental information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the Consolidated Financial Statements. The supplemental information has been subjected to the auditing procedures applied in the audit of the Consolidated Financial Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the Consolidated Financial Statements or to the Consolidated Financial Statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental information is fairly stated, in all material respects, in relation to the Consolidated Financial Statements taken as a whole.

A handwritten signature in cursive script that reads "Priscilla Thomas Cropper LLP".

Boston, Massachusetts
October 31, 2024

**Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and
Subsidiaries**
Consolidated Balance Sheets
June 30, 2024 and 2023

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 257,903	\$ 115,996
Patient accounts receivable, net (Note 4)	287,317	289,787
Prepaid expenses and other current assets	186,729	184,104
Total current assets	731,949	589,887
Assets limited as to use (Notes 5 and 7)	1,234,156	1,071,462
Other investments for restricted activities (Notes 5 and 7)	229,626	182,224
Property, plant, and equipment, net (Note 6)	921,320	811,622
Right-of-use assets, net (Note 16)	53,103	55,528
Other assets	251,713	193,333
Total assets	<u>\$ 3,421,867</u>	<u>\$ 2,904,056</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 22,426	\$ 15,236
Current portion of right-of-use obligations (Note 16)	10,142	11,334
Line of credit (Note 13)	41,950	40,000
Accounts payable and accrued expenses	138,466	146,747
Accrued compensation and related benefits	168,855	140,853
Estimated third-party settlements (Note 4)	82,668	64,360
Total current liabilities	464,507	418,530
Long-term debt, excluding current portion (Note 10)	1,199,925	1,098,962
Right-of-use obligations, excluding current portion (Note 16)	45,807	45,671
Insurance deposits and related liabilities (Note 12)	98,397	91,349
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	211,760	206,305
Other liabilities	199,091	173,918
Total liabilities	2,219,487	2,034,735
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	923,697	658,988
Net assets with donor restrictions (Notes 8 and 9)	278,683	210,333
Total net assets	1,202,380	869,321
Total liabilities and net assets	<u>\$ 3,421,867</u>	<u>\$ 2,904,056</u>

The accompanying notes are an integral part of these Consolidated Financial Statements.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2024 and 2023

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Operating revenue and other support		
Net patient service revenue (Note 4)	\$ 2,791,314	\$ 2,397,157
Contracted revenue	20,721	84,346
Other operating revenue (Note 4)	780,986	608,875
Net assets released from restrictions	18,126	14,843
Total operating revenue and other support	<u>3,611,147</u>	<u>3,105,221</u>
Operating expenses		
Salaries	1,581,480	1,423,091
Employee benefits	391,708	332,386
Medications and medical supplies	841,277	725,480
Purchased services and other	521,219	458,901
Medicaid enhancement and provider tax (Note 4)	102,727	85,715
Depreciation and amortization (Note 7)	89,985	90,457
Interest (Note 10)	40,869	34,515
Total operating expenses	<u>3,569,265</u>	<u>3,150,545</u>
Operating gain (loss)	41,882	(45,324)
Non-operating gains (losses)		
Investment gains, net (Note 5)	124,724	58,119
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	(22,702)	(17,691)
Other losses, net	(22,088)	(8,530)
Pension termination settlement charge (Note 12)	(13,287)	-
Contribution from acquisition (Note 3)	129,689	-
Total non-operating gains, net	<u>196,336</u>	<u>31,898</u>
Excess (deficiency) of revenue over expenses	<u>\$ 238,218</u>	<u>\$ (13,426)</u>

Consolidated Statements of Operations and Changes in Net Assets – continues on next page

The accompanying notes are an integral part of these Consolidated Financial Statements.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets - Continued
Years Ended June 30, 2024 and 2023

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	\$ 238,218	\$ (13,426)
Net assets released from restrictions for capital	15,150	3,229
Change in funded status of pension and other postretirement benefits (Note 11)	11,393	34,901
Other changes in net assets	<u>(52)</u>	<u>(13)</u>
Increase in net assets without donor restrictions	264,709	24,691
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	63,289	23,637
Investment gains, net	14,287	5,846
Net assets released from restrictions	(33,980)	(18,653)
Contribution of assets with donor restrictions acquisition (Note 3)	<u>24,754</u>	<u>-</u>
Increase in net assets with donor restrictions	68,350	10,830
Change in net assets	333,059	35,521
Net assets		
Beginning of year	<u>869,321</u>	<u>833,800</u>
End of year	<u>\$ 1,202,380</u>	<u>\$ 869,321</u>

The accompanying notes are an integral part of these Consolidated Financial Statements.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2024 and 2023

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Cash flows from operating activities		
Change in net assets	\$ 333,059	\$ 35,521
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Effects of acquisition	(154,443)	-
Depreciation and amortization	90,601	90,806
Amortization of bond premium, discount, and issuance cost, net	(2,745)	(2,779)
Amortization of right-of-use asset	8,830	9,242
Payments on right-of-use lease obligations - operating	(8,489)	(9,162)
Change in funded status of pension and other postretirement benefits	(11,393)	(34,901)
Loss (gain) on disposal of fixed assets	2,212	(883)
Net realized gains and change in net unrealized gains on investments	(138,812)	(79,799)
Restricted contributions and investment earnings	(21,449)	(8,208)
Proceeds from sales of donated securities	9,715	3,818
Changes in assets and liabilities, excluding the effects of acquisition		
Patient accounts receivable, net	19,588	(38,537)
Prepaid expenses and other current assets	57	1,984
Other assets, net	(43,375)	(21,888)
Accounts payable and accrued expenses	(10,788)	(31,082)
Accrued compensation and related benefits	19,422	(53,093)
Estimated third-party settlements	14,470	(71,907)
Insurance deposits and related liabilities	7,048	12,958
Liability for pension and other postretirement benefits	16,848	12,486
Other liabilities	17,492	21,191
Net cash provided by (used in) operating activities	<u>147,848</u>	<u>(184,033)</u>
Cash flows from investing activities		
Purchase of property, plant, and equipment	(132,454)	(129,321)
Proceeds from sale of property, plant, and equipment	20	1,214
Purchases of investments	(19,641)	(71,410)
Proceeds from maturities and sales of investments	52,606	249,684
Cash received through acquisition	5,794	-
Net cash provided by (used in) investing activities	<u>(93,675)</u>	<u>50,167</u>
Cash flows from financing activities		
Proceeds from line of credit	1,583,500	979,500
Payments on line of credit	(1,595,250)	(939,500)
Repayment of long-term debt	(17,206)	(81,907)
Proceeds from issuance of debt	100,137	75,000
Repayment of finance leases	(4,635)	(3,599)
Payment of debt issuance costs	(189)	-
Restricted contributions and investment earnings	21,449	8,208
Net cash provided by (used in) financing activities	<u>87,806</u>	<u>37,702</u>
Increase (decrease) in cash and cash equivalents	<u>141,979</u>	<u>(76,164)</u>
Cash and cash equivalents, beginning of year	<u>117,321</u>	<u>193,485</u>
Cash and cash equivalents, end of year	<u>\$ 259,300</u>	<u>\$ 117,321</u>
Supplemental cash flow information		
Interest paid	\$ 49,133	\$ 44,362
Construction in progress included in accounts payable and accrued expenses	11,315	5,105
Donated securities	9,715	3,818

The following table reconciles cash and cash equivalents on the Consolidated Balance Sheets to cash, cash equivalents and restricted cash on the Consolidated Statements of Cash Flows.

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 257,903	\$ 115,996
Restricted cash and cash equivalents included in other investments for restricted activities	1,397	1,325
Total of cash, cash equivalents, and restricted cash shown in the consolidated statements of cash flows	<u>\$ 259,300</u>	<u>\$ 117,321</u>

The accompanying notes are an integral part of these Consolidated Financial Statements.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2024 and 2023

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health), its members, and their Subsidiaries (collectively referred to as "the Dartmouth Health System") is a system of hospitals, clinics, and other healthcare service providers across New Hampshire (NH) and Vermont (VT). The Dartmouth Health System advances health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time. The Dartmouth Health System seeks to achieve the healthiest population possible, leading the transformation of health care in the region and setting the standard for the nation. The Dartmouth Health System's expanding network of services are the fabric of its commitment to serve the region with exceptional medical care.

Dartmouth Health serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic (DHC) and Subsidiaries, Mary Hitchcock Memorial Hospital (MHMH) and Subsidiaries, (DHC and MHMH together are referred to as D-H), The New London Hospital Association, Inc. (NLH), Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, The Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, Visiting Nurse Association and Hospice of Vermont and New Hampshire (VNH) and Subsidiaries, and Southwestern Vermont Health Care Corporation and Subsidiaries (SVHC). SVHC became a subsidiary of Dartmouth Health on July 3, 2023.

The Dartmouth Health System currently operates one tertiary, one community, and three acute care (critical access) hospitals in NH and VT. One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Dartmouth Health System also operates multiple physician practices, a continuing care retirement community, and a home health and hospice service. The Dartmouth Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

Dartmouth Health, DHC, MHMH, NLH, Cheshire, and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC, VNH, and SVHC are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC.

Community Benefits

The Dartmouth Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Dartmouth Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Dartmouth Health System seeks to work collaboratively with other area healthcare providers to improve the health status of the region. Certain members of the Dartmouth Health System provide significant support for academic and research programs, as components of an integrated academic medical center.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Certain member hospitals of the Dartmouth Health System file annual Community Benefits Reports with the State of NH, which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state Community Benefit Report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *The Uncompensated Cost of Care for Medicaid patients* is the unreimbursed cost of providing care to Medicaid patients by the System. The System uses filed Community Benefits Reports, where available, and also tax filings, where necessary, to calculate this amount. The 2024 Community Benefits Reports are expected to be filed in February 2025.
- *Health Professions Education* includes uncompensated costs of training medical students, residents, nurses, and other health care professionals
- *Subsidized Health Services* are services provided by the Dartmouth Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Charity Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs.
- *Community Health Improvement Services* include activities carried out to improve community health, and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).
- *Research* includes costs, in excess of awards, for numerous health research and service initiatives within the Dartmouth Health System.
- *Cash and In-Kind Contributions* occur outside of the System through various financial contributions of cash, in-kind donations, and grants to local organizations.
- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges, as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2024 and 2023

The following table summarizes the value of the community benefit initiatives outlined for the year ended June 30, 2023:

(in thousands of dollars)

Uncompensated cost of care for Medicaid	\$ 209,213
Health professional education	44,268
Subsidized health services	26,617
Charity care	15,719
Community health improvement services	14,567
Research	18,796
Cash and in-kind contributions	4,320
Community building activities	1,493
Total community benefit value	<u>\$ 334,993</u>

In fiscal years 2024 and 2023, funds received to offset or subsidize charity care costs provided were \$365,000 and \$439,000, respectively.

In fiscal years 2024 and 2023, Medicaid and Medicare costs exceeding reimbursement totaled \$916,423,000, and \$797,604,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The Consolidated Financial Statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, gains, and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the Consolidated Financial Statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the dates of the Consolidated Financial Statements, and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Excess/(Deficiency) of Revenue over Expenses

The Consolidated Statements of Operations and Changes in Net Assets include the excess/(deficiency) of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income (loss) on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating gains (losses).

Changes in net assets without donor restrictions which are excluded from the excess/(deficiency) of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and change in funded status of pension and other postretirement benefit plans.

Charity Care

The Dartmouth Health System provides care to patients who meet certain criteria under their financial assistance policies without charge, or at amounts less than their established rates. Because the Dartmouth Health System does not anticipate collection of amounts qualifying as charity care, they are not reported as revenue.

The Dartmouth Health System grants credit, without collateral, to patients. Most are local residents and are insured under third-party arrangements. The charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Patient Service Revenue

The Dartmouth Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Dartmouth Health System expects to be entitled from patients, third party payors, and others, for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contracted Revenue

The Dartmouth Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Dartmouth Health System and also lease space and equipment. Revenue pursuant to these PSAs, and certain facility and equipment leases and other professional service contracts, have been classified as contracted revenue in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Other Revenue

The Dartmouth Health System recognizes other revenue, which is not related to patient medical care but is central to the day-to-day operations of the Dartmouth Health System. Other revenue, which consists primarily of revenue from retail pharmacy, specialty pharmacy, and contract

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pharmacy, is recorded in the amounts to which it expects to be entitled in exchange for the prescriptions. Other revenue also includes Coronavirus Aid, Relief, and Economic Securities Act (CARES Act) Provider Relief Funds from the Department of Health and Human Services (HHS), CARES Act Employee Retention Credit Funds, Federal Emergency Management Agency assistance, grant revenue, cafeteria sales, and other support service revenue (Note 4).

Cash Equivalents

Cash and cash equivalents include amounts on deposit with financial institutions, short-term investments with maturities of three months or less at the time of purchase, and other highly liquid investments (primarily cash management funds), which would be considered level 1 investments under the fair value hierarchy. All short-term, highly liquid, investments included within the Dartmouth Health System's endowment and similar investment pools, otherwise qualifying as cash equivalents, are classified as investments at fair value and, therefore, are excluded from cash and cash equivalents in the Consolidated Statements of Cash Flows.

Investments and Investment Income (Loss)

Investments in equity securities with readily determinable fair values, mutual funds, governmental securities, debt securities, and pooled/commingled funds are reported at fair value with changes in fair value included in the excess (deficiency) of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds, and hedge funds that represent investments where the Dartmouth Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the excess (deficiency) of revenue over expenses.

Certain members of the Dartmouth Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Dartmouth Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the excess (deficiency) of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

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Fair Value Measurement of Financial Instruments

The Dartmouth Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.
- Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.
- Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The carrying amounts of patient accounts receivable, prepaid and other current assets, and accounts payable and accrued expenses approximate fair value due to the short maturity of these instruments.

Property, plant, and equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Dartmouth Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method, at rates which are intended to amortize the cost of assets over their estimated useful lives. Estimated useful lives range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of, the lease term or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of capital assets such as land, buildings, or equipment are reported as support, and excluded from the excess (deficiency) of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the Consolidated Balance Sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the Consolidated Statements of Operations and Changes in Net Assets using the straight-line method, which approximates the effective interest method.

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Intangible Assets and Goodwill

The Dartmouth Health System records goodwill and intangible assets, such as trade names and leases-in-place, within other assets on the Consolidated Balance Sheets. The Dartmouth Health System considers goodwill and trade names to be indefinite-lived assets, assesses them at least annually for impairment, or more frequently if certain events or circumstances warrant, and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Dartmouth Health System has recorded \$10,509,000 and \$8,367,000 as intangible assets as of June 30, 2024 and 2023, respectively.

Gifts

Gifts without donor restrictions are recorded as operating income. Conditional promises to give and indications of intentions to give to the Dartmouth Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the Consolidated Statements of Operations and Changes in Net Assets as net assets released from restrictions.

3. Acquisitions

Effective July 3, 2023, SVHC became an affiliate of the Dartmouth Health System when Dartmouth Health became the sole corporate member of SVHC through an affiliation agreement. SVHC is a not-for-profit corporation providing a continuum of patient care services to residents of southwestern Vermont, northwestern Massachusetts, and parts of New York. SVHC has a fiscal year end of September 30.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, The Dartmouth Health System recorded contribution income of approximately \$154,443,000, reflecting the fair value of the contributed net assets of SVHC as of the transaction date. Of this amount, \$129,689,000, representing total net assets less donor-restricted net assets, is included as nonoperating gains in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Donor restricted net assets totaling \$24,754,000 were recorded within donor restricted net assets in the accompanying Consolidated Statements of Operations and Changes in Net Assets. No consideration was exchanged for the net assets contributed, and acquisition costs are expensed as incurred.

The fair value of assets, liabilities, and net assets contributed by SVHC at July 3, 2023 were as follows:

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(in thousands of dollars)

Assets	
Cash and cash equivalents	\$ 5,794
Patient accounts receivable, net	17,118
Prepaid expenses and other current assets	9,129
Property, plant, and equipment, net	70,946
Assets limited as to use	92,856
Other assets	<u>38,724</u>
Total assets acquired	\$ 234,567
Liabilities	
Accounts payable and accrued expenses	\$ 15,173
Accrued compensation and related benefits	8,580
Line of credit	13,700
Long-term debt	28,156
Estimated third-party settlements	3,838
Other liabilities	<u>10,677</u>
Total liabilities assumed	80,124
Net Assets	
Without donor restrictions	129,689
With donor restrictions	<u>24,754</u>
Total net assets	<u>154,443</u>
Total liabilities and net assets	<u>\$ 234,567</u>

A summary of the financial results of SVHC included in the Consolidated Statement of Operations and Changes in Net Assets for the period from the date of acquisition, July 3, 2023, through June 30, 2024 is as follows:

(in thousands of dollars)

Total operating revenues	\$ 216,946
Total operating expenses	<u>219,902</u>
Operating loss	(2,956)
Nonoperating gains	<u>7,020</u>
Excess of expenses over revenue	4,064
Net assets released from restriction used for capital purposes	5,083
Net assets transferred from affiliate	<u>129,689</u>
Increase in net assets	<u>\$ 138,836</u>

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A summary of the consolidated financial results of the Dartmouth Health System for the years ended 2023, as if the transactions had occurred on July 1, 2022, are as follows (unaudited):

(in thousands of dollars)

Total operating revenues	\$ 3,308,114
Total operating expenses	<u>3,359,808</u>
Operating loss	(51,694)
Nonoperating gains	<u>38,970</u>
Deficiency of revenues over expenses	(12,724)
Net assets released from restriction used for capital purchases	7,644
Change in funded status of pension and other post retirement benefits	33,535
Change in fair value on interest rate swaps	<u>(13)</u>
Increase in net assets without donor restrictions	<u>\$ 28,442</u>

4. Net Patient Service Revenue and Accounts Receivable

The Dartmouth Health System reports net patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including managed care payors and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Dartmouth Health System bills patients and third-party payors several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts, by providing healthcare services to patients.

The Dartmouth Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred, in relation to total expected charges, as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Dartmouth Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Dartmouth Health System has elected

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to apply the optional exemption provided in ASC 606-10-50-14a and, as such, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Dartmouth Health System's Consolidated Statements of Operations and Changes in Net Assets.

Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions

Revenues for the Dartmouth Health System under the traditional fee-for-service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system (PPS) to determine rates-per-discharge. These rates vary according to a patient classification system (DRG), based on diagnostic, clinical, and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Dartmouth Health System's payments for inpatient services rendered to NH and VT Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis, or fee schedules, for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.
- Inpatient acute, swing, and outpatient services furnished by Critical Access Hospitals (CAH) are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.
- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.

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- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.
- The Dartmouth Health System's cost-based services to Medicare and Medicaid are reimbursed during the year, based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.
- Revenues under Managed Care Plans (MCPs) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for-service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The MCPs are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments, in accordance with contractual terms in place with the MCPs following their review and adjudication of each bill.

The Dartmouth Health System is not aware of any claims, disputes, or unsettled matters with any payor, that would materially affect its revenues, for which it has not adequately provided in the accompanying Consolidated Financial Statements.

The Dartmouth Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Dartmouth Health System's policy is to treat amounts qualified as charity care as explicit price concessions and, as such, they are not reported in net patient service revenue.

For fiscal year 2023, VT imposed a provider tax on home health agencies in the amount of 4.25% of annual net patient revenue, as determined by the State of VT. As of July 1, 2023, the tax was sunset in the Vermont legislation. Accordingly, in fiscal years 2024 and 2023, home health provider taxes paid were \$0 and \$579,000, respectively.

Implicit Price Concessions

Generally, patients who are covered by third-party payor contracts are responsible for related co-pays, co-insurance, and deductibles, which vary depending on the contractual obligations of patients. The Dartmouth Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Dartmouth Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles, and for those who are uninsured, based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient services revenue in the period of change.

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The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Dartmouth Health System expects to collect, based on collection history with similar patients. Although outcomes vary, the Dartmouth Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance, and deductibles due from insurance at the time of service while complying with all federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Dartmouth Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations.

For the years ended June 30, 2024 and 2023, additional increases in revenue of \$6,694,000 and \$24,098,000, respectively, were recognized, due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans, as well as patients covered under the Dartmouth Health System's uninsured discount and charity care programs.

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The table below shows the Dartmouth Health System's sources of total operating revenue and other support presented at the net transaction price for the years ended June 30, 2024 and 2023.

<i>(in thousands of dollars)</i>	2024		
	<u>PPS</u>	<u>CAH</u>	<u>Total</u>
Hospital			
Medicare	\$ 655,092	\$ 113,586	\$ 768,678
Medicaid	189,864	25,680	215,544
Commercial	1,199,567	85,726	1,285,293
Self-pay	<u>8,569</u>	<u>3,108</u>	<u>11,677</u>
Subtotal	2,053,092	228,100	2,281,192
Professional	<u>461,294</u>	<u>37,310</u>	<u>498,604</u>
Subtotal	<u>2,514,386</u>	<u>265,410</u>	<u>2,779,796</u>
Home based care			<u>11,518</u>
Total net patient service revenue			<u>\$ 2,791,314</u>

<i>(in thousands of dollars)</i>	2023		
	<u>PPS</u>	<u>CAH</u>	<u>Total</u>
Hospital			
Medicare	\$ 587,377	\$ 106,370	\$ 693,747
Medicaid	168,410	18,824	187,234
Commercial	862,502	88,492	950,994
Self-pay	<u>11,307</u>	<u>802</u>	<u>12,109</u>
Subtotal	1,629,596	214,488	1,844,084
Professional	<u>504,370</u>	<u>35,578</u>	<u>539,948</u>
Subtotal	<u>2,133,966</u>	<u>250,066</u>	<u>2,384,032</u>
Home based care			<u>13,125</u>
Total net patient service revenue			<u>\$ 2,397,157</u>

Medicaid Enhancement Tax & Disproportionate Share Hospital

On May 22, 2018, the State of NH and all NH hospitals (Hospitals) agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the event of legislative changes to the DSH program. Under the agreement, the State of NH committed to make DSH payments to the Hospitals in an amount no less than 86% of the Medicaid Enhancement Tax (MET) proceeds collected in each fiscal year, in addition to providing for directed payments or increased rates for Hospitals in an amount equal to 5% of MET proceeds collected from state fiscal year (SFY) 2021 through SFY 2024. The agreement prioritizes DSH payments to critical access hospitals in an

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amount equal to 75% of allowable uncompensated care (UCC), with the remainder distributed to Hospitals without critical access designation in proportion to their allowable UCC amounts.

During the years ended June 30, 2024 and 2023, the Dartmouth Health System received DSH payments of \$96,411,000 and \$85,853,000, respectively. DSH payments are subject to audit and, therefore, for the years ended June 30, 2024 and 2023, the Dartmouth Health System recognized as revenue DSH receipts of \$111,740,000 and \$83,582,000, respectively.

During the years ended June 30, 2024 and 2023, the Dartmouth Health System paid and recorded \$102,727,000 and \$85,715,000, respectively, of NH MET and VT provider taxes. The taxes are calculated at 5.4%, for NH, and 6.0%, for VT, of certain patient service revenues. The NH MET and VT provider taxes are included in operating expenses in the Consolidated Statements of Operations and Changes in Net Assets. The agreement with the State of NH expired at the end of fiscal year 2024. NH hospitals are actively seeking a new agreement with the State of NH.

Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Medicare	39%	36%
Medicaid	12%	12%
Commercial	37%	41%
Self Pay	12%	11%
Total	<u>100%</u>	<u>100%</u>

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5. Investments

The composition of investments at June 30, 2024 and 2023 is set forth in the following table:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 11,172	\$ 6,988
U.S. government securities	90,786	80,595
Domestic corporate debt securities	314,744	271,321
Global debt securities	32,198	37,092
Domestic equities	250,418	205,200
International equities	95,732	75,199
Emerging markets equities	47,031	37,080
Global equities	91,609	77,479
Real Estate Investment Trust	104	2
Private equity funds	159,387	141,808
Hedge funds	59,185	44,558
Other	77	-
Subtotal	1,152,443	977,322
Investments held by captive insurance companies (Note 12)		
U.S. government securities	39,420	30,366
Domestic corporate debt securities	11,001	13,918
Global debt securities	13,025	13,180
Domestic equities	11,118	13,994
International equities	6,372	5,372
Subtotal	80,936	76,830
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	777	17,310
Total assets limited as to use	1,234,156	1,071,462
Other investments for restricted activities		
Cash and short-term investments	6,673	21,243
U.S. government securities	33,784	27,323
Domestic corporate debt securities	60,369	45,864
Global debt securities	4,924	5,282
Domestic equities	46,721	30,754
International equities	17,716	11,054
Emerging markets equities	8,397	5,187
Global equities	14,904	10,281
Real Estate Investment Trust	19	18
Private equity funds	25,930	18,816
Hedge funds	10,135	6,368
Other	54	34
Total other investments for restricted activities	229,626	182,224
Total investments	\$ 1,463,782	\$ 1,253,686

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case-by-case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above.

The following tables summarize investments by the accounting method utilized as of June 30, 2024 and 2023. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

<i>(in thousands of dollars)</i>	2024		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 18,622	\$ -	\$ 18,622
U.S. government securities	163,990	-	163,990
Domestic corporate debt securities	153,782	232,332	386,114
Global debt securities	50,147	-	50,147
Domestic equities	256,605	51,652	308,257
International equities	83,754	36,066	119,820
Emerging markets equities	7,451	47,977	55,428
Global equities	-	106,513	106,513
Real Estate Investment Trust	123	-	123
Private equity funds	-	185,317	185,317
Hedge funds	507	68,813	69,320
Other	131	-	131
Total investments	\$ 735,112	\$ 728,670	\$ 1,463,782

<i>(in thousands of dollars)</i>	2023		
	Fair Value	Equity	Total
Cash and short-term investments	\$ 45,541	\$ -	\$ 45,541
U.S. government securities	138,284	-	138,284
Domestic corporate debt securities	122,320	208,783	331,103
Global debt securities	55,554	-	55,554
Domestic equities	204,541	45,407	249,948
International equities	57,221	34,404	91,625
Emerging markets equities	267	42,000	42,267
Global equities	-	87,760	87,760
Real Estate Investment Trust	20	-	20
Private equity funds	-	160,624	160,624
Hedge funds	456	50,470	50,926
Other	34	-	34
Total investments	\$ 624,238	\$ 629,448	\$ 1,253,686

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For the years ended June 30, 2024 and 2023, investment income is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as other operating revenue of approximately \$830,000 and \$905,000, respectively, and as non-operating gains of approximately \$124,724,000 and \$58,119,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner. It is the intent of the Dartmouth Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreements expire. Under the terms of these agreements, the Dartmouth Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2024 and 2023, the Dartmouth Health System has outstanding commitments of \$97,410,000 and \$79,753,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment consists of the following at June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Land	\$ 57,684	\$ 40,749
Construction in progress	48,001	43,117
Land improvements	62,121	52,054
Buildings and improvements	1,290,315	1,166,776
Equipment	<u>1,159,947</u>	<u>1,101,410</u>
Subtotal property, plant, and equipment	2,618,068	2,404,106
Less accumulated depreciation	<u>(1,696,748)</u>	<u>(1,592,484)</u>
Total property, plant, and equipment, net	<u>\$ 921,320</u>	<u>\$ 811,622</u>

As of June 30, 2024, construction in progress primarily consists of three projects; the renovation of inpatient wings as part of the Pavilion backfill project located in Lebanon, NH, the ambulatory expansion project in Manchester, NH, and the lab software upgrade to the Lebanon, Cheshire, New London, and Alice Peck Day locations. The estimated cost to complete the construction in progress is approximately \$18,900,000.

As of June 30, 2023, construction in progress primarily consisted of four projects; the Family and Community Care Clinic located in Keene, NH, the renovation of inpatient wings as part of the Pavilion backfill project located in Lebanon, NH, and two lab software upgrades to the Lebanon campus.

Capitalized interest of \$0 and \$59,000 is included in construction in progress as of June 30, 2024 and 2023, respectively.

Depreciation expense included in operating activities was \$87,732,000 and \$87,029,000 for 2024 and 2023, respectively.

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7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

- *Cash and Short-Term Investments* consists of money market funds and are valued at net asset value (NAV) reported by the financial institution and cash which will be used for future investment opportunities.
- *Domestic, Emerging Markets and International Equities* consist of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).
- *U.S. Government Securities, Domestic Corporate and Global Debt Securities* consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third-party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2024 and 2023:

(in thousands of dollars)	2024			
	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	\$ 18,622	\$ -	\$ -	\$ 18,622
U.S. government securities	163,990	-	-	163,990
Domestic corporate debt securities	78,164	75,618	-	153,782
Global debt securities	24,925	25,222	-	50,147
Domestic equities	234,107	22,498	-	256,605
International equities	23,810	59,944	-	83,754
Emerging market equities	7,451	-	-	7,451
Real estate investment trust	123	-	-	123
Hedge funds	507	-	-	507
Other	96	35	-	131
Total fair value investments	551,795	183,317	-	735,112

(continued)

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(continued)

Deferred compensation plan assets			
Cash and short-term investments	14,463	-	14,463
Domestic corporate debt securities	9,519	-	9,519
Domestic equities	54,140	-	54,140
International equities	7,042	-	7,042
Multi strategy fund	66,984	-	66,984
Total deferred compensation plan assets	152,148	-	152,148
Beneficial interest in trusts	-	-	19,466
Total assets	\$ 703,943	\$ 183,317	\$ 19,466
			\$ 906,726

2023

(in thousands of dollars)

	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	\$ 45,541	\$ -	\$ -	\$ 45,541
U.S. government securities	138,284	-	-	138,284
Domestic corporate debt securities	41,351	80,969	-	122,320
Global debt securities	24,429	31,125	-	55,554
Domestic equities	200,252	4,289	-	204,541
International equities	57,221	-	-	57,221
Emerging market equities	267	-	-	267
Real estate investment trust	20	-	-	20
Hedge funds	456	-	-	456
Other	-	34	-	34
Total fair value investments	507,821	116,417	-	624,238
Deferred compensation plan assets				
Cash and short-term investments	11,893	-	-	11,893
U.S. government securities	40	-	-	40
Domestic corporate debt securities	10,453	-	-	10,453
Global debt securities	16	-	-	16
Domestic equities	41,841	-	-	41,841
International equities	5,874	-	-	5,874
Emerging market equities	21	-	-	21
Real estate	14	-	-	14
Multi strategy fund	62,689	-	-	62,689
Total deferred compensation plan assets	132,841	-	-	132,841
Beneficial interest in trusts	-	-	14,875	14,875
Total assets	\$ 640,662	\$ 116,417	\$ 14,875	\$ 771,954

There were no transfers into or out of Level 1, 2, or 3 measurements due to changes in valuation methodologies during the years ended June 30, 2024 and 2023.

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There were no liquidations of Level 3 measurements during the years ended June 30, 2024 and 2023.

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Investments held in perpetuity	\$ 109,649	\$ 88,926
Healthcare services	68,660	38,596
Research	30,663	28,176
Health education	23,708	27,374
Other	18,006	10,825
Charity care	14,241	12,486
Purchase of equipment	13,756	3,950
Total net assets with donor restrictions	<u>\$ 278,683</u>	<u>\$ 210,333</u>

9. Board Designated and Endowment Funds

Net assets include funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Dartmouth Health System has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Dartmouth Health System's net assets with donor restrictions, which are to be held in perpetuity, consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments, the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the

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donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Dartmouth Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Dartmouth Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Dartmouth Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Dartmouth Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Dartmouth Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2024 and 2023.

Endowment net asset composition by type of fund consists of the following at June 30, 2024 and 2023:

	<u>2024</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Donor-restricted endowment funds	\$ -	\$ 139,933	\$ 139,933
Board-designated endowment funds	30,085	-	30,085
Total endowed net assets	<u>\$ 30,085</u>	<u>\$ 139,933</u>	<u>\$ 170,018</u>
	<u>2023</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Donor-restricted endowment funds	\$ -	\$ 111,843	\$ 111,843
Board-designated endowment funds	28,688	-	28,688
Total endowed net assets	<u>\$ 28,688</u>	<u>\$ 111,843</u>	<u>\$ 140,531</u>

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Changes in endowment net assets for the years ended June 30, 2024 and 2023 are as follows:

	2024		
	Without Donor Restrictions	With Donor Restrictions	Total
<i>(in thousands of dollars)</i>			
Beginning of year balances	\$ 28,688	\$ 111,843	\$ 140,531
Net investment return	411	11,894	12,305
Contributions	-	12,627	12,627
Transfers	1,055	11,165	12,220
Release of appropriated funds	(69)	(7,596)	(7,665)
End of year balances	<u>\$ 30,085</u>	<u>\$ 139,933</u>	<u>\$ 170,018</u>
Beneficial interest in perpetual trusts		<u>18,596</u>	
Net assets with donor restrictions		<u>\$ 158,529</u>	
	2023		
	Without Donor Restrictions	With Donor Restrictions	Total
<i>(in thousands of dollars)</i>			
Beginning of year balances	\$ 41,344	\$ 107,590	\$ 148,934
Net investment return	212	1,305	1,517
Contributions	-	3,201	3,201
Transfers	(12,743)	2,561	(10,182)
Release of appropriated funds	(125)	(2,814)	(2,939)
End of year balances	<u>\$ 28,688</u>	<u>\$ 111,843</u>	<u>\$ 140,531</u>
Beneficial interest in perpetual trusts		<u>13,954</u>	
Net assets with donor restrictions		<u>\$ 125,797</u>	

10. Long-Term Debt

MHMH established the Dartmouth-Hitchcock Obligated Group (DHOG) for the purpose of issuing bonds financed through New Hampshire Health and Education Facilities Authority (NHHEFA) or the "Authority". The members of the obligated group at June 30, 2024 and 2023 consist of Dartmouth Health, MHMH, DHC, NLH, MAHHC, and APD. The members of the obligated group at June 30, 2023 consisted of Dartmouth Health, MHMH, DHC, Cheshire, NLH, MAHHC, and APD. Dartmouth Health is designated as the obligated group agent.

Effective June 26, 2024, after approval from the Dartmouth Health Board of Trustees, Cheshire withdrew from the DHOG. The Cheshire Series 2012 bonds and the related obligated group note

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securing the Cheshire bonds, will remain outstanding and therefore constitute a continuing joint and several obligation of the DHOG.

Revenue bonds, issued by members of the DHOG, are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

A summary of long-term debt at June 30, 2024 and 2023 is as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	\$ 81,040	\$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (2)	125,000	125,000
Series 2017A, principal maturing in varying annual amounts, through August 2040 (3)	122,435	122,435
Series 2019A, principal maturing in varying annual amounts, through August 2043 (4)	99,165	109,800
Series 2017B, principal maturing in varying annual amounts, through August 2031 (3)	98,750	99,165
Series 2018C, principal maturing in varying annual amounts, through August 2030 (5)	22,035	22,860
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	20,800	21,715
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Note payable		
Note payable to a financial institution due in varying annual amounts through 2035 (9)	125,000	125,000
Note payable to a financial institution due in varying annual amounts through 2035 (10)	100,000	-
Total obligated group debt	<u>\$ 1,122,827</u>	<u>\$ 1,037,932</u> (continued)

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(continued)		
Other		
2021 Series B Hospital Bonds, including monthly payments of \$227,000, including interest of 2.68%, maturing in December, 2031.	\$ 20,365	\$ -
2021 Series A Hospital Bonds, including monthly payments ranging from \$23,333 to \$227,000, including interest of 2.75%, maturing in December, 2031.	5,557	-
Mortgage note payable to the US Dept of Agriculture including monthly payments of \$10,892, including interest of 2.375%, maturing in November, 2046.	2,267	2,343
Note payable to a financial institution, with principal balance due in full in June, 2034; collateralized by land and building. The note payable is interest free.	341	232
Note payable to a financial institution, payable in interest free monthly installments through December 2024; collateralized by associated equipment.		32
Note payable to the Town of Bennington, VT, with a fixed interest rate of 3.000%. Payment of principal and interest are deferred until March 1, 2025, at which time annual payments will be made.	511	-
Total nonobligated group debt	29,041	2,607
Total long-term debt	1,151,868	1,040,539
Add original issue premium and discounts, net	76,975	80,112
Less: Current portion	(22,426)	(15,236)
Debt issuance costs, net	(6,492)	(6,453)
Total long-term debt, net	\$ 1,199,925	\$ 1,098,962

(1) Series 2018A and Series 2018B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B, in February 2018. The Series 2018A revenue bonds mature in variable amounts through 2037 and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds. The Series 2018B revenue bonds mature in variable amounts through 2048, and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds, revolving line of credit, Series 2012 bank loan, and the Series 2015A and Series 2016A swap terminations. The interest on the Series 2018A revenue bonds is variable, with a current interest rate of 5.00%. The interest on the Series 2018B revenue bonds is fixed, with an interest rate of 4.18%, and matures in variable amounts through 2048.

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- (2) **Series 2020A Revenue Bonds**
The DHOG issued NHHEFA Revenue Bonds, Series 2020A, in February 2020. The Series 2020A revenue bonds mature in variable amounts through 2059 and the proceeds are being used primarily to fund the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH, as well as various equipment. The interest on the Series 2020A revenue bonds is fixed, with an interest rate of 5.00%.
- (3) **Series 2017A and Series 2017B Revenue Bonds**
The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B, in December 2017. The Series 2017A revenue bonds mature in variable amounts through 2040 and were used primarily to refund Series 2009 and Series 2010 revenue bonds. The Series 2017B revenue bonds mature in variable amounts through 2031 and were used to refund Series 2012A and Series 2012B revenue bonds. The interest on the Series 2017A revenue bonds is fixed, with an interest rate of 5.00%. The interest on the Series 2017B revenue bonds is fixed, with an interest rate of 2.54%.
- (4) **Series 2019A Revenue Bonds**
The DHOG issued NHHEFA Revenue Bonds, Series 2019A, in October 2019. The Series 2019A revenue bonds mature in variable amounts through 2043 and were used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH, to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A revenue bonds is fixed, with an interest rate of 4.00%.
- (5) **Series 2018C Revenue Bonds**
The DHOG issued NHHEFA Revenue Bonds, Series 2018C, in August 2018. The Series 2018C revenue bonds mature in variable amounts through 2030 and were used primarily to refinance the Series 2010 revenue bonds. The interest on the Series is fixed, with an interest rate of 3.22%.
- (6) **Series 2012 Revenue Bonds**
The DHOG issued NHHEFA Revenue Bonds, Series 2012, in November 2012. The Series 2012 revenue bonds mature in variable amounts through 2039 and were used to refund 1998 and 2009 Series revenue bonds, finance the settlement cost of the interest rate swap, and finance the purchase of certain equipment and renovations. The revenue bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%).
- (7) **Series 2014B Revenue Bonds**
The DHOG issued Series 2014B NHHEFA Revenue in August 2014. The Series 2014B revenue bonds mature at various dates through 2033. The proceeds from the 2014B revenue bonds were used partially to refund the Series 2009 revenue bonds and to cover cost of issuance. Interest on Series 2014B revenue bonds is fixed, with an interest rate of 4.00%.
- (8) **Series 2016B Revenue Bonds**
The DHOG issued NHHEFA Revenue Bonds, Series 2016B, in July 2016, through a private placement with a financial institution. The Series 2016B revenue bonds mature at various dates through 2045 and were used to finance certain 2016 projects. The Series 2016B is fixed, with an interest rate of 1.78%.

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(9) **2020 note payable to financial institution**

The DHOG issued a note payable to TD Bank in May 2020. Issued in response to the COVID-19 pandemic, the proceeds from the note will be used to fund working capital, as needs require. The note matures at various dates through 2035 and is fixed, with an interest rate of 2.56%.

(10) **2023 note payable to financial institution**

The DHOG issued a note payable to TD Bank in the amount of \$100,000,000. The note matures at various dates through 2033 and is fixed, with an interest rate of 6.17%.

Outstanding joint and several indebtedness of the DHOG at June 30, 2024 and 2023 is approximately \$1,122,827,000 and \$1,037,932,000, respectively.

Aggregate annual principal payments of total long-term debt for the next five years ending June 30 and thereafter are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>
2025	\$ 22,426
2026	23,293
2027	25,509
2028	26,170
2029	27,114
Thereafter	<u>1,027,356</u>
Total	\$ 1,151,868

The Dartmouth Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$777,000 and \$17,310,000 at June 30, 2024 and 2023, respectively, are classified as assets limited as to use in the accompanying Consolidated Balance Sheets (Note 5). In addition, debt service reserves of approximately \$48,000 and \$46,000 at June 30, 2024 and 2023, respectively, are classified as other current assets in the accompanying Consolidated Balance Sheets. The debt service reserves are mainly comprised of escrowed construction funds at June 30, 2024 and 2023.

For the years ended June 30, 2024 and 2023, interest expense on the Dartmouth Health System's long-term debt is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as operating expenses of \$40,869,000 and \$34,515,000, respectively, and other non-operating losses of \$8,203,000 and \$3,782,000, respectively, net of amounts capitalized.

11. Employee Benefits

Eligible employees of the Dartmouth Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain members provide postretirement medical and life insurance benefit plans to certain active and former employees who meet eligibility requirements.

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A summary of the liability for postretirement and other postretirement plan benefits reported in the Consolidated Balance Sheets at June 30 are as follows:

	<u>2024</u>	<u>2023</u>
Current portion of liability for postretirement medical and life benefits*	\$ <u>(3,241)</u>	\$ <u>(3,386)</u>
Current portion of liability for pension and other postretirement plan benefits	\$ (3,241)	\$ (3,386)
Long-term portion of liability for pension	\$ (184,288)	\$ (177,006)
Long-term portion of liability for postretirement medical and life benefits	<u>(27,472)</u>	<u>(29,299)</u>
Liability for pension and other postretirement plan benefits, excluding current portion	\$ <u>(211,760)</u>	\$ <u>(206,305)</u>
Total liability for pension and other postretirement plan benefits	\$ <u><u>(215,001)</u></u>	\$ <u><u>(209,691)</u></u>

* Included within accrued compensation and related benefits on the Consolidated and Consolidating Balance Sheets.

Defined Benefit Plans

The Dartmouth Health System's defined benefit plans have been frozen and, therefore, there are no remaining participants earning benefits in any of the Dartmouth Health System's defined benefit plans.

Net periodic pension expense included in employee benefits expense, in the Consolidated Statements of Operations and Changes in Net Assets, is comprised of the following components for the years ended June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Interest cost on projected benefit obligation	\$ 46,921	\$ 45,924
Expected return on plan assets	(41,321)	(46,071)
Net loss amortization	15,248	15,820
Settlement	<u>13,287</u>	<u>-</u>
Total net periodic pension expense	\$ <u><u>34,135</u></u>	\$ <u><u>15,673</u></u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2024 and 2023:

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	<u>2024</u>	<u>2023</u>
Discount rates	4.85 - 5.90%	4.40% - 5.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rates of return on plan assets	4.85 - 7.25%	4.40% - 7.25%

The following table sets forth the funded status and amounts recognized in the Dartmouth Health System's Consolidated Financial Statements for the defined benefit pension plans at June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Change in benefit obligation		
Benefit obligation, beginning of year	\$ 866,750	\$ 938,886
Interest cost	46,921	45,924
Benefits paid	(59,301)	(58,580)
Experience loss	(1,809)	-
Actuarial gain/(loss)	2,643	(59,480)
Settlements	(61,442)	-
Benefit obligation, end of year	793,762	866,750
Change in plan assets		
Fair value of plan assets, beginning of year	689,744	747,095
Actual return on plan assets	23,005	1,229
Benefits paid	(59,301)	(58,580)
Employer contributions	17,468	-
Settlements	(61,442)	-
Fair value of plan assets, end of year	609,474	689,744
Funded status of the plans	\$ (184,288)	\$ (177,006)
Current portion of liability for pension	\$ -	\$ -
Long-term portion of liability for pension	(184,288)	(177,006)
Liability for pension	\$ (184,288)	\$ (177,006)

As of June 30, 2024 and 2023, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheets:

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include \$480,101,000 and \$489,486,000 of net actuarial loss as of June 30, 2024 and 2023, respectively.

The amounts amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2024 for net actuarial losses was \$15,248,000.

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The following table sets forth the assumptions used to determine the accumulated benefit obligation at June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Discount rates	6.00%	4.85 - 5.90%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the defined benefit plans' assets is to support the pension liabilities of the pension plans for employees of the Dartmouth Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the pension plan's liabilities. As of June 30, 2024, it is expected that the LDI strategy will hedge approximately 75% of the interest rate risk associated with pension liabilities. As of June 30, 2023, the expected LDI hedge was approximately 70%. To achieve the appreciation and hedging objectives, the pension plans utilize a diversified structure of asset classes. The asset classes are designed to achieve stated performance objectives, measured on a total return basis which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	<u>Range of Target Allocations</u>	<u>Target Allocations</u>
Cash and short-term investments	0-5%	2%
U.S. government securities	0-20	16
Domestic debt securities	20-58	40
Global debt securities	0-26	0
Domestic equities	5-35	15
International equities	5-15	6
Emerging market equities	3-13	4
Global Equities	0-10	7
Real estate investment trust funds	0-5	0
Private equity funds	0-5	0
Hedge funds	5-18	10

To the extent an asset class falls outside of its target range on a quarterly basis, the Dartmouth Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

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The Boards of Trustees of the Dartmouth Health System, as plan sponsors, oversee the design, structure, and prudent professional management of the Dartmouth Health System's pension plans' assets, in accordance with Board approved investment policies, roles, responsibilities, and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient.

The following table sets forth the Dartmouth Health System's pension plans' investments that were accounted for at fair value as of June 30, 2024 and 2023:

2024						
<i>(in thousands of dollars)</i>	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	\$ -	\$ 9,846	\$ -	\$ 9,846	Daily	1
U.S. government securities	45,202	-	-	45,202	Daily-Monthly	1-15
Domestic debt securities	64,075	200,343	-	264,418	Daily-Monthly	1-15
Domestic equities	66,717	28,921	-	95,638	Daily-Monthly	1-10
International equities	-	37,727	-	37,727	Daily-Monthly	1-11
Emerging market equities	-	26,530	-	26,530	Daily-Monthly	1-17
Global equities	-	48,690	-	48,690	Daily-Monthly	1-17
Total investments	\$ 175,994	\$ 352,057	\$ -	\$ 528,051		
2023						
<i>(in thousands of dollars)</i>	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	\$ -	\$ 10,667	\$ -	\$ 10,667	Daily	1
U.S. government securities	22,919	-	-	22,919	Daily-Monthly	1-15
Domestic debt securities	96,004	250,964	-	346,968	Daily-Monthly	1-15
Domestic equities	89,391	26,849	-	116,240	Daily-Monthly	1-10
International equities	18,912	22,361	-	41,273	Daily-Monthly	1-11
Emerging market equities	-	26,743	-	26,743	Daily-Monthly	1-17
Global equities	-	52,461	-	52,461	Daily-Monthly	1-17
Total investments	\$ 227,226	\$ 390,045	\$ -	\$ 617,271		

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements June 30, 2024 and 2023

Additionally, private equity and hedge funds, valued at NAV, totaled \$81,423,000 and \$72,473,000 as of June 30, 2024 and 2023, respectively. Private equity and hedge funds, maintained in the pension plans' investments, have redemption terms that vary between quarterly and annually, and generally require between 60-96 days' notice.

There were no transfers into or out of Level 1, 2, or 3 measurements due to changes in valuation methodologies during the years ended June 30, 2024 and 2023.

The weighted average asset allocation, by asset category, for the Dartmouth Health System's pension plans is as follows at June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Cash and short-term investments	2 %	3 %
U.S. government securities	16	5
Domestic debt securities	40	42
Global debt securities	0	4
Domestic equities	15	17
International equities	6	7
Emerging market equities	4	4
Global equities	7	6
Hedge funds	10	12
Total	<u>100 %</u>	<u>100 %</u>

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.25% per annum.

The Dartmouth Health System is expected to contribute approximately \$30,000,000 to the Plans in 2025, however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30 and thereafter:

(in thousands of dollars)

2025	\$ 59,584
2026	61,036
2027	61,996
2028	62,867
2029	63,495
2030 - 2034	316,610

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2024 and 2023

Defined Contribution Plans

The Dartmouth Health System has employer-sponsored plans for certain of its members, under which the employer makes contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of \$74,481,000 and \$71,152,000 in 2024 and 2023, respectively, are included in employee benefits expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Postretirement Medical and Life Insurance Benefits

The Dartmouth Health System has postretirement medical and life insurance benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit cost is comprised of the components listed below for the years ended June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Service cost	\$ 225	\$ 357
Interest cost	1,856	1,956
Net (income) loss amortization	<u>(2)</u>	<u>62</u>
Total	<u>\$ 2,079</u>	<u>\$ 2,375</u>

The following table sets forth the accumulated postretirement medical and life insurance benefit obligation amounts recognized in the Dartmouth Health System's Consolidated Financial Statements at June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Change in benefit obligation		
Accumulated benefit obligation, beginning of year	\$ 32,685	\$ 40,315
Service cost	225	357
Interest cost	1,856	1,956
Benefits paid	(3,486)	(3,588)
Actuarial income	<u>(567)</u>	<u>(6,355)</u>
Accumulated benefit obligation, end of year	<u>30,713</u>	<u>32,685</u>
Current portion of liability for postretirement medical and life benefits	\$ (3,241)	\$ (3,386)
Long-term portion of liability for postretirement medical and life benefits	<u>(27,472)</u>	<u>(29,299)</u>
Funded status of the plans and liability for postretirement medical and life benefits	<u>\$ (30,713)</u>	<u>\$ (32,685)</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2024 and 2023

As of June 30, 2024 and 2023, the liability for postretirement medical and life insurance benefits is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheets.

Amounts not yet reflected in net periodic income for the postretirement medical and life insurance benefit plans, included in the change in net assets without donor restrictions, are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Net actuarial income	\$ <u>(2,535)</u>	\$ <u>(1,970)</u>
Total	\$ <u><u>(2,535)</u></u>	\$ <u><u>(1,970)</u></u>

The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30, 2024 and thereafter:

<i>(in thousands of dollars)</i>	
2025	\$ 3,338
2026	3,366
2027	3,360
2028	3,188
2029	3,069
2030-2034	14,095

In determining the accumulated benefit obligation for the postretirement medical and life insurance plans, the Dartmouth Health System used discount rates of 6.10 - 6.60% in 2024, and assumed healthcare cost trend rates of 6.25 – 6.50%, trending down to 5.00% in 2029 and thereafter.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, Cheshire, NLH, APD, MAHHC, and VNH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company.

RRG cedes the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda, and HAC cedes a portion of this risk to a variety of commercial reinsurers. D-H has majority ownership interest in both HAC and RRG. The insurance program provides coverage to the covered institutions, named insureds and their employees on a modified claims-made basis, which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined, based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2024 and 2023

Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2024 and 2023, are summarized as follows:

	<u>2024</u>		
	<u>HAC</u>	<u>RRG</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Assets	\$ 100,066	\$ 2,628	\$ 102,694
Shareholders' equity	13,620	50	13,670
	<u>2023</u>		
	<u>HAC</u>	<u>RRG</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Assets	\$ 93,777	\$ 2,372	\$ 96,149
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

Litigation

The Dartmouth Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. It is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Dartmouth Health System.

Lines of Credit

The Dartmouth Health System has entered into loan agreements with financial institutions, establishing access to revolving lines of credit up to \$120,000,000. Interest is variable and determined using the Bloomberg Short-Term Bank Yield Index, the Wall Street Journal Prime Rate, or the Secured Overnight Financing Rate. The loan agreements are due to expire October 3, 2025 and January 31, 2025. The outstanding balances on the lines of credit totaled \$41,950,000 and \$40,000,000 as of June 30, 2024 and 2023, respectively. Interest expense was approximately \$4,367,000 and \$1,200,000 for the years ended June 30, 2024 and 2023, respectively, and is included in the Consolidated Statements of Operations and Changes in Net Assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Dartmouth Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2024 and 2023

based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

Operating expenses of the Dartmouth Health System by functional and natural basis are as follows for the years ended June 30, 2024 and 2023, respectively:

2024				
<i>(in thousands of dollars)</i>	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Operating				
Salaries	\$ 1,356,800	\$ 222,603	\$ 2,077	\$ 1,581,480
Employee benefits	341,483	49,747	478	391,708
Medical supplies and medications	833,657	7,614	6	841,277
Purchased services and other	361,683	152,130	7,406	521,219
Medicaid enhancement tax	102,727	-	-	102,727
Depreciation and amortization	46,069	43,873	43	89,985
Interest	8,293	32,569	7	40,869
Total operating	<u>\$ 3,050,712</u>	<u>\$ 508,536</u>	<u>\$ 10,017</u>	<u>\$ 3,569,265</u>

	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Non-operating				
Employee benefits	\$ 31,706	\$ 4,200	\$ 83	\$ 35,989
Interest	-	8,203	-	8,203
Development	-	-	10,203	10,203
Total non-operating	<u>\$ 31,706</u>	<u>\$ 12,403</u>	<u>\$ 10,286</u>	<u>\$ 54,395</u>

2023				
<i>(in thousands of dollars)</i>	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Operating				
Salaries	\$ 1,238,158	\$ 183,063	\$ 1,870	\$ 1,423,091
Employee benefits	293,359	38,778	249	332,386
Medical supplies and medications	722,957	2,517	6	725,480
Purchased services and other	305,192	148,439	5,270	458,901
Medicaid enhancement tax	85,715	-	-	85,715
Depreciation and amortization	45,702	44,707	48	90,457
Interest	8,470	26,037	8	34,515
Total operating	<u>\$ 2,699,553</u>	<u>\$ 443,541</u>	<u>\$ 7,451</u>	<u>\$ 3,150,545</u>

	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total</u>
Non-operating				
Employee benefits	\$ 15,606	\$ 2,077	\$ 8	\$ 17,691
Interest	-	3,782	-	3,782
Development	-	-	8,799	8,799
Total non-operating	<u>\$ 15,606</u>	<u>\$ 5,859</u>	<u>\$ 8,807</u>	<u>\$ 30,272</u>

**Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and
Subsidiaries**
Notes to Consolidated Financial Statements
June 30, 2024 and 2023

15. Liquidity

The Dartmouth Health System is substantially supported by cash generated from operations. In addition, the Dartmouth Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying Consolidated Balance Sheets may not be available for general expenditure within one year of the balance sheet date.

The Dartmouth Health System's financial assets available at June 30, 2024 and 2023 to meet cash needs for general expenditures within one year of June 30, 2024 and 2023, respectively, are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 257,903	\$ 115,996
Patient accounts receivable	287,317	289,787
Assets limited as to use	1,234,156	1,071,462
Other investments for restricted activities	<u>229,626</u>	<u>182,224</u>
Total financial assets	2,009,002	1,659,469
Less those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	(80,936)	(76,830)
Investments for restricted activities	(229,626)	(182,224)
Bond proceeds held for capital projects	(777)	(17,310)
Other investments with liquidity horizons greater than one year	<u>(159,491)</u>	<u>(141,810)</u>
Total financial assets available within one year	<u>\$ 1,538,172</u>	<u>\$ 1,241,295</u>

The Dartmouth Health System used cash flow from operations of approximately \$147,848,000 and (\$164,033,000) for the years ended June 30, 2024 and June 30, 2023, respectively. In addition, the Dartmouth Health System's liquidity management plan includes investing excess daily cash in intermediate or long-term investments based on anticipated liquidity needs. The Dartmouth Health System has available lines of credit of up to \$120,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the lines of credit.

16. Lease Commitments

Dartmouth Health determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date, based on the present value of lease payments over the lease term. The Dartmouth Health System uses the implicit rate noted within the contract. If not readily available, the Dartmouth Health System uses an estimated incremental borrowing rate, which is derived using a collateralized borrowing rate, for the same

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Notes to Consolidated Financial Statements
June 30, 2024 and 2023

currency and term, as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less, rather the Dartmouth Health System recognizes lease expense for these leases on a straight-line basis, over the lease term, within lease and rental expense.

Operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Real estate lease agreements typically have initial terms of 3 to 8 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5 years. The exercise of lease renewal options is at the Dartmouth Health System's sole discretion. When determining the lease term, management includes options to extend or terminate the lease when it is reasonably certain that the Dartmouth Health System will exercise that option.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or rental payments adjusted periodically for inflation. These variable lease payments are recognized in other occupancy costs in the Consolidated Statements of Operations and Changes in Net Assets, but are not included in the right-of-use asset or liability balances in our Consolidated Balance Sheets. Lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

The components of lease expense for the years ended June 30, 2024 and 2023 are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Operating lease cost	\$ 8,444	\$ 9,590
Variable and short term lease cost (a)	<u>10,866</u>	<u>10,608</u>
Total lease and rental expense	<u>\$ 19,310</u>	<u>\$ 20,198</u>
Finance lease cost:		
Depreciation of property under finance lease	\$ 4,793	\$ 3,778
Interest on debt of property under finance lease	<u>1,321</u>	<u>546</u>
Total finance lease cost	<u>\$ 6,114</u>	<u>\$ 4,324</u>

(a) Includes equipment, month-to-month and leases with a maturity of less than 12 months.

Supplemental cash flow information related to leases for the years ended June 30, 2024 and 2023 are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$ 9,450	\$ 10,067
Operating cash flows from finance leases	1,376	546
Financing cash flows from finance leases	<u>4,635</u>	<u>3,599</u>
Total	<u>\$ 15,461</u>	<u>\$ 14,212</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Supplemental balance sheet information related to leases as of June 30, 2024 and 2023 are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Operating Leases		
Right-of-use assets - operating leases	\$ 57,999	59,258
Accumulated amortization	<u>(30,834)</u>	<u>(26,731)</u>
Right-of-use assets - operating leases, net	<u>27,165</u>	<u>32,527</u>
Current portion of right-of-use obligations	5,987	7,799
Long-term right-of-use obligations, excluding current portion	<u>25,817</u>	<u>25,386</u>
Total operating lease liabilities	<u>31,804</u>	<u>33,185</u>
Finance Leases		
Right-of-use assets - finance leases	39,965	32,837
Accumulated depreciation	<u>(14,027)</u>	<u>(9,836)</u>
Right-of-use assets - finance leases, net	<u>25,938</u>	<u>23,001</u>
Current portion of right-of-use obligations	4,155	3,535
Long-term right-of-use obligations, excluding current portion	<u>19,990</u>	<u>20,285</u>
Total finance lease liabilities	<u>\$ 24,145</u>	<u>23,820</u>
Weighted Average remaining lease term, years		
Operating leases	4.02	7.54
Finance leases	14.96	15.73
Weighted Average discount rate		
Operating leases	3.72%	2.36%
Finance leases	6.60%	3.46%

The Dartmouth Health System obtained \$3.2 million and \$7.8 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2024.

The Dartmouth Health System obtained \$3.6 million and \$9.2 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2023.

**Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and
Subsidiaries**
Notes to Consolidated Financial Statements
June 30, 2024 and 2023

Future maturities of lease liabilities as of June 30, 2024 are as follows:

<i>(in thousands of dollars)</i>	Operating Leases	Finance Leases
Year ending June 30:		
2025	\$ 6,783	\$ 5,404
2026	5,264	4,905
2027	4,118	3,647
2028	3,001	2,646
2029	2,493	1,794
Thereafter	<u>9,332</u>	<u>18,621</u>
Total lease payments	30,991	37,017
Less imputed interest	<u>(2,959)</u>	<u>(9,099)</u>
Total lease obligations	<u>\$ 28,032</u>	<u>\$ 27,918</u>

17. Subsequent Events

The Dartmouth Health System has assessed the impact of subsequent events through October 31, 2024, the date the audited Consolidated Financial Statements were issued, and has concluded that there were no such events that require adjustment to the audited Consolidated Financial Statements or disclosure in the notes to the audited Consolidated Financial Statements other than as noted below.

On July 31, 2024, Valley Regional Healthcare, Inc. (VRHC) and its subsidiary, Valley Regional Hospital (a critical access hospital located in Claremont, NH) and affiliates (VRH), became subsidiaries of the Dartmouth Health System.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Balance Sheets

June 30, 2024

<i>(in thousands of dollars)</i>	<u>Dartmouth- Hitchcock Health</u>	<u>Dartmouth- Hitchcock</u>	<u>Alice Peck Day Memorial</u>	<u>Mt. Ascutney Hospital and Health Center</u>	<u>New London Hospital Association</u>	<u>Eliminations</u>	<u>DH Obligated Group Subtotal</u>	<u>All Other Non- Oblig Group Affiliates</u>	<u>Eliminations</u>	<u>Dartmouth Health Consolidated</u>
Assets										
Current assets										
Cash and cash equivalents	\$ 111,792	\$ -	\$ 54,156	\$ 13,327	\$ 39,000	\$ -	\$ 218,275	\$ 39,628	\$ -	\$ 257,903
Patient accounts receivable, net	-	221,992	9,307	9,343	9,922	-	250,564	36,753	-	287,317
Prepaid expenses and other current assets	45,504	233,689	(33)	511	1,470	(78,104)	203,037	17,888	(34,196)	188,729
Total current assets	157,296	455,681	63,430	23,181	50,392	(78,104)	671,878	94,269	(34,196)	731,949
Assets limited as to use	115,784	898,272	16,106	26,862	19,973	(227)	1,076,770	157,386	-	1,234,156
Notes receivable, related party	838,175	11,128	366	-	-	(828,172)	21,495	(366)	(21,129)	-
Other investments for restricted activities	41	136,366	7,004	8,058	3,534	-	155,003	74,623	-	229,626
Property, plant, and equipment, net	-	656,781	27,848	18,120	44,979	-	747,528	173,794	-	921,320
Right-of-use assets, net	140	27,499	14,076	4,572	1,452	-	47,739	5,364	-	53,103
Other assets	7,061	188,452	16,156	5,080	6,988	-	223,737	27,976	-	251,713
Total assets	\$ 1,118,497	\$ 2,374,177	\$ 144,784	\$ 85,873	\$ 127,318	\$ (906,503)	\$ 2,944,146	\$ 533,046	\$ (55,325)	\$ 3,421,867
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	\$ 17,435	\$ -	\$ 890	\$ 24	\$ -	\$ -	\$ 18,349	\$ 4,077	\$ -	\$ 22,426
Current portion of right-of-use obligations	140	7,533	789	438	220	-	9,120	1,022	-	10,142
Line of credit	-	29,000	-	-	-	-	29,000	12,950	-	41,950
Accounts payable and accrued expenses	51,894	134,987	3,815	7,271	3,694	(78,331)	123,330	49,332	(34,196)	138,466
Accrued compensation and related benefits	-	138,621	4,657	4,374	3,746	-	151,398	17,457	-	168,855
Estimated third-party settlements	-	44,357	12,208	999	17,472	-	75,036	7,632	-	82,668
Total current liabilities	69,469	354,498	22,359	13,106	25,132	(78,331)	406,233	92,470	(34,196)	464,507
Notes payable, related party	-	784,427	-	17,570	26,175	(828,172)	-	21,129	(21,129)	-
Long-term debt, excluding current portion	1,108,238	25,140	21,077	(23)	-	-	1,154,432	45,493	-	1,199,925
Right-of-use obligations, excluding current portion	-	20,754	13,886	4,331	1,286	-	40,337	5,470	-	45,807
Insurance deposits and related liabilities	-	96,918	368	206	262	-	97,754	643	-	98,397
Liability for pension and other postretirement plan benefits, excluding current portion	-	211,454	-	306	-	-	211,760	-	-	211,760
Other liabilities	-	165,236	3,059	-	2,416	-	170,711	28,380	-	199,091
Total liabilities	1,177,707	1,658,427	60,849	35,496	55,251	(906,503)	2,081,227	193,585	(55,325)	2,219,487
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(59,210)	563,096	78,931	40,601	66,958	-	688,378	235,281	40	923,697
Net assets with donor restrictions	-	152,654	7,004	9,776	5,109	-	174,543	104,180	(40)	278,683
Total net assets	(59,210)	715,750	83,935	50,377	72,067	-	862,919	339,461	-	1,202,380
Total liabilities and net assets	\$ 1,118,497	\$ 2,374,177	\$ 144,784	\$ 85,873	\$ 127,318	\$ (906,503)	\$ 2,944,146	\$ 533,046	\$ (55,325)	\$ 3,421,867

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Balance Sheets

June 30, 2024

<i>(in thousands of dollars)</i>	Dartmouth- Hitchcock Health	Dartmouth- Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	ML Ascutney and Subsidiaries	New London Hospital Association	Southwestern VT Health Care Corp and Subs	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	\$ 111,792	\$ 1,264	\$ 64,114	\$ 22,417	\$ 13,508	\$ 39,000	\$ 4,634	\$ 1,174	\$ -	\$ 257,903
Patient accounts receivable, net	-	221,992	9,307	14,344	9,526	9,922	21,303	923	-	287,317
Prepaid expenses and other current assets	45,504	234,013	(210)	6,809	503	1,470	10,172	768	(112,300)	186,729
Total current assets	157,296	457,269	73,211	43,570	23,537	50,392	36,109	2,865	(112,300)	731,949
Assets limited as to use	115,784	930,022	16,106	10,493	28,288	19,973	96,586	17,131	(227)	1,234,156
Notes receivable, related party	838,175	11,126	-	-	-	-	-	-	(849,301)	-
Other investments for restricted activities	41	144,920	7,240	42,535	8,058	3,534	23,203	95	-	229,626
Property, plant, and equipment, net	-	659,456	43,744	71,253	19,423	44,979	77,316	5,149	-	921,320
Right-of-use assets, net	140	27,499	14,104	1,442	4,572	1,452	3,851	43	-	53,103
Other assets	7,061	188,628	8,321	25,624	2,619	6,988	11,999	473	-	251,713
Total assets	\$ 1,118,497	\$ 2,418,920	\$ 162,726	\$ 194,917	\$ 86,497	\$ 127,318	\$ 249,064	\$ 25,756	\$ (961,828)	\$ 3,421,867
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	\$ 17,435	\$ -	\$ 890	\$ 945	\$ 28	\$ -	\$ 3,050	\$ 78	\$ -	22,426
Current portion of right-of-use obligations	140	7,533	796	384	438	220	621	10	-	10,142
Line of credit	-	29,000	-	-	-	-	12,950	-	-	41,950
Accounts payable and accrued expenses	51,894	135,488	4,601	24,622	7,425	3,694	22,619	650	(112,527)	138,466
Accrued compensation and related benefits	-	138,621	5,207	6,623	4,377	3,746	9,550	731	-	168,855
Estimated third-party settlements	-	44,357	12,208	6,402	999	17,472	1,230	-	-	82,668
Total current liabilities	69,469	354,999	23,702	38,976	13,267	25,132	50,020	1,469	(112,527)	464,507
Notes payable, related party	-	784,427	-	21,129	17,570	26,175	-	-	(849,301)	-
Long-term debt, excluding current portion	1,108,238	25,140	21,035	19,942	212	-	23,169	2,189	-	1,199,925
Right-of-use obligations, excluding current portion	-	20,754	14,006	1,151	4,331	1,266	4,265	34	-	45,807
Insurance deposits and related liabilities	-	96,918	368	621	206	262	-	22	-	98,397
Liability for pension and other postretirement plan benefits, excluding current portion	-	211,454	-	-	306	-	-	-	-	211,760
Other liabilities	-	165,236	23,921	2,311	-	2,416	5,207	-	-	199,091
Total liabilities	1,177,707	1,658,928	83,032	84,130	35,892	55,251	82,661	3,714	(961,828)	2,219,487
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(59,210)	598,613	72,454	43,703	40,829	66,958	138,836	21,474	40	923,697
Net assets with donor restrictions	-	161,379	7,240	67,084	9,776	5,109	27,567	568	(40)	278,683
Total net assets	(59,210)	759,992	79,694	110,787	50,605	72,067	166,403	22,042	-	1,202,380
Total liabilities and net assets	\$ 1,118,497	\$ 2,418,920	\$ 162,726	\$ 194,917	\$ 86,497	\$ 127,318	\$ 249,064	\$ 25,756	\$ (961,828)	\$ 3,421,867

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Balance Sheets

June 30, 2023

<i>(in thousands of dollars)</i>	Dartmouth- Hitchcock Health	Dartmouth- Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non- Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	\$ 2,375	\$ 202	\$ 40,750	\$ 11,462	\$ 32,082	\$ -	\$ 86,871	\$ 29,125	\$ -	\$ 115,996
Patient accounts receivable, net	-	241,747	10,868	7,607	11,022	-	271,244	18,543	-	289,787
Prepaid expenses and other current assets	19,552	210,275	2,374	2,009	2,449	(36,789)	199,870	2,619	(18,385)	184,104
Total current assets	21,927	452,224	53,992	21,078	45,553	(36,789)	557,985	50,287	(18,385)	589,887
Assets limited as to use	136,937	832,895	13,089	25,786	17,990	(16,760)	1,009,937	61,525	-	1,071,462
Notes receivable, related party	843,946	14,308	588	-	-	(844,777)	14,065	(588)	(13,477)	-
Other investments for restricted activities	5	126,671	2,632	7,208	3,206	-	139,722	42,502	-	182,224
Property, plant, and equipment, net	-	624,394	27,724	16,260	44,547	-	712,925	98,697	-	811,622
Right-of-use assets, net	344	32,819	14,967	4,897	286	-	53,313	2,215	-	55,528
Other assets	1,943	168,736	13,798	4,688	6,622	-	195,787	(2,454)	-	193,333
Total assets	\$ 1,005,102	\$ 2,252,047	\$ 126,790	\$ 79,917	\$ 118,204	\$ (898,326)	\$ 2,683,734	\$ 252,184	\$ (31,862)	\$ 2,904,056
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	\$ 13,365	\$ -	\$ 825	\$ 11	\$ 21	\$ -	\$ 14,222	\$ 1,014	\$ -	\$ 15,236
Current portion of right-of-use obligations	204	9,136	759	422	49	-	10,570	764	-	11,334
Line of credit	-	40,000	-	-	-	-	40,000	-	-	40,000
Accounts payable and accrued expenses	23,590	151,473	5,300	8,173	3,975	(53,549)	138,962	26,170	(18,385)	146,747
Accrued compensation and related benefits	-	123,104	3,549	4,491	3,192	-	134,336	6,517	-	140,853
Estimated third-party settlements	-	28,560	12,588	-	18,245	-	59,393	4,967	-	64,360
Total current liabilities	37,159	352,273	23,021	13,097	25,482	(53,549)	397,483	39,432	(18,385)	418,530
Notes payable, related party	-	800,163	-	17,570	27,044	(844,777)	-	13,477	(13,477)	-
Long-term debt, excluding current portion	1,028,666	25,113	21,956	(105)	11	-	1,075,641	23,321	-	1,098,962
Right-of-use obligations, excluding current portion	140	24,333	14,786	4,635	243	-	44,137	1,534	-	45,671
Insurance deposits and related liabilities	-	89,947	322	283	253	-	90,805	544	-	91,349
Liability for pension and other postretirement plan benefits, excluding current portion	-	197,049	-	368	-	-	197,417	8,888	-	206,305
Other liabilities	-	148,553	366	-	2,065	-	150,984	22,934	-	173,918
Total liabilities	1,065,965	1,637,431	60,451	35,848	55,098	(898,326)	1,958,467	110,130	(31,862)	2,034,735
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(60,873)	476,653	63,708	35,455	58,347	-	573,290	85,658	40	658,988
Net assets with donor restrictions	10	137,963	2,631	8,614	4,759	-	153,977	56,396	(40)	210,333
Total net assets	(60,863)	614,616	66,339	44,069	63,106	-	727,267	142,054	-	869,321
Total liabilities and net assets	\$ 1,005,102	\$ 2,252,047	\$ 126,790	\$ 79,917	\$ 118,204	\$ (898,326)	\$ 2,683,734	\$ 252,184	\$ (31,862)	\$ 2,904,056

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Balance Sheets

June 30, 2023

<i>(in thousands of dollars)</i>	<u>Dartmouth- Hitchcock Health</u>	<u>Dartmouth- Hitchcock and Subsidiaries</u>	<u>Alice Peck Day and Subsidiary</u>	<u>Cheshire Medical and Subsidiaries</u>	<u>ML. Ascutney and Subsidiaries</u>	<u>New London Hospital Association</u>	<u>Visiting Nurse Assoc. and Subsidiaries</u>	<u>Eliminations</u>	<u>Dartmouth Health Consolidated</u>
Assets									
Current assets									
Cash and cash equivalents	\$ 2,375	\$ 1,470	\$ 50,139	\$ 15,911	\$ 11,691	\$ 32,082	\$ 2,328	\$ -	\$ 115,996
Patient accounts receivable, net	-	241,747	10,868	17,253	7,799	11,022	1,098	-	289,787
Prepaid expenses and other current assets	19,552	210,708	2,284	1,504	1,992	2,449	789	(55,174)	184,104
Total current assets	21,927	453,925	63,291	34,668	21,482	45,553	4,215	(55,174)	589,887
Assets limited as to use									
Notes receivable, related party	136,937	860,438	13,089	13,376	27,090	17,990	19,304	(16,760)	1,071,462
Other investments for restricted activities	843,946	14,308	-	-	-	-	-	(858,254)	-
Property, plant, and equipment, net	5	134,091	2,911	34,711	7,209	3,206	91	-	182,224
Right-of-use assets, net	-	627,070	44,435	72,289	17,593	44,547	5,688	-	811,822
Other assets	344	32,819	14,967	2,145	4,898	286	69	-	55,528
Total assets	\$ 1,005,102	\$ 2,291,551	\$ 145,198	\$ 164,319	\$ 80,503	\$ 118,204	\$ 29,367	\$ (930,188)	\$ 2,904,056
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	\$ 13,365	\$ -	\$ 825	\$ 915	\$ 36	\$ 21	\$ 74	\$ -	\$ 15,236
Current portion of right-of-use obligations	204	9,138	759	735	423	49	28	-	11,334
Line of credit	-	40,000	-	-	-	-	-	-	40,000
Accounts payable and accrued expenses	23,590	152,515	5,990	22,818	8,312	3,975	1,481	(71,934)	146,747
Accrued compensation and related benefits	-	123,104	3,907	5,406	4,564	3,192	680	-	140,853
Estimated third-party settlements	-	28,560	12,588	4,928	-	18,245	39	-	64,360
Total current liabilities	37,159	353,315	24,069	34,802	13,335	25,482	2,302	(71,934)	418,530
Notes payable, related party	-	800,163	-	10,477	17,570	27,044	3,000	(858,254)	-
Long-term debt, excluding current portion	1,028,666	25,113	21,907	20,907	89	11	2,269	-	1,098,962
Right-of-use obligations, excluding current portion	140	24,333	14,786	1,493	4,635	243	41	-	45,671
Insurance deposits and related liabilities	-	89,947	322	500	283	253	44	-	91,349
Liability for pension and other postretirement plan benefits, excluding current portion	-	197,049	-	8,888	368	-	-	-	206,305
Other liabilities	-	148,553	21,800	1,500	-	2,065	-	-	173,918
Total liabilities	1,065,965	1,638,473	82,884	78,567	38,280	55,098	7,656	(930,188)	2,034,735
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(60,873)	507,534	59,404	37,307	35,609	58,347	21,620	40	658,988
Net assets with donor restrictions	10	145,544	2,910	48,445	8,614	4,759	91	(40)	210,333
Total net assets	(60,863)	653,078	62,314	85,752	44,223	63,106	21,711	-	869,321
Total liabilities and net assets	\$ 1,005,102	\$ 2,291,551	\$ 145,198	\$ 164,319	\$ 80,503	\$ 118,204	\$ 29,367	\$ (930,188)	\$ 2,904,056

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions

Year Ended June 30, 2024

<i>(in thousands of dollars)</i>	Dartmouth- Hitchcock Health	Dartmouth- Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non- Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	\$ -	\$ 2,071,131	\$ 108,263	\$ 65,362	\$ 91,783	\$ -	\$ 2,336,539	\$ 454,775	\$ -	\$ 2,791,314
Contracted revenue	-	124,354	275	3,592	163	(485)	127,899	132	(107,310)	20,721
Other operating revenue	36,381	686,348	6,084	3,734	6,830	(47,705)	691,672	92,363	(3,049)	780,986
Net assets released from restrictions	-	15,568	130	311	131	-	16,140	1,986	-	18,126
Total operating revenue and other support	36,381	2,897,401	114,752	72,999	98,907	(48,190)	3,172,250	549,256	(110,359)	3,611,147
Operating expenses										
Salaries	-	1,258,760	52,917	30,657	49,683	468	1,392,485	277,941	(88,946)	1,581,460
Employee benefits	-	307,857	14,261	8,935	11,044	1,735	343,832	57,929	(10,053)	391,708
Medications and medical supplies	-	725,220	12,612	4,420	12,888	-	755,140	86,138	(1)	841,277
Purchased services and other	21,355	387,056	15,882	23,191	10,631	(22,732)	435,383	95,870	(10,034)	521,219
Medicaid enhancement and provider tax	-	71,162	4,364	2,331	3,583	-	81,440	21,287	-	102,727
Depreciation and amortization	-	59,643	3,420	2,504	4,745	-	70,312	19,673	-	89,985
Interest	32,181	32,046	779	480	1,133	(29,021)	37,598	3,919	(648)	40,869
Total operating expenses	53,536	2,841,744	104,235	72,518	93,707	(49,550)	3,116,190	562,757	(109,682)	3,569,265
Operating margin (loss)	(17,155)	55,657	10,517	481	5,200	1,360	56,060	(13,501)	(677)	41,882
Non-operating gains (losses)										
Investment gains, net	9,456	88,440	1,834	3,266	2,118	(206)	104,908	20,009	(193)	124,724
Other components of net periodic pension and post retirement benefit income	-	(22,096)	-	-	-	-	(22,096)	(606)	-	(22,702)
Other income (losses), net	(16,563)	(2,085)	8	141	1,029	(1,154)	(18,624)	(4,334)	870	(22,088)
Pension termination settlement charge	-	-	-	-	-	-	-	(13,287)	-	(13,287)
Contribution revenue from acquisition	129,689	-	-	-	-	-	129,689	-	-	129,689
Total non-operating gains, net	122,582	64,259	1,842	3,407	3,147	(1,360)	193,877	1,782	677	196,336
Excess (deficiency) of revenue over expenses	105,427	119,916	12,359	3,888	8,347	-	249,937	(11,719)	-	238,218
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	550	93	239	174	-	1,056	14,094	-	15,150
Change in funded status of pension and other postretirement benefits	-	(929)	-	27	-	-	(902)	12,295	-	11,393
Net assets transferred to (from) affiliates	(103,764)	(33,074)	791	992	90	-	(134,965)	134,965	-	-
Other changes in net assets	-	(20)	(20)	-	-	-	(40)	(12)	-	(52)
Increase in net assets without donor restrictions	\$ 1,663	\$ 86,443	\$ 13,223	\$ 5,146	\$ 8,611	\$ -	\$ 115,086	\$ 149,623	\$ -	\$ 264,709

Dartmouth-Hitchcock Health (d/b/a/Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2024

<i>(in thousands of dollars)</i>	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Southwestern VT Health Care Corp and Subs	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	\$ -	\$ 2,071,131	\$ 108,263	\$ 271,783	\$ 65,362	\$ 91,783	\$ 171,474	\$ 11,518	\$ -	\$ 2,791,314
Contracted revenue	-	124,384	275	102	3,592	163	-	-	(107,795)	20,721
Other operating revenue	36,381	689,357	17,415	28,942	5,681	6,830	45,058	2,076	(50,754)	780,986
Net assets released from restrictions	-	16,310	193	766	311	131	414	1	-	18,126
Total operating revenue and other support	36,381	2,901,182	126,146	301,593	74,946	98,907	216,946	13,595	(158,549)	3,611,147
Operating expenses										
Salaries	-	1,258,760	57,805	147,443	31,528	49,683	115,634	9,105	(88,478)	1,581,480
Employee benefits	-	307,857	15,304	34,941	9,113	11,044	19,894	1,873	(8,318)	391,708
Medications and medical supplies	-	725,220	12,627	54,458	4,427	12,888	31,059	599	(1)	841,277
Purchased services and other	21,355	390,297	19,643	51,328	24,021	10,631	32,983	3,727	(32,766)	521,219
Medicaid enhancement and provider tax	-	71,162	4,364	10,045	2,331	3,583	11,242	-	-	102,727
Depreciation and amortization	-	59,643	5,341	10,103	2,614	4,745	6,999	540	-	89,985
Interest	32,181	32,046	1,066	1,319	480	1,133	2,091	222	(29,669)	40,869
Total operating expenses	53,536	2,844,985	116,150	309,637	74,514	93,707	219,902	16,066	(159,232)	3,569,265
Operating margin (loss)	(17,155)	56,197	9,996	(8,044)	432	5,200	(2,956)	(2,471)	683	41,882
Non-operating gains (losses)										
Investment gains, net	9,456	92,397	2,182	2,971	3,387	2,118	10,474	2,138	(399)	124,724
Other components of net periodic pension and post retirement benefit income	-	(22,096)	-	(587)	(19)	-	-	-	-	(22,702)
Other income (losses), net	(16,563)	(2,085)	8	(908)	162	1,029	(3,454)	7	(284)	(22,088)
Pension termination settlement charge	-	-	-	(13,287)	-	-	-	-	-	(13,287)
Contribution revenue from acquisition	129,689	-	-	-	-	-	-	-	-	129,689
Total non-operating gains (losses), net	122,582	68,216	2,190	(11,811)	3,530	3,147	7,020	2,145	(683)	196,336
Excess (deficiency) of revenue over expenses	105,427	124,413	12,186	(19,855)	3,962	8,347	4,064	(326)	-	238,218
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	665	93	8,896	239	174	5,083	-	-	15,150
Change in funded status of pension and other postretirement benefits	-	(929)	-	12,295	27	-	-	-	-	11,393
Net assets transferred to (from) affiliates	(103,764)	(33,050)	791	5,072	992	90	129,689	180	-	-
Other changes in net assets	-	(20)	(20)	(12)	-	-	-	-	-	(52)
Increase (decrease) in net assets without donor restrictions	\$ 1,663	\$ 91,079	\$ 13,050	\$ 6,396	\$ 5,220	\$ 8,611	\$ 138,836	\$ (146)	\$ -	\$ 264,709

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2023

<i>(in thousands of dollars)</i>	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non-Obblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	\$ -	\$ 1,888,079	\$ 98,805	\$ 63,606	\$ 87,855	\$ -	\$ 2,138,145	\$ 259,012	\$ -	\$ 2,397,157
Contracted revenue	3,834	141,562	149	3,657	51	(799)	148,454	336	(64,444)	84,346
Other operating revenue	36,756	578,965	4,264	2,134	6,485	(43,983)	584,621	31,811	(7,557)	608,875
Net assets released from restrictions	-	12,763	100	284	316	-	13,463	1,380	-	14,843
Total operating revenue and other support	40,590	2,621,369	103,118	69,681	94,707	(44,782)	2,884,683	292,539	(72,001)	3,105,221
Operating expenses										
Salaries	-	1,183,341	49,062	28,947	46,198	486	1,308,034	162,896	(47,839)	1,423,091
Employee benefits	-	276,506	9,020	8,278	8,321	1,697	303,822	36,910	(8,346)	332,386
Medications and medical supplies	-	650,157	13,130	4,379	11,852	-	679,518	45,962	-	725,480
Purchased services and other	20,277	366,903	15,821	21,278	11,834	(18,642)	417,471	58,691	(15,261)	458,901
Medicaid enhancement and provider tax	-	85,805	4,426	2,273	3,368	-	75,870	9,845	-	85,715
Depreciation and amortization	1	68,566	3,372	2,311	4,775	-	79,025	11,432	-	90,457
Interest	33,194	28,101	805	479	1,064	(30,386)	33,257	1,544	(286)	34,515
Total operating expenses	53,472	2,639,379	95,636	67,945	87,410	(46,845)	2,896,997	325,280	(71,732)	3,150,545
Operating margin (loss)	(12,882)	(18,010)	7,482	1,736	7,297	2,063	(12,314)	(32,741)	(269)	(45,324)
Non-operating gains (losses)										
Investment gains, net	1,373	48,094	881	915	1,113	(252)	52,124	6,067	(72)	58,119
Other components of net periodic pension and post retirement benefit income	-	(16,269)	-	-	-	-	(16,269)	(1,422)	-	(17,691)
Other income (losses), net	(10,643)	250	-	387	509	(1,811)	(11,308)	2,437	341	(8,530)
Total non-operating gains (losses), net	(9,270)	32,075	881	1,302	1,622	(2,063)	24,547	7,082	269	31,898
Excess (deficiency) of revenue over expenses	(22,152)	14,065	8,363	3,038	8,919	-	12,233	(25,659)	-	(13,426)
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	2,139	56	233	26	-	2,454	775	-	3,229
Change in funded status of pension and other postretirement benefits	-	37,322	-	114	-	-	37,436	(2,535)	-	34,901
Net assets transferred to (from) affiliates	(13,083)	4,881	703	992	428	-	(8,079)	6,079	-	-
Other changes in net assets	-	(9)	(4)	-	-	-	(13)	-	-	(13)
Increase (decrease) in net assets without donor restrictions	\$ (35,235)	\$ 58,398	\$ 9,118	\$ 4,377	\$ 9,373	\$ -	\$ 46,031	\$ (21,340)	\$ -	\$ 24,691

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2023

<i>(in thousands of dollars)</i>	<u>Dartmouth- Hitchcock Health</u>	<u>Dartmouth- Hitchcock and Subsidiaries</u>	<u>Alice Peck Day and Subsidiary</u>	<u>Cheshire and Subsidiaries</u>	<u>Mt. Ascutney and Subsidiaries</u>	<u>New London Hospital Association</u>	<u>Visiting Nurse Assoc. and Subsidiaries</u>	<u>Eliminations</u>	<u>Dartmouth Health Consolidated</u>
Operating revenue and other support									
Net patient service revenue	\$ -	\$ 1,888,079	\$ 98,605	\$ 245,887	\$ 63,606	\$ 87,855	\$ 13,125	\$ -	\$ 2,397,157
Contracted revenue	3,834	141,815	149	84	3,656	51	-	(65,243)	84,346
Other operating revenue	36,756	581,102	14,641	15,548	3,974	6,485	1,909	(51,540)	608,875
Net assets released from restrictions	-	13,358	129	747	293	316	-	-	14,843
Total operating revenue and other support	40,590	2,624,354	113,524	262,266	71,529	94,707	15,034	(116,783)	3,105,221
Operating expenses									
Salaries	-	1,183,341	53,203	144,785	29,820	46,198	13,097	(47,353)	1,423,091
Employee benefits	-	276,506	10,002	33,677	8,435	8,321	2,095	(6,650)	332,386
Medications and medical supplies	-	650,157	13,149	45,073	4,382	11,852	872	(5)	725,480
Purchased services and other	20,277	369,991	19,196	44,961	22,074	11,834	4,471	(33,903)	458,901
Medicaid enhancement and provider tax	-	65,805	4,426	9,844	2,274	3,366	-	-	85,715
Depreciation and amortization	1	68,566	5,203	8,945	2,425	4,775	542	-	90,457
Interest	33,194	28,101	1,115	1,031	480	1,064	201	(30,671)	34,515
Total operating expenses	53,472	2,642,467	106,294	288,316	69,890	87,410	21,278	(118,582)	3,150,545
Operating margin (loss)	(12,882)	(18,113)	7,230	(26,050)	1,639	7,297	(6,244)	1,799	(45,324)
Non-operating gains (losses)									
Investment gains, net	1,373	50,245	1,111	2,389	997	1,113	1,220	(329)	58,119
Other components of net periodic pension and post retirement benefit income	-	(16,269)	-	(1,422)	-	-	-	-	(17,691)
Other income (losses), net	(10,643)	250	-	2,361	403	509	60	(1,470)	(8,530)
Total non-operating gains (losses), net	(9,270)	34,226	1,111	3,328	1,400	1,622	1,280	(1,799)	31,898
Excess (deficiency) of revenue over expenses	(22,152)	16,113	8,341	(22,722)	3,039	8,919	(4,964)	-	(13,426)
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	2,223	56	691	233	26	-	-	3,229
Change in funded status of pension and other postretirement benefits	-	37,322	-	(2,535)	114	-	-	-	34,901
Net assets transferred to (from) affiliates	(13,083)	4,872	703	5,199	992	428	889	-	-
Other changes in net assets	-	(9)	(4)	-	-	-	-	-	(13)
Increase (decrease) in net assets without donor restrictions	\$ (35,235)	\$ 60,521	\$ 9,096	\$ (19,367)	\$ 4,378	\$ 9,373	\$ (4,075)	\$ -	\$ 24,691

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Note to Supplemental Consolidating Information June 30, 2024 and 2023

1. Basis of Presentation

The accompanying supplemental consolidating information includes the Consolidating Balance Sheets and the Consolidating Statements of Operations and Changes in Net Assets Without Donor Restrictions of Dartmouth Health and its subsidiaries. All significant intercompany accounts and transactions between Dartmouth Health and its subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, consistent with the Consolidated Financial Statements. The consolidating information is presented for purposes of additional analysis of the Consolidated Financial Statements and is not required as part of the basic financial statements.



Dartmouth Health
Board of Trustees

TRUSTEES AND BOARD OFFICERS
Effective: January 1, 2025

<p>Mark W. Begor, MBA (Kristen) Board Chair <i>Chief Executive Officer, Equifax</i></p>
<p>Joanne M. Conroy, MD <i>Ex-Officio: CEO & President, Dartmouth-Hitchcock/Dartmouth Health</i></p>
<p>Kathleen "Kathy" M. Fisher, MBA (Rocco Maggiotto) <i>Retired Chief Investment Officer, AllianceBernstein</i></p>
<p>Thomas P. Glynn, PhD (Marylou Batt) Board Treasurer <i>Retired Adjunct Lecturer, Harvard Kennedy School of Government</i></p>
<p>Maria D. Padin, MD, FACOG <i>Chief Medical Officer, Southern Region/Community Group Practices (CGPs), Dartmouth-Hitchcock</i></p>
<p>Richard J. Powell, MD (Roshini Pinto-Powell, MD) <i>Section Chief, Vascular Surgery; Professor of Surgery and Radiology</i></p>
<p>Thomas Raffio, MBA, FLMI (Ellen) <i>President & CEO, Northeast Delta Dental</i></p>
<p>Edward Howe Stansfield, III, MA (Amy) Board Secretary <i>Retired Senior Financial Advisor, Resident Director, of Bank of America/Merrill Lynch</i></p>
<p>Paul A. Taheri, MD, MBA (Kay) <i>Clinical Partner - Welsh Carson Anderson and Stowe</i></p>
<p>Pamela Austin Thompson, MS, RN, FAAN (Robert) <i>Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)</i></p>

Governance Oversight:

Kimberley A. Gibbs
Director, Executive Administration and Governance

Administrative Support:

Primary
Claire M. Lillie
Exec. Coordinator for Governance & Leadership

Backup
Laura K. Rondeau
Exec. Coordinator for Governance & Leadership

CURRICULUM VITAE

Jonathan Russell Ballard, M.D., M.P.H., M.Phil., F.A.C.P.M.

BUSINESS ADDRESSES

Chief Medical Officer
New Hampshire Department of Health and Human Services
Office of the Commissioner

Associate Professor
Dept. of Psychiatry, Dept. of Community and Family Medicine,
and The Dartmouth Institute for Health Policy and Clinical Practice
Geisel School of Medicine at Dartmouth
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, New Hampshire 03756

The Dartmouth Institute for Health Policy and Clinical Practice
Geisel School of Medicine at Dartmouth, Hanover, New Hampshire
Master of Public Health

EDUCATION

1/2009-05/2014

Dartmouth-Hitchcock Leadership Preventive Medicine Residency
Preventive Medicine Resident
Geisel School of Medicine at Dartmouth, Hanover, New Hampshire
Paul Ambrose Fellow for Healthcare Improvement and Clinical
Leadership

07/2009-12/2013

Residency Advisory Committee (RAC) Resident Member
Dartmouth-Hitchcock Value Institute Yellowbelt in Performance

Improvement

7/2009 –6/2012

New Hampshire Dartmouth Family Medicine Residency Program
Concord, New Hampshire
Family Medicine Resident

8/05-5/09 *University of Louisville, School of Medicine, Louisville, Kentucky*
Doctor of Medicine
Introduction to Clinical Medicine Course Representative
Rural M3 and M4 Medical Student Experience
Clinical Improvement Award for Leadership in Improving Patient Care
Department of Family Medicine Award

10/04-07/05 *Cambridge University, Cambridge, England*
School of Clinical Medicine, Department of Public Health and Primary
Care
Master of Philosophy in Epidemiology

8/00-5/04 *University of Louisville, College of Arts and Sciences, Louisville
Kentucky*
Bachelor of Arts in Biology, Minor in Political Science
Summa Cum Laude, Phi Beta Kappa of Kentuckiana Scholarship
McConnell Scholar and University Honors Scholar

PROFESSIONAL LICENSURE

2012-Present State of New Hampshire Board of Medicine #15614
2012-Present Kentucky Board of Medical Licensure #44996

SPECIALTY CERTIFICATION

2015 Board Certification, American Board of Preventive Medicine
2013 Board Certification, American Board of Family Medicine

ACADEMIC APPOINTMENTS

2018-Present Associate Professor
Dept. of Psychiatry, Dept. of Community and Family Medicine, and
The Dartmouth Institute for Health Policy and Clinical Practice
Geisel School of Medicine at Dartmouth
Dartmouth College
Hanover, New Hampshire

2018-Present Chief Medical Officer
Department of Health and Human Services
State of New Hampshire

2014-2018 Assistant Professor
University of Kentucky College of Medicine
Department of Family & Community Medicine

HONORS AND AWARD

2020	Distinguished Service Award for COVID-19 Pandemic Response Activities from the New Hampshire Medical Society
2019	40 Under Forty in Public Health, de Beaumont Foundation
2018	Fellow, American College of Preventive Medicine
2015-2016	National Committee for Quality Assurance (NCQA) Recognized Level 3 Patient Centered Medical Home (PCMH) Practice Leader
2015	University of Kentucky Department of Family and Community Medicine Faculty of the Year Award
2014	Kentucky Regional Extension Center (REC) "Practice Transformation" Award
2013	H. Winter Griffith Scholarship Award for Excellence in Practice Improvement and Patient-centered Care by the Society of Teachers of Family Medicine

ADMINISTRATIVE ACTIVITY AND UNIVERSITY SERVICE

UNIVERSITY OF KENTUCKY COMMITTEE MEMBERSHIP

2016-2018	AEHR User's Group Committee – Member
2016-2018	Anthem EPHC Joint Operating Committee – Member
2016-2017	Data Governance Committee – Member
2014-2017	Primary Care Coordinating Council Committee – Member
2014-2017	PQRS/CQS Clinical Quality Committee – Member
2014-2017	Medical Directors Committee - Member
2015-2017	Primary Care Strategic Planning – Contributor

UNIVERSITY OF KENTUCKY DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE SERVICE

2014-Present	Care Coordination Improvement QI Group – QI Team Faculty Lead
2014-Present	Falls Prevention QI Initiative – Leader
2014-Present	Residency Training Grant Committee – Department of Family & Community Medicine – Member
2014-Present	Residency Applicant Interviewer
2014-2017	Clinic Micro-Team (Green) – Department of Family & Community Medicine – Physician Lead
2017	Department of Family & Community Medicine Retreat Planning Committee - Member
2014-2017	Clinical Competency Committee – Member
2014-2017	Patient Centered Medical Home Committee – Chair
2014-2017	Clinic Management Committee – Department of Family & Community Medicine – Chair
2013-2017	Department of Family & Community Medicine Executive Committee –

2016-2017 Member
Substance Abuse Screening Project QI Group (Quality Improvement Project) – QI Team Physician Lead

3/16/2016 Instituted Inaugural University of Kentucky Department of Family and Community Medicine Quality Improvement Symposium

2016 Department of Family & Community Medicine Retreat Planning Committee Chair

2015-2016 Potentially Avoidable Emergency Room Use QI Group (Quality Improvement Project) – Physician Lead

2014 Same-Day Access Improvement (Quality Improvement Project)

2014 Pain Management Improvement (Quality Improvement Project)

2014 PT/OT Coordinating Improvement (Quality Improvement Project)

2014 Home Health Coordination Improvement (Quality Improvement Project)

2013-2014 Retreat Planning Committee – Department of Family & Community Medicine – Member

SERVICE TO PROFESSION

2018- Present New Hampshire Board of Medicine, Member

2018- Present Executive Council, New Hampshire Medical Society

2016- Present Regularly Engage in Media Interviews with Television News, Radio, Newspapers, Magazines, and other print media on health topics.

2017- 2018 Journal of the Kentucky Academy of Family Physicians – Associate Editor

2016-2018 Manuscript Reviewer – Journal of Implementation Science

8/4/17 Kentucky Academy of Family Physicians Conference “A Family Physician’s Role in Addressing the Opioid Epidemic” – Opening Remarks

7/27/17 Kentucky Annual Hepatitis Conference – Moderator and Speaker

6/27/17 Kentucky Injury Prevention and Research Center Site Visit by CDC Acting Director Dr. Anne Schuchat – Moderator and Presenter

6/14/17 Rapid Drug Overdose Surveillance Workshop – Presenter

5/1/17 Kentucky Epidemiology Rapid Response Team Member Training Conference - Moderator

5/10/17 Community Outreach – Training and Speaking to Directors of Local Health Departments about Disease Surveillance and Control

4/11/17 Kentucky Zika Summit – Moderator

4/11/17 Lexington News Media Interview Regarding Arbor Viruses and Prevention

4/9/17 Infectious Disease and Epidemiology Interview – PLG 13 News Media Interview regarding Zika and other Arbor Viruses

ADVISING ACTIVITY

2014-Present Family Medicine Residents,
Medical Students, Preventive Medicine
Residents Governmental Public Health Practicum
and Master of Public Health Students

2014-Present Family Medicine Residents:
Sidra Zaidi MD 2015-2017
Amanda Hemmer MD 2014-2016
Luke Murray MD 2014-2016
Brian Clear MD 2014-2015

Medical Students:
Lolia Abibo 2015-2016
Eric Weber 2015-2016

Preventive Medicine Residents:
Alice Jo 2024-Present
Linda Haller MD 2021-2021
Hena Waseem MD 2020-2021
Charles Burney MD 2020-2021
Suthanya Sornprom MD, MPH 2020
Mark Abel MD 2020
Patrick Ho MD, MPH 2020
Ritika Zijoo MD, MPH 2020
Barry Howe MD, MPH 2020
Doug Phelan DO, MPH 2018-2020
Chukwudi Mbagwu MD, MPH 2017-2018
Alisha Thomas MD, MPH 2017-2018
Carolyn Shammass MD, JD, MPH 2015-2017
Charity Kranz MD, MPH 2015-2017

Master of Public Health Students:
Adam Pascoe 2016-2017
Manisha Vasishta 2015-2016

Undergraduate Students:
Benjamin Dewig (Clinical Leadership and Management) 2015-2016

Graduate Students Capstone/Thesis/Dissertation Committees:
Manisha Vasishta MPH 2016 MPH Capstone
Carolyn Shammass MD, JD 2017 MPH Capstone

SCHOLARLY PRESENTATIONS

STATE

Ballard, J. “New Hampshire Medicaid Re-Design to Improve Delivery of Preventive Services.” 2024 New Hampshire Medical Society Annual Scientific Conference. November 16th, 2024.

Ballard, J. “New Hampshire State Approach to the Opioid Epidemic.” 2024 New Hampshire Academy of Family Physicians Annual Conference. May 21st, 2024.

Ballard, J. “Leadership and Learning during the COVID-19 Pandemic.” 2021 New Hampshire Academy of Family Physicians Annual CME Conference. Keynote Address. June 5th, 2021.

Ballard, J., Chan, B., and Desrosiers, K. “Crisis Leadership Lessons in the Pandemic.” 2020 New Hampshire Medical Society Annual Conference. November 14th, 2020.

Ballard, J. “Experiences with Prevention: Making Every Contact Count to Address the Social Determinants of Health.” PH 115 Finance and Strategy in Value-based Public Health and Healthcare Course at The Dartmouth Institute for Health Policy and Clinical Practice Guest Lecture. December 7th, 2018. (PODIUM)

Ballard, J. “Alumni Perspective.” Dartmouth-Hitchcock Leadership Preventive Medicine Residency Program Residency Advisory Committee Meeting. October 19th, 2018. (PODIUM)

Ballard, J. “What is Population Health?” Public Advisory Council Coordinator’s Meeting of the New Hampshire Regional Public Health Network. October 18th, 2018. (Podium)

Ballard, J. “Public Health, Hospital, and Private Organization Partnerships in a Changing Health Care Environment: A few experiences after 5 years out of training at DH.” Dartmouth-Hitchcock Integrated Delivery Network Meeting. September 10th, 2018. (PODIUM)

Moore, W.; **Ballard, J.**; Fawns, T.; Keck, J.; George, C.; Sheriff, R.; Moore, M.; Barron, M.; Elmore, S.; Hatfull, J.; Horner, T.; Miller, R.; Whalen, C.; Byarlay, J. “Resident-Led Initiative to Improve Preventive Care Quality Outcomes Using a Clinical Dashboard.” 2017 Kentucky Academy of Family Physicians Annual Meeting, Lexington, KY November, 2017. (Research Poster).

Smith, B.; **Ballard, J.**; Fallin-Bennett, K.; Sass, J.; Keck, J.; Parks, M.; Elder, W.; Byarlay, J.; Moore, W.; Sheriff, R.; George, C.; Duvall, M.; Gay, C.; Gill, M.; Reno, S.; Beatty, T. “Implementing substance abuse screening in the primary care setting.” 2016 Kentucky Academy of Family Physicians Annual Meeting, Lexington, KY. November, 2016. (Research Poster).

Gonsalves, W.; Voogt, S.; Herman, E.; Cooper, L.; Gibson, **Ballard, J.**; R.; Gottschalk, G.; Meek, M. “Integrating oral health in a primary care practice.” 2016 Kentucky Academy of Family Physicians Annual Meeting, Lexington, KY. November, 2016. (Research Poster).

McGaugh, J.; Rankin, W.; Perez, O.; Evans-Rankin, K.; **Ballard, J.**; Meredith, B. “Implementation of standardized controlled substance agreements to improve patient safety and

patient/provider satisfaction.” 2016 Kentucky Academy of Family Physicians Annual Meeting, Lexington, KY. November, 2016. (Research Poster).

Ballard, J. “Integrated Behavioral Health: Screening, Brief Intervention, and Referral to Treatment” Department of Family and Community Medicine Annual Retreat, Lexington, KY, June, 2016. (PODIUM).

Ballard, J. “Organization influence and communication styles.” Department of Family and Community Medicine Residency Conference Lecture Series, Lexington, KY, May, 2016. (LECTURE).

Smith, B.; **Ballard, J.**; Mashindi, R.; Cardarelli, R.; Davidson, E.; Tovar, E.; Perez, O.; Contreras, L.; Byarlay, J.; Greene, K.; Kelly, J.; Horton, F.; Setser, J.; Meredith, B. “Reducing potentially avoidable emergency department visits by improving patient connections with their primary care team in a family medicine residency.” University of Kentucky Department of Family and Community Medicine Quality Improvement Project Symposium, Lexington, KY. March, 2016. (POSTER)

Gearlds, A.; Zaidi, S.; Gottschalk, G.; Fleming-Phillips, B; Barron, M.; **Ballard, J.** “Improving diabetes-related national quality forum clinical quality measures through standardized care management developed by a diabetes quality improvement team.” University of Kentucky Department of Family and Community Medicine Quality Improvement Project Symposium, Lexington, KY. March, 2016. (POSTER)

Ballard, J. “EBM journal follow-up studies on harm.” Department of Family and Community Medicine Residency Conference Lecture Series, Lexington, KY, March, 2016. (LECTURE).

Ballard, J. “Studies on harm.” Department of Family and Community Medicine Residency Conference Lecture Series, Lexington, KY, February, 2016. (LECTURE).

Ballard, J. “Teach back method and statistical process control.” Department of Family and Community Medicine Residency Conference Lecture Series, Lexington, KY, January, 2016. (LECTURE).

Smith, B.; **Ballard, J.**; Mashindi, R.; Cardarelli, R.; Tovar, E.; Perez, O. “Reducing potentially avoidable emergency department visits by improving patient connections with their primary care team in a family medicine residency.” 2015 Kentucky Academy of Family Physicians Annual Meeting, Lexington, KY. November, 2015. (Poster) *Won 1st Place.

Ballard, J. “Root cause analysis.” Department of Family and Community Medicine Residency Conference Lecture Series, Lexington, KY, November, 2015. (LECTURE).

Ballard, J. “Ishakawa cause and effect fishbone diagrams.” Department of Family and Community Medicine Residency Conference Lecture Series, Lexington, KY, October, 2015. (LECTURE).

Ballard, J. "Process mapping." Department of Family and Community Medicine Residency Conference Lecture Series, Lexington, KY, September, 2015. (LECTURE).

Ballard, J. "Plan-Do-Study-Act (PDSA) cycles." Department of Family and Community Medicine Residency Conference Lecture Series, Lexington, KY, August, 2015. (LECTURE).

Ballard, J. "Organization influence and communication styles." Department of Family and Community Medicine Residency Conference Lecture Series, Lexington, KY, July, 2015. (LECTURE).

Ballard, J. "A National Movement for Quality: Patient Centered Medical Home." Department of Family and Community Medicine WIPs Series, Lexington, KY, May, 2015. (LECTURE).

Ballard, J. "Introduction to Social Medicine and Health Disparities." University of Kentucky College of Medicine, Lexington, KY, April, 2015. (LECTURE).

Kern, L.; Sprouse, G.; Rishmawi, H.; Debusk, A.; Clear, B.; King, M.; Barron, M.; **Ballard, J.** "Tobacco Cessation Counseling in a Family Medicine Residency Practice." Kentucky Academy for Family Physicians (KAFF) 63rd Annual Scientific Meeting, Lexington, KY. November, 2014. (POSTER) 2nd Place

Polly, R.; Mitchell, J.; Perman, S.; Jones, S.; Sprouse, R.; Tovar, E.; Perez, O.; King, M.; **Ballard, J.** "Improving Depression Screening in a Family Medicine Practice: An Application of the Lean 8-Step Problem Solving Method." Kentucky Academy for Family Physicians (KAFF) 63rd Annual Scientific Meeting, Lexington, KY. November, 2014. (POSTER) 3rd Place

Ballard, J. "Journal Club Facilitator." Department of Family and Community Residency Conference Didactics, Lexington, KY, November, 2014. (LECTURE).

Ballard, J. "Research Design and QI Methods." Department of Family and Community Residency Conference Didactics, Lexington, KY, October, 2014. (LECTURE).

Ballard, J. "Quality Improvement Techniques." Kentucky Regional Extension Center PCMH Cohort 3rd In-Person Meeting, Lexington, KY, September, 2014. (PODIUM).

Ballard, J. "FMC Residency Outpatient Orientation." Department of Family and Community Residency Conference Didactics, Lexington, KY, July, 2014. (LECTURE).

Ballard, J. "FMC Empanelment 2014." Department of Family and Community Medicine Combined Team Meeting, Lexington, KY, June, 2014. (LECTURE).

Ballard, J. "Personality Styles at Work." 2013-2014 Department of Family and Community Medicine Retreat, Slade, KY, April, 2014. (PODIUM).

Ballard, J. "Building a Culture for Patient-Centered Medical Home." 2013-2014 Department of Family and Community Medicine Retreat, Slade, KY, April, 2014. (PODIUM).

Ballard, J. "Elements of a Patient-Centered Medical Home." 2013-2014 Department of Family and Community Medicine Retreat, Slade, KY, April, 2014. (PODIUM).

Ballard, J. "DFCM PCMH Kickoff." Department of Family and Community Medicine Combined Team Meeting, Lexington, KY, February, 2014. (LECTURE).

Ballard, J. "Team-based, patient-centered care initiatives to improve cardiovascular disease outcomes at the Concord Hospital Family Health Center". Preventive Medicine Capstone Presentation presented to Practicum Review Committee at Concord Hospital, November 2013.

Ballard, J. "Team-based, patient-centered care initiatives to improve cardiovascular disease outcomes at the Concord Hospital Family Health Center". Summative Practicum presented to Practicum Review Committee at Concord Hospital, November 2012.

Ballard, J., Carluzzo, K., and Kotzbauer, G. Your patient: the ultimate diabetes consultant?: A systematic review. Abstract presented at The Dartmouth Institute for Health Policy and Clinical Practice Conference on Inferential Methods, November 2012. (POSTER).

Ballard, J., Sandhu, M., and Godward, S. Trends in colorectal carcinoma incidence in East Anglia, England by gender, age and subsite, 1980-2002. Master's Thesis deposited in University of Cambridge School of Clinical Medicine Library. Poster presented at the Kentucky Medical Association 2007 meeting winning 2nd place prize.

Ballard, J. Effect of Delivery System of Photosensitizer in Photodynamic Therapy and Tumor Response Using Liposomal Complexes. University of Louisville Senior Thesis. Posters presented at the Kentucky Capitol, 2003; Southern Regional Honors Conference, 2002; National Collegiate Honors Council, 2002. (PODIUM).

NATIONAL/INTERNATIONAL

Waseem, H., Ho P., Abel M., Burney M., Zijoo R., Sornprom S., Howe B., Batalden P., and **Ballard J.** Rapid Development of Statewide Crisis Standards of Care During the COVID-19 Pandemic. Preventive Medicine 2021 Annual Conference by the American College of Preventive Medicine. Online Conference May 16-19, 2021. (POSTER).

Ballard, J.; Moore, W.; Keck, J.; Kudrimoti, A.; Barron, M.; Elder, W.; Rankin, W. "Resident-Led Initiative to Improve Preventive Care Quality Outcomes Using a Clinical Dashboard." 2017 Society of Teachers of Family Medicine (STFM) Conference on Practice Improvement, Louisville, KY December, 2017 (POSTER).

Ballard, J. Addressing the Opioid Epidemic in Kentucky: Using Data to Drive Public Health Response. 2017 Harvard Health and Human Services Summit at Harvard University. Cambridge, MA. October, 2017. (PODIUM).

Atherton, J.; Rankin, W.; Kudrimoti, A.; **Ballard, J.** "Leadership in a family medicine residency: Communication and professionalism trends using DiSC behavioral profiles." 2017 Society of Teachers of Family Medicine (STFM) Annual Meeting, San Diego, CA. May, 2017. (POSTER).

Gonsalves, W.; **Ballard, J.**; Wrightson, A.; Herman, E.; Gottschalk, G. "We did it, you can do it, too: Integrating oral health into your residency program." Society of Teachers of Family Medicine (STFM) Conference on Practice Improvement, Newport Beach, CA. December, 2016. (PODIUM).

Ballard, J.; Perez, O.; Elder, W.; Atherton, J.; Hustedde, C.; Bennett, K.; Smith, B. "Improving behavioral health integration in a family medicine residency through implementing the SBIRT (Screening, brief intervention, and referral to treatment) model." Society of Teachers of Family Medicine (STFM) Conference on Practice Improvement, Newport Beach, CA. December, 2016. (POSTER).

Rankin, W.; Perez, O.; Evans-Rankin, K.; McGaugh, JM.; Meredith, B.; Nithyanandam, S.; **Ballard, J.**; Atherton, J. "Implementation of standardized controlled substance abuse agreements to improve patient safety and patient/provider satisfaction." Society of Teachers of Family Medicine (STFM) Conference on Practice Improvement, Newport Beach, CA. December, 2016. (POSTER).

Ballard, J. "Introduction to SBIRT (Screening, Brief Intervention, and Referral to Treatment)". Integrated Behavioral Health Care in Primary Care Conference sponsored by UK College of Social Work. Lexington, KY, August, 2016. (KEYNOTE).

Atherton, J.; Perez, O.; Tovar, E.; **Ballard, J.** "Developing a 'Residents as Teachers' curriculum track in a family medicine residency program." 2016 Society of Teachers of Family Medicine (STFM) Annual Spring Conference, Minneapolis, MN. April, 2016. (POSTER).

Gearlds, A.; Gottschalk, G.; Atherton, J.; King, M.; Barron, M.; Pearce, K.; Perez, O.; Tovar, E.; **Ballard, J.** "Improving diabetes-related national quality forum clinical quality measures through standardized care management developed by a diabetes quality improvement team." 2015 Society of Teachers of Family Medicine (STFM) Annual Conference on Practice Improvement, Dallas, TX. December, 2015. (POSTER).

Ballard, J.; Cardarelli, R.; Smith, B.; Tovar, E.; Atherton, J.; King, M.; Perez, O. "Reducing potentially avoidable emergency department visits by improving patient connections with their primary care team in a family medicine residency." 2015 Society of Teachers of Family Medicine (STFM) Annual Conference on Practice Improvement, Dallas, TX. December, 2015. (PODIUM).

Tovar, E.; Atherton, J.; **Ballard, J.**; Barron, M.; King, M.; Perez, O. "Beyond PBLI – building a framework for clinic-based quality improvement practice teams." 2015 Society of Teachers of Family Medicine (STFM) Annual Conference on Practice Improvement, Dallas, TX. December, 2015. (PAPER PRESENTATION).

Ballard, J. "Introduction to the Patient Centered Medical Home Model: A framework for Care in Outpatient IBH." Integrated Behavioral Health Care in Primary Care Conference, Lexington, KY. September, 2015. (PODIUM).

Ballard, J. "Preventive Care Results from Expanded Medicaid and Community Partnerships in Kentucky." Keynote Address at Conference on Innovations in Workplace and Community Wellness: Bridging Personal and Population Health. United States Chamber of Commerce, Washington, DC. April, 2015. (PODIUM).

Tovar, E.; **Ballard, J.**; Perez, O.; Barron, M.; King, M. "Beyond PBLI? Building a Framework for Clinical Based Quality Improvement Practice Teams." 2015 Society of Teachers of Family Medicine (STFM) Annual Conference on Practice Improvement, Dallas, TX. December, 2015. (SPECIAL INTEREST DISCUSSION).

Atherton, J.; Tovar, E.; King, M.; Perez, O.; and **Ballard J.** "Use of DiSC Profiles to Identify Family Medicine Specialty Trait Trends and to Facilitate Leadership and Collaboration in a Family Medicine Residency Program." 2015 Society of Teachers of Family Medicine (STFM) Annual Conference on Practice Improvement, Orlando, FL. April, 2015 (SPECIAL INTEREST DISCUSSION).

Polly, R.; Mitchell, J.; Perman, S.; Jones, S.; Sprouse, R.; Tovar, E.; Perez, O.; King, M.; **Ballard, J.** "Improving Depression Screening in a Family Medicine Practice: An Application of the Lean 8-Step Problem Solving Method." 2014 Society of Teachers of Family Medicine (STFM) Annual Conference on Practice Improvement, Tampa, FL. December, 2014. (POSTER).

Tovar, E.; Atherton, J.; Gomez, M.; King, M.; Perez, O.; **Ballard, J.** "Use of DiSC Profile to Facilitate Teamwork, Communication and Professionalism in a Family Medicine Residency Program." 2014 Society of Teachers of Family Medicine (STFM) Annual Conference on Practice Improvement, Tampa, FL. December, 2014. (SPECIAL INTEREST DISCUSSION).

Ballard, J.; Perez, O. "Improving Nurse Triage and EHR Communication Between Staff and Medical Providers using PCMH Principles at a Family Medicine Residency Practice." 2014 Society of Teachers of Family Medicine (STFM) Annual Conference on Practice Improvement, Tampa, FL. December, 2014. (SPECIAL INTEREST DISCUSSION).

Kern, L.; Sprouse, G.; Rishmawi, H.; Debusk, A.; Clear, B.; King, M.; Barron, M.; **Ballard, J.** "Tobacco Cessation Counseling in a Family Medicine Residency Practice." 2014 Society of Teachers of Family Medicine (STFM) Annual Conference on Practice Improvement, Tampa, FL. December, 2014. (POSTER).

Kern, L.; Sprouse, G.; Rishmawi, H.; Debusk, A.; Clear, B.; King, M.; Barron, M.; **Ballard, J.** "Tobacco Cessation Counseling in a Family Medicine Residency Practice." Kentucky Academy for Family Physicians (KAFFP) 63rd Annual Scientific Meeting, Lexington, KY. November, 2014. (POSTER).

PUBLICATIONS

Ballard, J. *Why New Hampshire Has the Continental United States' Lowest Mortality Rate: Unpacking the state's public health COVID-19 policy decisions.* Think Global Health. July 13th, 2023 (Magazine)

Hill, K., Gibson, S., Grundman, O., Smith, K., **Ballard, J.**, and Stanciu, C. *Evaluating Health Information Provided to Kratom Consumers by Good Manufacturing Practice-Qualified Venders.* Substance Abuse, Treatment Prevention and Policy. (2023) Vol. 18, No. 21.

Ballard, J. and Stanciu, C. *Prevalence, Characteristics, and Reasons for Kratom Use Among Seriously Mental Ill Inpatients Who Use Substances.* Journal of Dual Diagnosis. 2023.

Heflin, K., Rosen, B., Costanzo, R., **Ballard, J.**, and Fetter J. *Psychiatric Boarding in Emergency Departments and the COVID-19 First Wave: The New Hampshire Response.* Health Security. (2023) Vol. 21, N. 3.

Robinson, A., Ali, N., Costa, O., Rooks-Peek, C., Sorensen-Alawad, A., **Ballard, J.**, Lowerre, K., and Fondario, A. *A Thematic Analysis of Overdose Prevention and Response Efforts in States Experiencing Opioid Mortality Declines.* Public Health Reports. 2021 Jun 29.

Johnson, T. and **Ballard, J.** (2020). *Injury and Violence 2020 Update: The 5-Minute Clinical Consult.* Wolters Kluwer (Book Chapter).

Ballard, J. and Johnson, T. (2019). *Injury and Violence 2019 Update: The 5-Minute Clinical Consult.* Wolters Kluwer (Book Chapter).

Foster, M., Ramachandran, S., Myatt, K., Donovan, D., Bohm, S., Fieldler, J., Barbeau B., Collins J., Thoroughman, D., McDonald E., **Ballard J.**, Eason J., and Jorgensen C. (2018) *Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness – California, Kentucky, Michigan, and Utah, 2017.* MMWR 2018 Nov 2;67(43):1208-1210.

Ballard, J., Kranz, C., and Johnson, T. (2018). *Injury and Violence 2018 Update: The 5-Minute Clinical Consult.* Wolters Kluwer Health. (Book Chapter).

Ballard, J., Benner, K., Elder, W. *The Role of Family Medicine Physicians in Substance Use Disorder Assessment.* (2018) Journal of the Kentucky Academy of Family Physicians. Winter Edition 2018.

Ballard, J., Rankin, W., Roper K., Weatherford, S., and Cardarelli R. *Effect of Ambulatory Translational Care Management (TCM) on 30-day Readmission Rates.* (2018) American Journal of Medical Quality. Vol 33, Issue 6, 2018.

Ballard, J. and Kranz, C. (2017). *Injury and Violence 2017 Update: The 5-Minute Clinical Consult.* Wolters Kluwer Health. (Book Chapter).

Roper, KL., **Ballard J.**, Rankin W., and Cardarelli, R. *Systematic Review of Ambulatory Transitional Care Management (TCM) Visits on Hospital 30-Day Readmission Rates*. American Journal of Medical Quality Jan/Feb;32(1):19-26 2017.

Ballard, J. (2016). *Injury and Violence 2016 Update: The 5-Minute Clinical Consult*. Wolters Kluwer Health. (Book Chapter).

Ballard, J. *Patient Centered Medical Homes*. Lexington Medical Society Supplement to *The Lexington Herald-Leader*. November 1, 2015 (NEWSPAPER ARTICLE)

Ballard, J. (2015). *Injury and Violence: The 5-Minute Clinical Consult*. Wolters Kluwer Health. Manuscript accepted for publication. (Book Chapter).

Garbo, GM., **Ballard, J.**, Harrison, L. Kik, P., Wieman, TJ., and Fingar., V. Modulation of photodynamic activity with Photofrin: effect of dose, time interval, fluence, and delivery system. Proceedings of SPIE--the international society for optical engineering: Optical Methods for Tumor Treatment and Detection: Mechanisms and Techniques in Photodynamic Therapy XIV Vol. 5689 p.78-89, April 2005.

GRANT ACTIVITY

Grants Awarded

- 2024-Present **Other Support Personnel**
National Center for Advancing Translational Sciences
Project Title: Dartmouth Clinical and Translational Science Institute
Bernstein, S. (PI)
Project Number: 1UM1TR004772-01
Study Dates: 12/2023-11/2030
Grant Amount: \$28,665,924
- 2020-Present **Co-Investigator**
National Institute on Drug Abuse
National Institutes of Health
Project Title: Northeast Node of the National Drug Abuse Clinical Trials Network
Marsch, L. (PI)
Study Number: UG1DA040309
Study Dates: 6/1/2020-5/31/2025
Grant Amount: \$4,020,602
- 2017-2018 **Principal Investigator**
Health Resources and Services Administration
Project Title: Ryan White HIV/AIDS Treatment Part B
Grant Number: XO7HA00008
Grant Period: 12/1/2017-12/30/2018 (PI 12/1/17-5/1/18)
Grant Amount: \$9,116,375

- 2017-2018 **Principal Investigator**
Council for State and Territorial Epidemiologist
Project Title: Influenza Education among Youth in Agriculture Project
Grant Period: 7/1/2017-6/30/2018 (PI 7/1/17-5/1/18)
Grant Amount: \$50,000
- 2017-2018 **Co-Investigator**
University of Kentucky Office for Value and Innovation in Healthcare Delivery (OVIHD)
Project Title: Value of Innovation to Implement Program (VI²P): Partnership for Identification and Primary-care based Enrollment to a Prevention Intervention for Diabetes (PIPE to Prevent Diabetes)
Grant Period: 7/17/2017-12/30/2018 (Co-I 7/17/17-5/1/18)
Grant Amount: \$110,000
- 2015- 2018 **Co-Investigator**
Health Resources and Services Administration (HRSA),
Project Title: Collaborative Training in Primary Care Transformation Project
B. Elder (PI)
Grant Period 7/1/16-7/1/2019 (Co-I 7/1/16-5/1/18)
Grant Amount: \$2,495,915.55
- 2015-2018 **Co-Investigator**
Substance Abuse and Mental Health Services Administration (SAMHSA),
Project Title: A Multidisciplinary Program to Train Health Professionals
in the SBIRT Model
SAMHSA Grant Number: 1H79TI025976-01
K. Benner. (PI)
Grant Period: 09/01/2015-09/01/2018 (Co-I 9/1/15-5/1/18)
Grant Amount: \$942,330
- 2014-10/2016 **Co-Investigator**
Health Resources and Services Administration (HRSA),
Project Title: Residency Training Grant in Primary Care
HRSA Grant Number: D58HP23234
O. Perez (PI) 10/2015-9/2016; M. King (PI) 9/2011-9/2015
Grant Period: 09/30/2011-9/26/2016
Grant Amount: \$712,458
- LANGUAGE
- 1996-2002 Study of Spanish – Novice Level

Samantha L. Morin, Ph.D.

Curriculum Vitae

EDUCATION/LICENSES

- 03/06/20 **Licensed by the NH Board of Registration of Psychologists**
NH Psychologist License Number: 1483
- 08/15/19 **Licensed by the MA Board of Registration of Psychologists**
MA Psychologist License Number: 11130
- 08/11 to 08/17 **Doctor of Philosophy, Fordham University**
Major: Clinical Psychology (APA-Accredited Program)
Concentration: Forensic Psychology
Dissertation: Determining treatment needs and recidivism risk of juveniles with sexual offense adjudications.
Advisor: Keith Cruise, Ph.D., M.L.S.
- 08/07 to 05/09 **Master of Arts, Roger Williams University**
Major: Forensic Psychology (APA-Accredited Program)
Thesis: Understanding perceptions of hypnotically-recovered memories in a civil sexual abuse case.
Advisor: Judith Platania, Ph.D.
- 08/03 to 05/07 **Bachelor of Arts, Saint Anselm College**
Major: Psychology; Minor/Certificate: Forensics
Honors Thesis: Critical incident stress debriefing (CISD): A comparison of law enforcement/arson professionals and college students seeking careers in arson/ law enforcement.
Advisor: Paul Finn, Ph.D.

CLINICAL EXPERIENCE

- 03/20 to present **Licensed Clinical Psychologist/Supervisor of Clinical Services**
Dartmouth-Hitchcock Medical Center, Department of Psychiatry; Contracted position at Sununu Youth Services Center (SYSC), Manchester, NH
Dartmouth Supervisor: William Torrey, MD; SYSC Director of Operations: Rhonda Chasse, MPA
Experiences:
- Contracted by Dartmouth Hitchcock Department of Psychiatry as the facility psychologist and supervisor of clinical services at SYSC, the sole juvenile secure treatment facility in the state of NH. Member of the SYSC Leadership team alongside the Director of Operations, Administrator II, and Residential Supervisor VI.
 - Provide clinical supervision and treatment planning oversight to the clinical services team, including three to four Masters-level clinicians. This includes: weekly supervision with each clinician, biweekly clinical team meetings,

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assignment of cases to clinicians, review of all clinical documentation (DAP notes, psychosocial assessments, treatment plans, court and parole reports, coaching/safety plans, assessments, etc.), and participation in all treatment plan meetings.

- Provide clinical consultation regarding youth placed at the facility to clinical services team, as well as other facility departments (e.g., medical, school, residential services staff, supervisors), including twice weekly case review meetings open to all staff.
- Responsible for evaluating current treatment programming (groups, milieu, individual and family therapy, assessments, etc.), as well as the development and implementation of facility-wide evidence-based treatment programming.
- Lead a multidisciplinary team of staff in the development of revised, evidence-based behavioral management programming for the facility including the development and implementation of positive behavioral interventions and supports (PBIS).
- Participate in parole hearings and court hearings, as needed/requested.
- Oversee research initiatives within the facility.
- Active participant on several juvenile justice workgroups for the State of NH aimed at improving juvenile justice policies and procedures, as well as promoting positive youth development models in the state.

Population Served:

- Diverse population of justice-involved male and female adolescents, ages 13 to 17, detained or committed by the court. Many of the youth present with significant trauma and/or mental health and substance use difficulties.

09/19 to present

Forensic Evaluator (per diem)

Office of the Forensic Examiner, Concord, NH

Supervisor: Shannon Bader, PhD, ABPP

Experiences:

- Conduct court-ordered evaluations of competence to stand trial.
- Write comprehensive reports for the court addressing competence to stand trial.
- Provide testimony as requested.
- Participate in weekly team meetings/peer consultation.

Population Served:

- Diverse population of male and female adult defendants, aged 18 and older, referred for a court-ordered evaluation in the state of NH.

09/18 to 03/20

Psychologist II, Adolescent Continuing Care Unit (ACCU) E2

University of Massachusetts (UMass) Medical School/Worcester Recovery Center and Hospital (WRCH), Worcester, MA

Program Director: Brian Denietolis, PsyD

Experiences:

- Conducted trauma-informed and developmentally appropriate individual and family psychotherapy with adolescents on the unit and their families.
- Managed and conducted initial psychology intake assessments (e.g., psychological diagnostic evaluation, trauma assessment, substance use assessment, specialized

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risk assessment form) with each youth admitted to the unit within first 10 days of admission.

- Managed and conducted risk assessments for youth meeting hospital thresholds (e.g., suicide risk, violence risk, fire-setting risk, elopement risk, problem sexual behavior risk) including record review, youth interview, collateral contact, and composing risk assessment reports.
- Managed, conducted, and supervised psychological testing evaluations for youth indicated by clinical team as in need of evaluation; evaluations typically included self-report and evaluator-administered measures of intelligence, cognition, achievement, and personality. Completed comprehensive evaluation reports including diagnostic information and detailed recommendations were provided to team.
- Provided weekly clinical and testing supervision to psychology graduate student trainees completing practicum at WRCH. Worked collaboratively on cases with trainees. Supervised trainees in conducting and writing initial intake assessments, risk assessments, and psychological evaluation reports.
- Worked collaboratively with other treatment providers including psychiatrists, social workers, psychology trainees and interns, medical students, nurses, occupational and recreational therapists, and mental health counselors for optimal treatment planning.
- Attended and participated in daily unit rounds, weekly unit treatment team meetings, and weekly psychology department meetings.

Population Served:

- Diverse population of male and female adolescents, ages 13 to 18, with significant trauma and/or persistent mental illness. Four beds are allocated to youth admitted from the courts for forensic evaluations.

08/17 to 08/18

Clinical Psychology Postdoctoral Fellow, Adolescent Risk Assessment/Safety Net
Cambridge Health Alliance (CHA)/Harvard Medical School (HMS), Cambridge, MA
Training Director: Marla Eby, Ph.D.

Primary Supervisor: James Barrett, Ph.D.

Secondary Supervisors: David Stewart, Ph.D.; Dan Sanford, Psy.D.; William Pollack, Ph.D.

Safety Net Program Experiences:

- Attended Safety Net collaborative meetings twice per month with professionals and representatives from the Cambridge Police Department, Cambridge Public Schools, CHA, and Department of Human Services-Youth Programs.
- Provided outpatient psychological services (e.g., intake evaluation, individual psychotherapy, referrals) to adolescents referred from the Safety Net program to CHA.
- Provided consultation to partners in the Safety Net collaborative on issues related to adolescent mental health and treatment.
- Collaborated with other Safety Net partners on research projects investigating the effectiveness of the diversion program.

Population Served:

- Racially/ethnically diverse population of male and female adolescents participating in pre-complaint police diversion program and presenting with several risk

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indicators (e.g., disruptive family life, mental illness, low school achievement, negative peer relations).

School-Based Assessment Experiences:

- Conducted safety, risk, and psychological assessments for the Cambridge Public Schools.
- Consulted with school personnel regarding recommendations for students referred for assessment.

Population Served:

- Racially/ethnically diverse population of male and female adolescents attending school in the Cambridge Public School system and presenting with risk indicators (e.g., externalizing behaviors, aggression, mental illness, school truancy, low school achievement, negative peer relations) referred to the School-Based Services program.

CHA Child/Adolescent Outpatient Clinic Experiences:

- Conducted intake evaluations with adolescents referred to CHA or the Cambridge-Rindge Latin School (CRLS) Teen Health Center for individual psychotherapy.
- Provided outpatient individual and family psychotherapy with adolescents and their parent(s)/guardian(s) at CHA or CRLS.

Population Served:

- Racially/ethnically diverse population of male and female adolescents referred for psychological services at CHA or CRLS and presenting with a range of mental health difficulties (e.g., depression, substance use, anger, anxiety, PTSD, etc.).

Juvenile Court Clinic Experiences:

- Conducted court-ordered evaluations with adolescents and their parent(s)/guardian(s) including Child Requiring Assistance (CRA) petitions, and shadowed Competency to Stand Trial (CST) evaluations, Criminal Responsibility (CR) evaluations, and Section 35 (substance abuse) evaluations.

Population Served:

- Racially/ethnically diverse population of male and female youthful offenders referred for court-ordered evaluations at the Lowell Juvenile Court Clinic.

08/16 to 08/17

Clinical Psychology Pre-Doctoral Intern, Forensic Track

UMass Medical School/WRCH, Worcester, MA

Training Director/Primary Supervisor: Jack Terry, Ph.D.

Secondary Supervisors: Andrea Dinsmore, PsyD.; Ashley Murray, Ph.D.; Phoebe Moore, Ph.D.; Brian Dessureau, Ph.D.; Jeanna Spanning, Ph.D.; Brian Denietolis, Psy.D.

Forensic Service (First Major Rotation, 09/16 to 03/17) Experiences:

- Assisted in conducting forensic evaluations under supervision of a Designated Forensic Psychologist (DFP) including competency to stand trial, criminal responsibility, risk assessment, and need for care and treatment.
- Completed written shadow reports for each forensic evaluation including record review, interview data, testing (when indicated), mental status, clinical opinion of the legal question, and need for care and treatment.
- Conducted testing for court-ordered forensic evaluations including administration and documentation of personality, symptom validity/malingering, and intellectual

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measures (e.g., PAI, Structured Interview of Reported Symptoms, Validity Indicator Profile, Wechsler Abbreviated Scale of Intelligence- 2nd edition).

Population Served:

- Racially/ethnically diverse population of male and female offenders with severe mental illness (e.g., psychotic disorders, bipolar disorder, depression, substance abuse disorders) admitted to the forensic inpatient unit for court-ordered evaluation and psychiatric stabilization.

Pediatric Anxiety Clinic (Minor Rotation, 12 months) Experiences:

- Conducted anxiety and obsessive-compulsive disorder (OCD)-specific intake evaluations utilizing structured interviewing procedures.
- Conducted empirically supported cognitive-behavioral therapy (CBT) for pediatric anxiety and related disorders, using both family and individual approaches.

Population Served:

- Diverse population of children and adolescents with anxiety, OCD, and related disorders (e.g., generalized anxiety disorder, social anxiety, specific phobias) in a subspecialty outpatient clinic.

Outpatient Neuropsychology (Minor Rotation, 12 months) Experiences:

- Conducted outpatient neuropsychological assessments with patients referred from throughout UMass Memorial Center and outside clinics.
- Completed scoring, interpretation, and writing of reports for full neuropsychological test batteries.

Population Served:

- Racially/ethnically diverse population of children, young adults, and adults with a broad spectrum of neurological, medical, and psychiatric disorders.

Primary Care/Behavioral Medicine (Minor Rotation, 12 months) Experiences:

- Conducted consultation, rapid assessment, and behaviorally-oriented brief psychotherapy to patients in a primary care medical setting.
- Facilitated referrals to internal and external providers (e.g., psychiatric evaluations, long-term psychotherapy, group psychotherapy).

Population Served:

- Racially/ethnically diverse population of young adults and adults presenting at the Primary Care clinic with various comorbid medical (e.g., chronic pain, insomnia, hypertension) and mental health concerns (e.g., anxiety disorders, depression, substance abuse, personality disorders).

Adolescent Inpatient (Second Major Rotation, 03/17 to 08/17) Experiences:

- Conducted trauma-informed and developmentally appropriate individual and family psychotherapy with adolescents on the unit and their families.
- Enhanced and utilized skills in assessment and milieu management, including differential diagnosis, risk management, and the child service delivery system.
- Worked collaboratively with other treatment providers including psychiatrists, social workers, nurses, occupational and recreational therapists, and mental health counselors for optimal treatment planning.

Population Served:

- Diverse population of male and female adolescents, ages 13 to 18, with significant trauma and/or persistent mental illness. Four beds are allocated to youth admitted from the courts for forensic evaluations.

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09/15 to 03/16

Clinical Psychology Extern, Day Treatment Program

New York City Children's Center- Queens Campus, Bellerose, NY

Supervisors: Diana Miley, Psy.D. (treatment); Amy Daley, Ph.D. (assessment)

Experiences:

- Conducted individual, group, play, and family therapy (e.g., CBT, DBT, behavioral modification) in a fully integrated clinical and educational program.
- Conducted crisis interventions when indicated.
- Completed comprehensive psychological assessments.
- Managed treatment and discharge planning of cases.
- Participated in treatment team activities and attended grand rounds, diagnostic conferences, case conferences, and training lectures.

Population Served:

- Racially/ethnically diverse population of children and adolescents, ages 5 to 14, with severe emotional and behavioral disorders (e.g., ADHD, ODD, Autism Spectrum Disorder, DMDD, Bipolar disorder, Psychosis), and their parents/guardians.

09/14 to 08/15

Clinical Psychology Extern, Psychological Assessment

Bronx Lebanon Hospital Center, Bronx, NY

Supervisors: Ali Khadivi, Ph.D. (adult) & Wen Gu, Ph.D. (child/adolescent)

Experiences:

- Conducted individual psychological assessments including record review, clinical interview, and administration of psychological tests, and developed integrated assessment reports for treatment teams.
- Gained experience with various psychological tests including cognitive (e.g., Montreal Cognitive Assessment), intellectual (e.g., WISC-IV, WAIS-IV), personality (e.g., Rorschach, PAI), among others.
- Attended case conferences and grand rounds.

Populations Served:

- Diverse urban population of children, adolescents, and adults with severe mental illness (e.g., depression, schizophrenia, bipolar disorder, disruptive mood dysregulation disorder) admitted to the inpatient psychiatric units.
- Racially/ethnically diverse population of adolescents and adults with severe mental illness (e.g., bipolar disorder, schizophrenia) attending treatment in the outpatient clinic.

08/14 to 06/15

Forensic Psychology Fellowship

Fordham University Law Clinic, New York, NY

Supervisor: Barry Rosenfeld, Ph.D., A.B.P.P.

Experiences:

- Conducted psychological assessments (e.g., risk assessment, diagnostic clarification) and prepared reports for the legal team.
- Consulted with Fordham Law School Professors and Students on Criminal and Federal Litigation cases involving a mental health component.
- Assisted in writing legal briefs involving mental health issues presented in a given case.

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- Attended weekly Criminal Defense Clinic and Federal Litigation Clinic seminars, as well as weekly rounds.

Population served:

- Racially/ethnically diverse population of adult criminal defendants and inmates with mental illness (e.g., mood disorders, PTSD, substance abuse disorders).

07/13 to 06/14

Clinical Psychology Extern, Inpatient Assessment/Treatment

Bellevue Hospital Center, Forensic Track, New York, NY

Supervisors: Elizabeth Arias, Ph.D.; Melanie Farkas, Ph.D.; Marilyn Chen, Ph.D.

Experiences:

- Conducted intake assessments, and group (e.g., emotion regulation) and individual psychotherapy (e.g., CBT for psychosis, psychodynamic, behavioral modification, mindfulness, DBT skills) on the inpatient forensic unit.
- Conducted comprehensive psychological assessments (e.g., psychodiagnostic, malingering measures, cognitive testing).
- Attended weekly didactic seminars/case conferences and presented one treatment case.

Population Served:

- Diverse urban population of male offenders with severe mental illness (e.g., psychotic disorders, bipolar disorder, depression, substance abuse disorders) admitted to the forensic inpatient unit for psychiatric stabilization.

08/12 to 05/13

Clinical Psychology Extern, Outpatient Psychotherapy

Hunter College Counseling Center, New York, NY

Supervisor: Ariella Soffer, Ph.D.

Experiences:

- Conducted brief individual psychodynamic psychotherapy.
- Conducted comprehensive intake assessments and completed intake reports.
- Conducted mental health screenings for students on campus.
- Facilitated referrals and collaborated with community services.
- Participated in weekly didactic seminars/case conferences and presented five treatment cases.

Population Served:

- Racially/ethnically diverse population of college students including adolescents, young adults, and adults presenting at the counseling center with various mental health concerns (e.g., anxiety disorders, depression, substance abuse, personality disorders).

10/11 to 09/12

Study Therapist

Project SHARP, New York, NY

Supervisors: Michelle Galietta, Ph.D. & Barry Rosenfeld, Ph.D., A.B.P.P.

Experiences:

- Conducted CBT-based anger management intervention.

Population Served:

- Diverse urban population of male offenders referred for anger management by the NYC courts and Department of Probation.

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CLINICAL SUPERVISION EXPERIENCE

- 09/18 to 03/20 **Trainee Supervisor, Adolescent Continuing Care Unit, Worcester Recovery Center and Hospital (WRCH)**
- Provided weekly clinical and testing supervision to psychology graduate student trainees completing practicum at WRCH.
- 11/16 to 05/17 **Trainee Supervisor: Department of Psychology, WRCH**
- Provided weekly clinical supervision to third-year graduate student completing externship at WRCH as part of the UMass Medical School/WRCH Clinical Psychology Predoctoral Internship Program.
- 08/14 to 05/15 **Peer Supervisor: Department of Psychology, Fordham University**
- Provided weekly clinical supervision to second-year graduate student as part of the Clinical Supervision and Consultation course (PSYC 8222/8223)

OTHER CLINICAL EXPERIENCE

- 08/08 to 05/09 **Psychology Extern, Outpatient Psychotherapy**
Arbour Counseling Services, Fall River, MA
Supervisors: Janine Gendreau, M.A. & Donald Whitworth, Ph.D.
Experiences:
- Conducted individual psychotherapy (e.g., supportive, CBT, psychodynamic) and co-led group psychotherapy (e.g., DBT).
 - Completed initial clinical evaluations.
 - Developed and implemented individual treatment plans.
- Population Served:*
- Racially/ethnically diverse population of adolescents and adults with various mental health concerns (e.g., depression, anxiety disorders, substance abuse, relationship issues, anger management issues, eating disorders, bereavement) attending psychotherapy at an outpatient community clinic.
- 08/07 to 08/08 **Support Staff**
L.I.F.E. Inc., Bristol, RI
Experiences:
- Provided therapeutic and emotional support and guidance with decision-making.
 - Utilized behavioral management techniques.
 - Assisted with daily living activities.
- Population Served:*
- Developmentally and physically disabled adults living in a residential group home.

RESEARCH EXPERIENCE

- 08/11 to 08/16 **Research Assistant**
Fordham University, Clinical Psychology Ph.D. Program
Project: Adolescent and Parent Perspectives on Teen Risk-Taking Behaviors: Exploring Associations and Ethical Issues (Fordham University Undergraduate Research Grant)
Principal Investigators: Keith Cruise, Ph.D., M.L.S. & Georgia Gaveras, D.O.

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Experiences:

- Conducted comprehensive assessments (e.g., Peer Conflict Scale, Inventory of Callous-Unemotional Traits, BASC-2, FASM, UCLA PTSD Index, SASSI-A2, MAYSI-2) with adolescents participating in an outpatient day treatment program for youth with co-occurring mental health and substance abuse disorders, and their parent/guardian.

Project: Initial Validation of the Short-Term Assessment of Risk and Treatability Present Adolescent Version (START-AV) (Fordham University Faculty Research Grant)

Principal Investigator: Keith Cruise, Ph.D., M.L.S.

Experiences:

- Conducted comprehensive structured interviews and assessments (e.g., START-AV, MAYSI-2, SASSI-A2) with juvenile offenders on probation in Bridgeport, CT for the purpose of validating the START-AV.

05/12 to 08/12

Research Assistant

Fordham University, Clinical Psychology Ph.D. Program, Bronx, NY

Project: Differentiating Real versus Feigned Posttraumatic Stress Disorder in a Sample of West African Torture Survivors

Principal Investigators: Rebecca Weiss, M.A. & Barry Rosenfeld, Ph.D., A.B.P.P.

Experiences:

- Conducted comprehensive assessments with adults from West Africa seeking asylum through the Program for Survivors of Torture (PSOT) at Bellevue Hospital. The purpose of the study was to validate measures of malingering (e.g., M-FAST, TOMM, Dot Counting Test, TSI-2) in this population.

06/10 to 09/11

Research Assistant

UMASS Medical School, Department of Psychiatry, Worcester, MA

Project: Women's Risk and Treatment for Intimate Partner Violence (Psychiatry Research Fellowship Award)

Principal Investigator: Laura S. Guy, Ph.D.

Experiences:

- Conducted comprehensive assessments (e.g., PAI, URICA) with female perpetrators of intimate partner violence prior to and following the completion of a group therapy intervention.

10/09 to 08/11

Research Coordinator II

UMASS Medical School, Department of Psychiatry, Worcester, MA

National Youth Screening and Assessment Project

Supervisors: Thomas Grisso, Ph.D. & Valerie Williams, M.A., M.S.

Experiences:

- Provided technical assistance and training on mental health and risk screening and assessment practices to targeted sites in all four states participating in the MacArthur Foundation's "Models for Change" (MfC) Initiative (Pennsylvania, Washington, Illinois, and Louisiana).

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- Assisted juvenile justice programs with the registration, implementation and ongoing use of the Massachusetts Youth Screening Instrument- Version 2 (MAYSI-2).
- Provided technical support to users of MAYSIWARE, the electronic version of the MAYSI-2.

Project: Youth Risk/Needs Assessment for Recidivism: Implementation and Effectiveness Study (John D. & Catherine T. MacArthur Foundation Grant)

Principal Investigator: Gina Vincent, Ph.D.

Co-Investigator: Laura Guy, Ph.D.

Experiences:

- Conducted phone interviews with juvenile probation officers in two states (Louisiana and Pennsylvania) at time points following the implementation of valid risk/needs assessment tools.
- Coded juvenile probation officer interview transcripts according to an established codebook in order to qualitatively examine the outcomes of implementation.

TEACHING EXPERIENCE

01/14 to 05/16 **Instructor:** Department of Psychology, Fordham University

Undergraduate Courses:

Forensic Psychology (PSYC 3820)

Law and Psychology (PSYC 4340)

Graduate Courses:

Clinical Diagnosis Laboratory (PSYC 7121)

09/11 to 05/12 **Teaching Assistant:** Department of Psychology, Fordham University

Undergraduate Courses:

Foundations of Psychology Lab, Three sections (PSYC 1200)

HONORS AND AWARDS

2017 **Outstanding Student Presentation in Corrections Research**
American Psychology-Law Society 2017 Conference Award

2017 **GSA Professional Development Grant**
Fordham University

2017 **GSAS Research Support Grant**
Fordham University

2012, 2013, 2014 **GSA Travel Award**
Fordham University

2008, 2009 **Provost Fund Grant**
Roger Williams University

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- 2007 to 2009 **Master of Arts in Forensic Psychology Grant**
Roger Williams University
- 2003 to 2007 **Psi Chi National Honor Society in Psychology**
Saint Anselm College
- 2003 to 2007 **Presidential Scholar Academic Scholarship**
Saint Anselm College
- 2003 to 2007 **Elks Regional Scholar Academic Scholarship**
Elks Club, Worcester, MA
- 2003 to 2007 **Dean's List 8/8 semesters**
Saint Anselm College

PROFESSIONAL SERVICE

National

- 2015 to Present **Student Reviewer/Reviewer**
Child and Youth Care Forum
- 2012 to Present **Student Reviewer/Reviewer**
International Journal of Forensic Mental Health
- 2010 to 2015 **Student Reviewer**
American Psychology- Law Society Annual Conference
Areas: Risk assessment, developmental/juvenile justice, risk assessment
- 2010 to 2013 **Student Reviewer**
American Psychological Association Annual Conference
Areas: Jury decision making, expert testimony, division 41 proposals
- 2010 **Committee Reviewer**
MacArthur Models for Change 5th Annual Working Conference
Reviewed 35 proposals submitted for inclusion

Departmental

- 2012 to 2014 **Student Interviewer**
Fordham University, Department of Psychology
- 2012 to 2013 **Class Representative**
Fordham University, Department of Psychology

ADDITIONAL TRAININGS

- 2016 **Psychopathy and the Psychopathy Checklist-Revised (PCL-R)**
Worcester Recovery Center and Hospital, Forensic Service, Worcester, MA
Instructor: Ashley Murray, Ph.D.

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- 2015 **Juvenile Competence Workshop**
Summer Training Institute, John Jay College, NY, NY
Instructor: Ivan Kruh, Ph.D.
- 2014 **HCR-20 Training**
Fordham University, NY, NY
Instructor: Barry Rosenfeld, Ph.D., A.B.P.P.
- 2013 **MMPI-2-RF Workshop**
Fordham University, NY, NY
Instructor: Yossef Ben-Porath, Ph.D.
- 2009 **Use of the Psychopathy Checklist-Revised, 2nd Edition (PCL-R) and the
Psychopathy Checklist-Revised: Screening Version (PCL: SV)**
UMASS Medical School, Worcester, MA
Instructor: Gina Vincent, Ph.D.
- 2009 **The Structured Assessment of Violence Risk for Youth (SAVRY)**
UMASS Medical School, Worcester, MA
Instructors: Gina Vincent, Ph.D. & Laura Guy, Ph.D.

PUBLICATIONS

Peer-Reviewed Journal Articles

1. Janopaul-Naylor, E., **Morin, S. L.**, Mullin, B., Lee, E., & Barrett, J. G. (2019). Promising approaches to police-mental health partnerships to improve service utilization for at-risk youth. *Translational Issues in Psychological Science*, 5(2), 206-215. doi:10.1037/tps0000196
2. Holloway, E. D., Cruise, K. R., **Morin, S. L.**, Hinz, H., & Steele, R. (2018). Juvenile probation officers' evaluation of traumatic event exposures and traumatic stress symptoms as responsivity factors in risk assessment and case planning. *Law and Human Behavior*, 2(4): 369-384. doi:10.1037/lhb0000283
3. **Morin, S. L.**, Cruise, K. R., Hinz, H., Holloway, E. D., & Chapman, J. F. (2015). Content, structure, and usefulness of juvenile predisposition psychological evaluations. *Child & Youth Care Forum*, 44(6), 893-917. doi: 10.1007/s10566-015-9312-3
4. Guy, L. S., Vincent, G. M., Nelson, R., & **Fusco-Morin, S.** (2014). What do juvenile probation officers think of using the SAVRY and YLS/CMI for case management, and do they use the tools properly. *International Journal of Forensic Mental Health Services*, 13(3), 227-241.
5. Vincent, G. M., Guy, L. S., **Fusco, S. L.**, & Gershenson, B. G. (2012). Field Reliability of the SAVRY with Juvenile Probation Officers. *Law and Human Behavior*, 36(3), 225-236.
6. **Fusco, S. L.**, & Platania, J. (2011). Understanding perceptions of hypnotically recovered memories in a civil sexual abuse case. *Journal of Forensic Psychology Practice*, 11(4), 330-350.

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Book Chapters and Other Publications

1. Viljoen, J. L., Nicholls, T. L., Cruise, K. R., Beneteau-Douglas, J., Desmarais, S. L., Barone, C. C., Petersen, K., Morin, S. L., & Webster, C. D. (2016). *START: AV knowledge guide: A research compendium on the START: AV strength and vulnerability items*. Burnaby, BC: Simon Fraser University.
2. Cruise, K. R., Morin, S. L., & Affleck, K. (2015). Residential interventions with justice involved youth. In K. Heilbrun, D. DeMatteo, & N. Goldstein (Eds.), *Handbook of psychology and juvenile justice*. Washington, DC: American Psychological Association.
3. Models for Change Juvenile Diversion Workgroup (2011). *Juvenile Diversion Guidebook*. Models for Change: Systems Reform in Juvenile Justice.

CONFERENCE PRESENTATIONS

1. Morin, S. L., Barrett, J. G., & Janopaul-Naylor, E. (2018, March). *Mental health and service use outcomes of a pre-complaint police-based juvenile diversion program*. Paper presented at the 2018 Annual Conference of the American Psychology-Law Society, Memphis, Tennessee.
2. Barrett, J. G., Morin, S. L., & Janopaul-Naylor, E. (2018, March). *Effectiveness of a pre-complaint police-based juvenile diversion program in reducing recidivism*. Poster presented at the 2018 Annual Conference of the American Psychology-Law Society, Memphis, Tennessee.
3. Morin, S. L., & Cruise, K. R. (2017, March). *Determining treatment needs and recidivism risk of juveniles with sexual offense adjudications: Primary and secondary C-U traits*. Poster presented at the 2017 Annual Conference of the American Psychology-Law Society, Seattle, Washington.
4. Holloway, E. D., Cruise, K. R., Morin, S. L., Hinz, H., & Viljoen, J. L. (2017, March). *An application of the adherence checklist for the evaluation and reduction of risk (ACERR) to evaluate case plans developed by juvenile probation officers*. Paper presented at the 2017 Annual Conference of the American Psychology-Law Society, Seattle, Washington.
5. Holloway, E. D., Cruise, K. R., Morin, S. L., Hinz, H., & Steele, R. (2016, June). *Risk assessment and case planning by juvenile probation officers: investigating the role of trauma as a responsivity factor*. Paper presented at the 2016 Annual Conference of the International Association of Forensic Mental Health Services, New York, New York.
6. Morin (Fusco), S. L., Cruise, K. R., Hinz, H., Holloway, E., Chapman, J., & Duran, T. (2014, March). *Content, structure, and usefulness of juvenile predisposition psychological evaluations*. Poster presented at the 2014 Annual Conference of the American Psychology-Law Society, New Orleans, Louisiana.
7. Gamache, K., Weipert, R., & Morin (Fusco), S. L. (2014, March). *Active shooters: The predictive utility of critical factors on the magnitude of the event*. Symposium presented at the 2014 Annual Conference of the American Psychology-Law Society, New Orleans, Louisiana.
8. Fusco, S. L., Affleck, K. C., Cruise, K. R., Gaveras, G. (2013, March). *Examining co-occurring mental health/risk management needs in at-risk youth: Do parents and youth agree?* Paper presented at the 2013 Annual Conference of the American Psychology-Law Society, Portland, Oregon.
9. Fusco, S. L., Guy, L. S., Nelson, R., Conti, K., Bennet, M. M., Dowd, L., & Vincent, G. (2012, March). *Female perpetrated aggression: Characteristics and treatment needs of anger management group*

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- participants*. Poster presented at the 2012 Annual Conference of the American Psychology-Law Society, San Juan, Puerto Rico.
10. Fusco, S. L., Cook, N. E., & Maney, S. (2012, March). *Mental health symptoms among Hispanic youth in juvenile justice: Language and gender differences*. Symposium presented at the 2012 Annual Conference of the American Psychology-Law Society, San Juan, Puerto Rico.
 11. Conti, K., Guy, L. S., Nelson, R., & Fusco, S. L. (2012, March). *Investigating the URICA-DV-R among women in anger management group treatment*. Poster presented at the 2012 Annual Conference of the American Psychology-Law Society, San Juan, Puerto Rico.
 12. Gamache, K., Weipert, R. E., Griffen, K., & Fusco, S. L. (2012, March). *"I don't like Mondays": An explorative look at the characteristics of Active Shooters*. Poster presented at the 2012 Annual Conference of the American Psychology-Law Society, San Juan, Puerto Rico.
 13. Nelson, R., Guy, L. S., Conti, K., & Fusco, S. L. (2012, March). *Female perpetrated intimate partner violence and treatment attrition*. Poster presented at the 2012 Annual Conference of the American Psychology-Law Society, San Juan, Puerto Rico.
 14. Guy, L. S., Fusco, S. L., Hilterman, E., & Vincent, G. M. (2011, June). Experiences using the SAVRY in the field: A comparison of Spanish clinicians and American probation officers. In *SAVRY risk management, one step ahead of risk assessment*. Symposium presented at the 11th Annual Conference of the International Association of Forensic Mental Health Services (IAFMHS), Barcelona, Spain.
 15. Fusco, S. L., Perrault, R. T., Paiva, M., Cook, N. E., & Vincent, G. M. (2011, March). *Probation officer perceptions of gender differences in youth offending and implications for practice in the field*. Paper presented at the 2011 meeting of the American-Psychology-Law Society, Miami, FL.
 16. Paiva, M., Fusco, S. L., & Vincent, G. M. (2011, March). *Socioeconomic Status: Does it affect juvenile compliance while on probation?* Poster presented at the 2011 meeting of the American-Psychology-Law Society, Miami, FL.
 17. Cook, N. E., Fusco, S. L., Guy, L. S., & Vincent, G. M. (2011, March). Decision making and use of risk/needs assessment tools in juvenile probation. In *Use of the SAVRY and YLS/CMI in Juvenile Probation: Implementation Study*. Symposium presented at the 2011 meeting of the American-Psychology-Law Society, Miami, FL.
 18. Guy, L. S., Fusco, S. L., Cook, N. E., & Vincent, G. M. (2010, August). Juvenile probation officers' experiences using risk/needs assessment tools in the field. In E.P. Mulvey & C.A. Schubert (Chairs), *Empirically Based Approaches for Improving the Juvenile Justice System*. Symposium presented at the 118th meeting of the American Psychological Association, San Diego, CA.
 19. Guy, L.S., Fusco, S. L., Cook, N. E., & Vincent, G. M. (2010, May). *Juvenile probation officers' decision-making processes and experiences using risk/needs assessment tools in the field*. Paper presented at the 10th Annual meeting of the International Association of Forensic Mental Health Services, Vancouver, Canada.

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20. Gamache, K., Weipert, R., Fusco, S. L., Rowback, J., & Paiva, M. (2009, August). *"She had it coming": A comparative look at domestic violence blame attributions*. Poster presented at the 117th meeting of the American Psychological Association, Toronto, Canada.
21. Fusco, S. L., & Platania, J. (2009, March). *Understanding perceptions of hypnotically-recovered memories in a civil sexual abuse case*. Poster presented at the meeting of the American Psychology-Law Society, San Antonio, TX.
22. Platania, J., Small, R., Fusco, S. L., Miller, M., & Perrault, R. (2008, August). Investigating legal safeguards against prosecutorial misconduct in closing argument. In, V. Stinson (Chair), *Death Penalty*. Paper session conducted at the 116th meeting of the American Psychological Association, Boston, MA.
23. Fusco, S. L., & Finn, P. (2007, March). *Critical incident stress debriefing (CISD): A comparison of law enforcement/arson professionals and college students seeking careers in arson/law enforcement*. Poster presented at the meeting of the Eastern Psychological Association, Philadelphia, PA.

PROFESSIONAL AFFILIATIONS

2013 to Present	Society for a Science of Clinical Psychology (SSCP)
2011 to Present	Association for Psychological Science (APS)
2007 to Present	American Psychological Association (APA): Divisions 12, 41, 53, and 56
2006 to Present	Eastern Psychological Association (EPA)

ARUN KRISHNAN MD

EDUCATION:

Brookdale Hospital and Medical Center	
* Child and Adolescent Psychiatry Fellowship	Jul 2014- Jun 2016
Brookdale Hospital and Medical Center	
* Residency in Adult Psychiatry (categorical)	Jul 2011- Jun 2014
Medical College Thiruvananthapuram, India	
MBBS (Bachelor of Medicine & Bachelor of Surgery)	Sep 2000- 2006

PROFESSIONAL EXPERIENCE:

Child And Adolescent Psychiatrist	(Dec 2018 – present)
Sunnu Youth Service Center/ Dartmouth Hitchcock Medical Center	
1056 N. River Road, Manchester, NH 03104	

Psychiatrist	(Aug 2018- present)
Counseling Center of New England	
15 Trafalgar Sq, Suite 202, Nashua, NH 03063	

Psychiatrist	(Jul 2016- present)
Elliot Hospital	
1 Elliot way, Manchester, NH 03103	

Child Psychiatry Fellowship Training	(Jul 2014 – Jun 2016)
Brookdale U Hospital and Medical Center, Brooklyn, NY	

Adult Psychiatry Residency Training	(Jul 2011 - Jun 2014)
Brookdale Hospital and Medical Center, Brooklyn, NY	

VOLUNTEER ACTIVITIES

Research:	Voluntary research assistant	(Apr 2009- Sep 2010)
	Geriatric Psychiatry fellowship program, SUNY Downstate Medical Center, Brooklyn, NY	

- Data collection and interviewing patient's with memory problems and their family.
- Assisted fellows in making posters and in research.

PROFESSIONAL MEMBERSHIPS

- | | | |
|---|------------|--------------|
| • | AMA | 2019-present |
| • | APA | 2011- 2021 |

ACTIVITIES:

- Chief resident for Adult Psychiatry resident July 2013- June 2014.
- Member of House Staff safety council in Brookdale hospital
- Received scholarship to attend Telluride Patient Safety Summer Camp in July 2015.
- Presented poster " Working together to create change:- House staff safety council that create change " as a part of House Staff safety Council at GNYHA Conference Center NY during Symposium on Engaging Residents in Health Care Transformation in January 2016.
- Presented poster in Brookdale health week in October, 2015 on "Patient Safety Event Reporting in Child & Adolescent Psychiatry".
- Delegate for CIR (Committee for Interns and Residents), advocated in using patient care fund for audio video equipment, attending national CIR conference during training.
- Coordinator for QI project aimed at increasing patient compliance to medication by discussing about sexual side effect of medication.
- Attending hospital resident's forum, GME meeting and Departmental meeting and advocated for residents and patient's safety.
- Attended various GMEC meeting and open residents forum in Brookdale Hospital.
- Actively involved in CLER visit in 2013 and 2015 and represented residents.

CERTIFICATION:

- | | |
|--|----------------|
| • Board certified in Adult Psychiatry | 2015- present |
| • Board certified in Child and Adolescent Psychiatry | 2016- present |
| • Medical License in Connecticut medical board | 2015 -2017 |
| • DEA | 2016 - present |
| • Medical License in New Hampshire medical board | 2016 - present |
| • Medical License in Massachusetts | 2017 - present |

SUMMER RAIN FALL MS, MLADC

EDUCATION/LICENSES

05/2010 to 05/2015	Master of Science , Springfield College, Springfield, MA Major: Human Services Concentration: Mental Health Counseling and Addictions
09/2008 to 12/2009	Bachelor of Science , Springfield College, Springfield, MA Major: Human Services
11/2001 to 03/2003	Associate studies , Marist College, Poughkeepsie, NY Concentration: Criminal Law
08/2024 to current	Board of Licensing for Alcohol and Other Drug Use Professionals Master Licensed Alcohol and Drug Counselor (MLADC)
04/2013 to current	Board of Licensing for Alcohol and Other Drug Use Professionals Licensed Alcohol and Drug Counselor (LADC)
02/2023 to 02/2024	Evergreen Certifications Certified Clinical Trauma Professional (CCTP)

SPECIALTIES/CERTIFICATIONS

07/2024	Accelerated Resolution Therapy (ART)- Advanced Certified ART Master Clinician
03/2012	Accelerated Resolution Therapy (ART)- Basic Certified ART Clinician
09/2019	Helping Men/Women Recover Gender Specific curriculum certification
07/2017	Seeking Safety – PTSD and Substance Misuse curriculum certification

CLINICAL EXPERIENCE

09/2024 to present	Licensed Clinician- Part Time UpReach Therapeutic Equestrian Center, Goffstown, NH <ul style="list-style-type: none">• Provide clinical support to youth and their families in an equine environment.
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- Promote physical, occupational, emotional growth and resiliency in persons who may face complex life challenges.

02/2023 to present

Licensed Mental Health Clinician/MLADC

Dartmouth Hitchcock Medical Center, Department of Psychiatry; Contracted position at Sununu Youth Services Center (SYSC), Manchester, NH

- Provide comprehensive psychological assessments of youth served and their families.
- Assess, evaluate, diagnose, provide treatment and modify behavior of youth using the most appropriate types of advanced treatment approaches to help those with complex challenges and co-occurring considerations.

09/2019 to 10/2022

Primary Therapist

Gatehouse Treatment Center, Nashua, NH

- Provided exemplary intervention, addiction and trauma-informed treatment services to people suffering from substance abuse and co-occurring disorder mental health issues.

07/2014 to 06/2022

Mental Health Counselor/LADC

State of NH Department of Corrections, Concord, NH

- Assessed bio-psycho-social considerations for incarcerated individuals.
- Provided clinical mental health and substance misuse treatment services to incarcerated individuals in a correctional setting.

11/2013 to 07/2014

Youth Counselor III

State of NH DHHS: Sununu Youth Services Center, Manchester, NH

- Provided a safe and secure environment for adjudicated and/or detained court-placed youth.
- Coordinated and supervised youths' daily activities, monitored and assessed behavior to assure continued safety and security.

03/2008 to 08/2013

Residential Coordinator

Easter Seals NH: Farnum Center, Manchester, NH

- Facilitated assessments and coordinated treatment programming.
- Provided individual, group and family treatment services.
- Provided clinical supervision for LADC counselors.
- Ensured compliance with program and state regulations.

ERIC M ST.ONGE, LICSW

EDUCATION

MASTER OF SOCIAL WORK, May 2006, University of New Hampshire, Durham, NH
BACHELOR OF ARTS IN PSYCHOLOGY, May 1999, Colby-Sawyer College, New London, NH

HONORS: Psy-Chi, Deans List,
Commonwealth of Massachusetts Citation for Outstanding Performance, November 2019

CERTIFICATIONS: Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
Basic Accelerated Resolution Therapy (ART)

EXPERIENCE

UpReach Therapeutic Equestrian Center, Inc.
Goffstown, NH

Clinical Consultant/Facilitator for Resilience Reins

- Co-Facilitated two sessions (January/February 2023; May/June 2024)
 - Resilience Reins is a 7 week program for youth ages 8-17 (4-8 youth in a group) and their families who have experienced a traumatic event
 - The goal of Resilience Reins is to improve the physical, emotional, and psychological well-being of youth by offering therapy that mitigates the risks and poor outcomes associated with exposure to trauma and violence

WHJ Consulting: Social Work Consulting and Staffing Solutions

www.whjconsultingservices.com

Various Locations North Shore, MA

Clinical Social Work Consultant (February 2021-August 2022)

- Provide direct clinical social services consultation services to social work staff within long-term care facilities to satisfy applicable licensing regulations.
 - Assist with plan of correction (2567)
 - CMS & DPH regulatory compliance for social services
 - Case Consultation
 - Behavioral Health care planning
 - Trauma informed care
 - Substance use treatment
 - Regulation compliance with PASRR, resident rights, notice of appeal rights, guardianship law, medical advance directives and mandatory postings
- Assisted in the development of and implementation of substance abuse assessment and treatment programming for long-term care facilities
- Facilitator of CEU presentation
 - Huntington's Disease and psychosocial considerations for care planning
 - Compassion fatigue considerations for staff in long-term care settings

Tewksbury Hospital

Tewksbury, MA

Clinical Social Worker C (September 2013-August 2021)

- All duties listed below as Clinical Social Worker A/B
- Supervise Clinical Social Worker A/B
- Supervised Salem State University Interns (2013, 2014, 2015)
- Supervised Simmons College Intern (2017-2018)
- Participate in Information Management Committee
- Member of the Hospital's Ethics Committee

Clinical Social Worker A/B (November 2010-September 2013)

- Complete high risk screen on all new admissions
- Document social work encounters in the EMR
- Meet with patients regularly to establish post hospital discharge plans
- Make appropriate referrals to community based services including but not limited to primary care offices, psychiatric services, substance use disorder services, residential supports, visiting nurse services, and transportation.
- Provide psycho social support to long stay patients with Huntington's Disease
- Attend regular staff meetings and peer review

Medford Rehabilitation and Nursing Center

Medford, MA

Clinical Social Work Per Diem (September 2016-April 2018)

- Met with patients as needed for psychosocial support
- Completed admission assessments
- Developed and facilitated group programming with focus on SUD recovery and chronic illness

Lowell HEALTH CARE CENTER (June 2008-November 2010)

LOWELL, MA

DIRECTOR OF SOCIAL SERVICES

- Carry a case load of 40 residents with duties as listed below
- Supervise two social workers
- Manage scheduling and hours
- Participate in CQI quarterly audits and reporting
- Funding reports for out of state residents
- PASAAR screening
- Assist with admissions as required
- Other duties as assigned

LOWELL HEALTH CARE CENTER (November 2006-June 2008)

LOWELL, MA

SOCIAL WORKER

- Initial interview and social history
- Development and implement plan of care for mood, psychosocial wellbeing and discharge
- Elopement assessment, education assessment
- Monitor for signs and symptoms of clinical depression, change in psychosocial wellbeing and behavior
- Trauma assessment as needed
- Address advance directives with residents
- Quarterly and annual assessments and interim progress notes
- Provide support and encouragement as needed
- Maintain contact with family, HCP, and guardian's regarding resident care
- Communicate with the interdisciplinary team as necessary

ELLIOT HEALTH SYSTEM

MANCHESTER, NH

SECOND YEAR MSW INTERN (September 2005 – May 2006).

Senior Health Center, Visiting Nurse Association of Manchester, Elliot Adult Day Programs, Villa Crest Health Care Center, Folkways Partial Hospitalization Program and Gero-Psychiatric Unit.

- Assess elderly needs and assist with planning
- Linkage to community resources
- Provide brief support counseling to clients and families
- Facilitate group self-esteem, relaxation therapy, and symptom assessment/coping skills
- Facilitate patient satisfaction survey
- Provide individual counseling to patients
- Take social history and provide initial assessment
- Meet for one hour of supervision twice a week

BROAD STREET ELEMENTARY SCHOOL

NASHUA, NH

FIRST YEAR MSW INTERN (September 2003 – May 2004).

- Organize and facilitate group self-esteem, responsibility, social skills, team building, and peer pressure
- Carry a case load of 8-10 students
- Meet with six students individually on a weekly basis
- Meet for one hour supervision twice a week
- Attend and participate in special education team meetings
- Observe the administration of several educational and psychological tests
- Communicate with parents as needed

PINE HAVEN BOYS CENTER

ALLENSTOWN, NH

RECREATION COUNSELOR (April 2001 – June 2006)

- Teach and role model appropriate daily living skills to emotionally handicapped boys ages 7-14.
- Implement behavior modification program.
- Organize and supervise group activities that require appropriate social skills.
- Provide crisis prevention and intervention.
- Participate in cottage meetings and attend in-service seminars.
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SPAULDING YOUTH CENTER

NORTHFIELD, NH

RESIDENTIAL COORDINATOR (August 2000 - April 2001).

- Coordinate the trauma unit at a residential treatment facility to provide clinical and residential care for emotionally handicapped boys ages 7-11.
- Supervise residential staff.
- Participate in clinical team meetings, facilitate residential weekly meetings, oversee payroll, develop the weekly schedule, handle weekly allowances for residents, allocate funds, and order supplies.
- Participate in monthly protocol meetings.
- Meet bi-weekly with subordinates for supervision, and with program director for supervision.

SPAULDING YOUTH CENTER

NORTHFIELD, NH

RESIDENTIAL COUNSELOR (June 1999 - August 2000)

RESIDENTIAL SUBSTITUTE (December 1998 - June 1999)

INTERN (September 1998 – December 1998)

- Teach daily living skills and role-model positive social skills for emotionally handicapped boys ages 6-12.
- Develop and implement behavior modification program.

- Individual case load of three cottage residents: Responsibilities include meeting one hour per week for individual counseling, write weekly and monthly progress notes, develop individual goals, track data and write cottage treatment reports.
- Participate in weekly cottage meetings.

Name: Brunette, Mary F.

Initial Header: Curriculum Vitae

Name: Mary F. Brunette

Office addresses:

Date prepared: September 2020, updated March 2025

I. Education

Dates	Institution	Degree
1987-1991	Oregon Health Sciences University School of Medicine	M.D.
1981-1985	Lewis and Clark College	B.A. Biology

II. Postdoctoral (or Highest Degree) Training

Dates	Institution	Specialty
1995-1999	Dartmouth-NH Psychiatric Research Center	Research Trainee
1991-1995	Dartmouth-Hitchcock Medical Center	Psychiatry Residency

III. Academic Appointments:

a. Current Dartmouth/Geisel affiliations

Title	Institution	Dates
Professor of Psychiatry	Geisel School of Medicine at Dartmouth (Formerly Dartmouth Medical School)	2021- Present
Professor of Community and Family Medicine	Geisel School of Medicine at Dartmouth	2021-Present
Professor of The Dartmouth Institute of Health Policy and Practice	Geisel School of Medicine at Dartmouth	2021-Present

b. All other current academic affiliations: NA

Title	Institution	Dates
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c. Past academic affiliations

Title	Institution	Dates
Associate Professor of Psychiatry	Geisel School of Medicine at Dartmouth (Formerly Dartmouth Medical School)	2006- 2021
Associate Professor of Community and Family Medicine	Geisel School of Medicine at Dartmouth	2020-2021
Associate Professor of The Dartmouth Institute	Geisel School of Medicine at Dartmouth	2021

Name: Brunette, Mary F.

Assistant Professor of Psychiatry	Dartmouth Medical School	1996-2006
Instructor in Psychiatry	Dartmouth Medical School	1994-1996
Research Associate	Dartmouth Medical School	1994-2016

IV. Institutional Leadership Roles

Title	Institution	Dates
Director, SYNERGY Community Engagement in Research Module	Dartmouth-Health, Geisel School of Medicine at Dartmouth	2018 -2020 2024

V. Licensure and Certification

Date	Title of Licensure and/or Certification
2008, 2018	Recertified in addiction psychiatry
2007, 2017	Recertified in psychiatry
1998	Board certified in addiction psychiatry
1996	Board certified in psychiatry
1993 - Present	NH state medical license

VI. Hospital or Health System Appointments

Position/Title	Institution/Organization	Date
Clinical Associate	Mary Hitchcock Memorial Hospital Dartmouth-Hitchcock Health	1995- Present

VII. Other Professional Positions

Position/Title	Institution/Organization	Date
Medical Associate	Westbridge, Inc	2008- 2013
Medical Director	Bureau of Behavioral Health, Department of Health and Human Services, State of New Hampshire	2006- Present
Clinical Associate	Womankind Counseling Center	2001-2006
Clinical Director	Dual Diagnosis Services Mental Health Center of Greater Manchester	1998- 2001
High School Teacher	Sea Pines High School Faistenau-Bei-Salzberg, Austria (Algebra, Biology, Physics, Chemistry)	1986- 1987

Name: Brunette, Mary F.

VIII. Professional Development Activities

Dates	Sponsoring Organization / Institution	Name of Program	Duration of Program and Role	Certificate / # Credits / any other information
1995-1999	Dartmouth Medical School Psychiatric Research Center	NIMH –R24 Research Infrastructure Support Program: Services for People with Serious Mental Illness	Research Trainee	None

IX. Teaching Activities

A. Undergraduate teaching ("college" students): NA

Name of course	Dates taught	Institution where offered	Your specific role	Your scheduled hours/year	# of students per year
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B. Undergraduate Medical Education (UME; "med student") Classroom teaching: NA

Name of course	Dates taught	Institution where offered	Your specific role	Your scheduled hours/year	# of students per year
Scientific Basis of Medicine, Psychiatry Course 3 rd year	1996-1998	Geisel School of Medicine at Dartmouth	Director	8 hours/wk all year	~75
Scientific Basis of Medicine, Psychiatry lectures 3 rd year	1995-2017	Geisel School of Medicine at Dartmouth	Lecturer	4-12 hours/yr	~75
Psychopharmacology Series 3 rd year offering	1994 - 1995	Geisel School of Medicine at Dartmouth	Instructor	4 hours/wk 3 months/yr	~75

C. Undergraduate Medical Education (UME; "med student") Clerkship or other Clinical teaching

Name of course	Dates taught	Institution where offered	Your specific role	Your scheduled hours/year	# of students per year
Research Elective 4th Year Course offering	1998-Present	Geisel School of Medicine at Dartmouth	Supervisor	2 hours/wk 4 months/yr	0-3

Name: Brunette, Mary F.

Community Psychiatry 3 rd year offering	1999- 2001	Geisel School of Medicine at Dartmouth	Supervisor	5 hours/wk all year	1-2
Scientific Basis of Medicine Substance Abuse Fellowship	1996 – 1998	Geisel School of Medicine	Director	2 hours/wk 3 months/yr	1-2
Psychiatry Clerkship, Clinical Interviewing 3 rd year offering	1993 - 1994	Geisel School of Medicine at Dartmouth	Instructor	4 hours/wk 3 months/yr	4-8
Psychiatry Clerkship Rotation 3 rd Year Offering	1991- 1998	Geisel School of Medicine at Dartmouth	Supervisor	10 hours/wk all year	1-3

D. Graduate Medical Education (GME) teaching: Inclusive of instruction of residents and fellows during clinical practice

Name of course	Dates taught	Institution where offered	Your specific role	Your scheduled hours/year	# of students per year
Community Engagement in Research ECHO "Get Engaged"	2025- Present	Dartmouth Hitchcock Medical Center	Developer/ Director	2 hours/mo 6 months/yr	75
Integrated Care Seminar for T32 Primary Care Post Doc Fellows	2023- Present	Dartmouth Hitchcock Medical Center	Developer/ Director	2 hours/mo 6 months/yr	5-10
Co-occurring disorders in Ob-Gyn patients	2020- Present	Dartmouth Hitchcock Medical Center	Instructor	4 hours/yr	5-10
Co-occurring disorders T32 Pre- and Post- Doctoral Research Fellow Seminar	2014 - Present	Dartmouth Hitchcock Medical Center	Instructor	2-6 hours/yr	4-10
Psychiatry Residents, Research Seminar PGY-3	2013- Present	Dartmouth Hitchcock Medical Center	Instructor	2 hours/yr	8-15

Name: Brunette, Mary F.

Addiction Fellows, Community mental health, women and addiction, research, neurobiology modules	1999-Present	Dartmouth Hitchcock Medical Center	Instructor	8-16 hours/yr	2
Psychiatry Residents, Community Mental Health Module PGY2-4	1999-Present	Dartmouth Hitchcock Medical Center	Instructor	2-4 hours/yr	8-15
Psychiatry Residents, Substance Abuse Module PGY-2	1998-2000	Dartmouth Hitchcock Medical Center	Instructor	2-4 hours/yr	8-15
Family Practice and Internal Medicine Residents Outpatient Psychiatry PGY-3	1997-1998	Dartmouth Hitchcock Medical Center	Supervisor	4 hours/wk all year	1-2
Ob-Gyn Psychiatry Module PGY-3	1997 - 2000	Geisel School of Medicine at Dartmouth	Supervisor	5 hours/wk 3 months/yr	1-2
Psychiatry Residents, Anxiety Disorders Module PGY-2-4	1997	Dartmouth Hitchcock Medical Center	Instructor	6 hours/yr	8-15
Psychiatry Residents, Psychopharmacology Module PGY2-4	1996-1999	Dartmouth Hitchcock Medical Center	Instructor	6 hours/yr	8-15
Psychiatry Residents Longitudinal Team (Inpatient, consultation, and outpatient clinic) PGY1-4	1995-1998	Dartmouth Hitchcock Medical Center	Team Leader	10 hours/wk all year	1-4
Psychiatry Resident Introductory Module PGY-1	1994-99	Dartmouth Hitchcock Medical Center	Instructor	1 hour/week 2 months/yr	8

Name: Brunette, Mary F.

Psychiatry Residency	1993-2001	Dartmouth Medical School	Clinical Supervisor	2-10 hours/wk all year	1-2
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E. Other clinical education programs (e.g., PA programs): NA

Name of course	Dates taught	Institution where offered	Your specific role	Your scheduled hours/year	# of Students per year
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F. Graduate teaching (post-college students enrolled in advance degree-granting programs, e.g., MS, MPH, PhD): NA

Name of course	Dates taught	Institution where offered	Your specific role	Your scheduled hours/year	# of Students per year
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G. Other professional/academic programs (e.g., teaching in courses at MBL or Cold Spring Harbor)

Name of course	Dates taught	Institution where offered	Your specific role	Your scheduled hours/year	# of students per year
Integrated Care learning network series for New Hampshire community mental health and primary care providers	2018-2023	NH Department of Health and Human Services	Developer/Director	2 hours/mo 9 months/yr	15-30
Assertive Community Treatment quality improvement series for community mental health medical staff	2017-2018	NH Department of Health and Human Services	Developer/Director	4 hrs/month	10
Behavioral Health Research Seminar	2016-2022	Geisel & D-H Department of Psychiatry and Center for Technology and Behavioral Health	Clinical Director	2 hours/wk 9 months/yr	15-30

Name: Brunette, Mary F.

Quitline Web Training for Physicians Developed video and text content to train medical, substance abuse and mental health treatment providers on skills for smoking cessation treatment	2015-2016	Vermont Department of Health and Human Services Quitline	Consultant /Contractor	1 hour/week all year	Unknown
Clinical training to integrated physical and behavioral health team	2015-2016	Massachusetts Mental Health Center	Consultant /Contractor	1 hour/month	20
Smoking cessation skills training for in community mental health medical staff. Developed and led a quality improvement program using academic detailing and audit and feedback for New Hampshire community mental health medical staff	2012-2014	NH Department of Health and Human Services	Developer, Director & Instructor	1 hour/week	100
Antipsychotic prescribing skills training Quality improvement series for community mental health medical staff. Developed and led a quality improvement program using academic detailing and audit and feedback for New Hampshire community mental health medical staff	2008-2012	NH Department of Health and Human Services	Developer, Director & Instructor	1 hour/week	100

Name: Brunette, Mary F.

Psychiatric Research Seminar - focused on research related to treatment and services for people with serious mental illnesses and addictions	2006-2016	Geisel School of Medicine at Dartmouth Dartmouth Psychiatric Research Center, Department of Psychiatry	Clinical Director	2 hours/week 9 mo/year	15-30
Trainings related to integrated treatment of severe mental illness and substance use disorders to organizations across the country	2001-2009	Dartmouth Medical School	National Trainer	1 hour/week Total 50	20-40
Evidence-Based Practice Project Supervised state trainers (Kansas, Ohio, Indiana) for integrated treatment of severe mental illness and substance use disorders	2001-2005	West Institute, Dartmouth Medical School	National Trainer & Supervisor of Trainers	1 hour/week Total 50	1-50

X. Primary Research Advising

A. Undergraduate Students: NA

Name of Advisee / Mentee	Dates	Name of Program
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B. Graduate Students: NA

Name of Advisee / Mentee	Dates	Name of Program
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C. Medical Students (directed research)

Name of Advisee / Mentee	Dates	Name of Program
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Isaac Satz	2024-Present	Psychiatry Research (Student Summer Internship and volunteer)
Soo Park	2021-2024	Psychiatry Research (Student volunteer and Elective)
Jordan Wong	2018-2021	Psychiatry Research (Student Elective)

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Nathan Kung	2018-2021	Psychiatry Research (Student Volunteer)
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D. Residents/Fellows (directed research)

Name of Advisee/Mentee	Dates	Name of Program
Jeff Jin, MD	2024-Present	Psychiatry Residency – DHMC - Research Track
Nolan Neu, MD	2024-2025	Psychiatry Residency – DHMC
Kathleen Deumling, MD	2022-2024	Leadership Preventive Medicine Residency
Minda Gowarty MD	2018-2021	Primary Care T32 Fellowship
Cybele Arsen MD	2018-2020	Psychiatry Residency - DHMC
Elizabeth Schwartz MD	2017-2019	Psychiatry Residency – DHMC-Research Track
Jeff Reed MD	2016-2018	Psychiatry Residency – DHMC-Research Track
Robert Cotes MD	2013-2014	Psychiatry Residency - DHMC
Hilary Alvarez MD	2012-2013	Concord Family Medicine Residency
Joelle Ferron	2008-2014	Postdoctoral Fellowship Dartmouth PRC

E. Others (define)

Name of Advisee/Mentee	Dates	Name of Program
Mohamed ElSayed Psychiatry Faculty New Hampshire Hospital	2021-2025	Tucker Research Award
Gillian Sowden Psychiatry Faculty Dartmouth Hitchcock Medical Center	2021-2025	None
Andrew Matz	2019-2021	TDI Masters in Public Health
Cornel Stanciu MD Psychiatry Faculty Dartmouth Hitchcock Medical Center	2018-2021	None

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Lisa Mistler MD Psychiatry Faculty Dartmouth Hitchcock Medical Center	2016-2021	Tucker Research Award
Mary Hynes, RN Psychiatry Research Associate – Geisel School of Medicine	2016-2023	None
Sarah Pratt PhD Psychiatry Faculty Dartmouth Hitchcock Medical Center	2015-Present	None
Sara Hickey, BA Psychiatry Research Associate – Geisel School of Medicine	2015-2021	None
Samual Kosydar, MS Psychiatry Research Associate – Geisel School of Medicine Research volunteer	2015-2019	None
Kelly Aschbrenner PhD Psychiatry Faculty Dartmouth Hitchcock Medical Center	2015-2019	None
Amy Harrington MD Faculty UMass/Community Health	2015-2017	None
Rob Cotes MD Faculty Emory Psychiatry	2014-2018	None
Jen McLaren MD Psychiatry Faculty Dartmouth Hitchcock Medical Center	2014-2018	None
Laurie Waterman RA	2014-2018	None

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Psychiatry Research Associate – Geisel School of Medicine		
Ann Taggart, BA Psychiatry Research Associate – Geisel School of Medicine	2014-2016	None
Lucas Daniels BA Psychiatry Research Associate – Geisel School of Medicine	2014	None
MaryAnn Greene, MS Psychiatry Research Associate – Geisel School of Medicine	2013-2017	None
Tovah Lieberman Thresholds Research Associate	2013-2015	None
Patricia Calixte-Civil Robert Wood Johnson-Rutgers Research Associate	2013-2015	None
Nino Dzabisachvali PhD Psychiatry Research Associate – Geisel School of Medicine	2013-2015	None
Alison Berest NorthShore Health Research Associate	2013-2015	None
Eric Riley MA Psychiatry Research Associate – Geisel School of Medicine	2011-2018	None
Rosemarie Wolfe, MS Psychiatry Research Associate – Geisel School of Medicine at Dartmouth	2010-2018	None
Wendy Martin MD	2010-2012	None

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Psychiatry Faculty Dartmouth Hitchcock Medical Center		
Joelle Ferron PhD Dartmouth MS Psychiatry Research Associate	2009-2014	None
Karen Swain, MA Psychiatry Research Associate – Geisel School of Medicine	2009-2012	None
Pamela Geiger BA Psychiatry Research Associate – Geisel School of Medicine	2007-2018	None
Christopher O’Keefe, MA Psychiatry Research Associate – Geisel School of Medicine	2005-2016	None

XI. Advising/Mentoring (other)

A. Undergraduate Students: NA

Name of Advisee/Mentee Dates Name of Program

B. Graduate Students:

Name of Advisee/Mentee	Dates	Name of Program
Andrew Matz, MD	2019-2021	The Dartmouth Institute MPH Program
Helen Newton	2018-2021	The Dartmouth Institute PhD program
Jacob Borodovsky	2014-2018	Data Sciences/Co-occurring T32 Training Center
Dustin Lee	2014-16	Data Sciences/Co-occurring T32 Training Center
Saira Nawaz	2010-2012	The Dartmouth Institute PhD Program Dartmouth PRC

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Anna Adachi	1999-2002	PhD Training program Dartmouth PRC
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C. Medical: NA

Name of Advisee/Mentee Dates Name of Program

D. Residents/Fellows

Name of Advisee/Mentee	Dates	Name of Program
Kathleen Duemling MD DH Psychiatry Resident/ Fellow	2021-2023	Leadership Preventive Medicine Fellowship, TDI
Jeff Reed MD DH Psychiatry Resident	2015-2017	Psychiatry Residency
Sunny Kim PhD	2015-2017	Dartmouth Data Sciences, CTBH Post Doctoral Fellow
Dustin Lee PhD	2014-2016	Co-occurring disorders T32 Post Doctoral Fellow
Sarah Akerman MD DH Psychiatry Resident	2012-2014	Psychiatry Residency
Julie Frew MD DH Psychiatry Resident	1998-2000	Psychiatry Residency
Ruby Bhangu MD DH Psychiatry Resident	1997-1999	Psychiatry Residency
Wendy Dean MD DH Psychiatry Resident	1996-1998	Psychiatry Residency

E. Non-degree Program Students: NA

Name of Advisee/Mentee Dates Name of Program

F. Faculty

Name of Advisee/Mentee	Dates	Name of Program
Robert Roth PhD Dept of Psychiatry	2020-2023	None
Julie Frew MD Dept of Psychiatry	2021-2023	None
Joelle Ferron PhD	2014-2020	None

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Dept of Psychiatry		
Kelly Aschbrenner PhD Dept of Psychiatry	2014-2020	None
Sarah Akerman PhD Dept of Psychiatry	2014-2016	None
Sarah Pratt PhD Dept of Psychiatry	2012-Present	None
Jeff Fetter MD Dept of Psychiatry	2010-2013	None
Julie Frew MD Dept of Psychiatry	2006-2008	None
Lisa Mistler MD Dept of Psychiatry	2003-2006	None

G. Others (define): NA

Name of Advisee/Mentee Dates Name of Program

XII. Engagement, Community Service/Education

Dates	Institution / Organization	Course or Activity Title	Your Role	Hours / Year
2015-2016	Vermont Department of Public Health	Vermont Quitline service website content renovation (provided content to educate providers about tobacco cessation in people with behavioral health conditions)	Leader	120
2006-2008	NH Governors Commission	10-year plan for Mental Health	Member	48

XIII. Research Activities

A. Sponsored Activity (grants and contracts) Present and Past

Dates (start and stop) Project title and award number	Your role % FTE	Sponsoring agency	Annual direct costs of award
2025-2027	PI of subaward 5%	NIDA/FDA	\$409,001

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Family Smoking Prevention and Tobacco Control Act National Longitudinal Study NOIDA-11-5568 HHSN271201600001C			
2025-2032 Northeast Node of the National Drug Abuse Clinical Trials Network 5UG1DA040309	Co-I 7% PI: L. Marsch	NIH/NIDA	\$605,789
2024-2025 Dartmouth Clinical and Translational Science Institute 1UM1TR004772-01	Co-I 20% coPIs: Bernstein, Paulsen, Tosteson	NCATS	\$3,248,656
2024-2028 Harm Reduction for Smokers with Mental Illness: RCT of E-Cigarette Provision with or without Behavioral Support to Boost Switching	Co-I 5% PI: S. Pratt	NIDA	\$544,643
2021-2025 NIAAA Medications Development Clinical Investigations Network for the Treatment of Alcohol Use Disorder - Clinical Sites 75N94021D00005	PI 8%	NIAAA	\$36,287
2021-2025 Northern New England Post-Doctoral Primary Care Research Training Program 2 T32HP32520-04-00	PI 20%	HRSA	\$499,396
2021-2026	Co-I 7%	NIH/NIDA	\$467,961

Name: Brunette, Mary F.

Northeast Node of the National Drug Abuse Clinical Trials Network 1UG1DA040309-01	PI: L. Marsch		
2020-2024 Stemming the Tide: The Role of Payment and Delivery System Reform in Combating the Opioid Epidemic 1R01DA049757-01A1	Co-I 10% PI: C. Colla and E Meara	NIDA	\$499,683
2020-2021 Cannabis, schizophrenia and reward: Does CBD mitigate the negative effects of THC?	PI	Private Gift	\$150,000
2018-2024 ProHealth NH: New Hampshire Partnerships to Improve Health & Wellness for Young People with SED and SMI 1H79SM080245-01	Science PI 20% Admin PD: L'Esperance	SAMHSA	\$1,993,634
2018-2022 ACT Together: Using Technology to Facilitate Service Integration for Individuals with Psychiatric Disabilities #90IFDV0005	Co-I 5% PI: S. Lord	NIDDLR	\$249,000
2018-2022 Comparative effectiveness of integrated vs. referral-based care for pregnant women with opioid use disorder MAT-2017C2-7717	CO-I 5% PI: S. Lord, D. Goodman	PCORI	\$1,060,092

Name: Brunette, Mary F.

2016-2020	Consultant and Steering Committee Member	NIMH	\$403,109
Mental Health Care Under New Payment Strategies	PI: Meara		
5R01MH109531-03			
2016-2022	CO-I 6%	NIMH SBIR	\$34,690
CSC On Demand - Training for First Episode Psychosis Treatment Teams	PI: Ferrierra		
4R44MH111283			
2016-2020	CO-I 15%	NIDA	\$461,546
The Appeal and Impact of E-cigarettes in Smokers with Serious Mental Illness	PI- Pratt		
1R01DA041416-01A1			
2016-2017	CO-I 2%	PCORI	\$58,489
Connecting Patients and Researchers to Engage in Patient-Centered Vascular Disease Research	PI: Faerber		
# 2493-DARTMOUTH			
2015-2020	CO-I 5%	NIH/NIDA	\$467,961
Northeast Node of the National Drug Abuse Clinical Trials Network	PI: L. Marsch		
1UG1DA040309-01			
2015-2019	Co-I 5%	CDC	\$576,552
Health Promotion Research Center	PI: Bartels		
U48DP005018			
2015-2016	CO-I 10%	NIAAA/Fast-Track Drugs & Biologics	\$350,519

Name: Brunette, Mary F.

<p>Randomized, Double Blind, Placebo-Controlled Trial of the Safety and Efficacy of HORIZANT® (Gabapentin Enacarbil) Extended-Release Tablets for the Treatment of Alcohol Use Disorder</p> <p>LLD HHSN27500003-1061-NCIG6</p>	<p>PI: Green</p>		
<p>2014-2016</p> <p>ALK3831-401: A Phase 2, Randomized, Double-blind Study to Evaluate ALKS 3831 in Subjects with Schizophrenia and Alcohol Use Disorder - The Breakaway Study</p> <p>#CTO F14134</p>	<p>PI (Site PI) 8%</p>	<p>Alkermes</p>	<p>\$120,000</p>
<p>2014-2016</p> <p>Smoking Cessation Care Management Program</p> <p>VINFEN</p>	<p>Co-I - Consultant 5%</p> <p>PI -Viron</p>	<p>Massachusetts Department of Mental Health</p>	<p>\$29,043 SUB-AWARD</p>
<p>2013-2018</p> <p>RCT of a Motivational Decision Support System for Smokers with SMI</p> <p>R01 R01CA168778</p>	<p>PI 15-30% effort, varying with year</p>	<p>NCI</p>	<p>\$484,632</p>
<p>2013-2021</p> <p>Cannabis, schizophrenia and reward: Self-Medication and agonist</p> <p>1R01DA034699-01</p>	<p>PI 10-15%</p> <p>PI: Green Transferred to Brunette in 2020</p>	<p>NIDA</p>	<p>\$551,367</p>
<p>2013-2016</p> <p>Improving quality and reducing cost in schizophrenia care with</p>	<p>CO-I 20%</p> <p>PI: Kane</p>	<p>CMMI</p>	<p>\$184,002</p>

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new technologies and new personnel IC1CMS331052-01-00			
2012-2017 Clozapine for cannabis use disorder in schizophrenia R01 DA032533	Co-I 10-15% PI: Green	NIDA	\$499,160
2012-2016 Targeting Tobacco Cessation during Treatment for Cannabis Use Disorders R01DA032243	CO-I 2-5% PI: Budney	NIDA	\$260,454
2012-2015 Decision support for smoking cessation in young adults with severe mental illness 1R21CA158863-01A1	PI 15%	NCI	\$163,488
2012-2013 Community Partnership for Computerized Decision Support to Engage Disadvantaged Smokers into Cessation Treatment #UL1TR001086	PI 10%	SYNERGY Dartmouth	\$49,854
2012-2013 Supplement to P50 -Dissecting heterogeneity of treatment response of first episode schizophrenia	CO-I 20% PI: Malhotra	NIMH	\$125,472

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P50MH080173			
2011-2024 Family Smoking Prevention and Tobacco Control Act National Longitudinal Study NIDA-11-5568	CO-I 12% PI: J. Sargent S. Tanski	FDA	\$270,865
2011 – 2016 Technology-based Treatments for Substance Use Disorders Pilot #4 Development of a prototype smoking cessation website for smokers with schizophrenia P30DA029926	Pilot PI 5% PI: Marsch	NIDA	\$20,000
2011-2016 Medicaid Incentives for Prevention of Chronic Diseases 1B1CMS330880-01-00	Co-I 10% PI: Cappuchino & Bartels	Centers for Medicare & Medicaid Services	\$1,170,370
2011-2013 Alcoholism and Schizophrenia: A Translational Approach to Treatment R21 AA019534	CO-I 5% PI: Green	NIAAA	\$427,053
2011-2012 A randomized trial of an Electronic decision support system with vs. without carbon monoxide monitor feedback, within Center Grant DED H133B100028	PI (of Center Pilot) 10% PI COOK	NIDRR	\$99,574 Sub Award
2010-2012	CO-I 10%	NIAAA CSP	\$899,973

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<p>A Phase 2, Double – Blind, Placebo Controlled Multisite Trial to Assess the Efficacy of Varenicline Tartrate for Alcohol Dependence in Very Heavy Drinkers</p> <p>NCIG 003</p>	<p>PI: Litten</p>		
<p>2010-2012</p> <p>An electronic decision support system to reduce smoking-related health disparities among minorities with serious mental illness</p>	<p>PI 20%</p>	<p>Bristol Meyers Squib Foundation</p>	<p>\$222,122</p>
<p>2009-2015</p> <p>RAISE – Recovery After an Initial Schizophrenia Episode</p> <p>DMS01</p>	<p>Co-I 10%</p> <p>SITE PI: Mueser PI: Kane</p>	<p>NIMH</p>	<p>\$307,266</p>
<p>2009-2015</p> <p>Statewide intervention to reduce early mortality in persons with mental illness</p> <p>R01MH089811</p>	<p>CO-I 10%</p> <p>PI: Bartels</p>	<p>NIMH</p>	<p>\$490,000</p>
<p>2009-2012</p> <p>Cannabis and schizophrenia: Self-medication and Agonist Treatment?</p> <p>R01DA26799</p>	<p>Co-I 15%</p> <p>PI: Green</p>	<p>NIDA</p>	<p>\$498,500</p>
<p>2009-2011</p> <p>A Phase 2, Double – Blind, Placebo Controlled Multisite Trial to Assess the Efficacy of Levitaciram Extended Release in Very Heavy Drinkers</p>	<p>CO-I 10%</p> <p>PI: Litten</p>	<p>NIAAA CSP</p>	<p>\$523,193</p>

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NCIG-002			
2007-2009 Double – Blind, Placebo Controlled Multisite Trial of Quetiapine for the Treatment of Alcohol Dependence CSP-1027	CO-I 10% PI: Litten	NIAAA CSP – 1027	\$486,000
2006-2010 Interventions for Persons with Severe Mental Illness and Co-Occurring Substance Use Disorders	CO-I 15% PI: Drake	West Foundation	\$6,853,723
2004-2010 Risperidone Long-Acting for Alcohol and Schizophrenia Treatment	CO-I 15% PI: Green	Janssen Investigator-Initiated Study	\$683,000
2009-2011 A Phase 2, Double – Blind, Placebo Controlled Multisite Trial to Assess the Efficacy of Levitaciram Extended Release in Very Heavy Drinkers NCIG-002	CO-I 10% PI: Litten	NIAAA CSP	\$523,193
2005-2008 The STIRR Intervention for Dually Diagnosed Clients R01MH072556	CO-I 15% PI: Rosenberg	NIMH	\$495,000
2003-2006 Efficacy of Quetiapine in Treating Patients with Active Substance Use Disorder and Schizophrenia	CO-I 10% PI: Green	Astrozenica Investigator-Initiated Study	\$180,000
2003-2007	CO-I 20%	NIDA	\$499,000

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Schizophrenia and Cannabis: Clozapine vs. Risperidone R01	PI: Green		
2001-2006 The West Institute at the New Hampshire – Dartmouth Psychiatric Research Center 5-37192	National Trainer 15% PI: Gorman	The West Foundation	\$1,370,774
2001-2003 The tolerability, management, and neuro-psychiatric side effects of antiviral treatment (PEG Interferon alfa-2b plus Ribavirin) of chronic hepatitis C in persons with SMI	CO-I 10% PI: Rosenberg	Schering-Plough Investigator- Initiated Study	\$80,000
2000-2005 National Evidence-Based Practice Project 280-02-8070	CO-I PI: Drake	Center for Mental Health Services SAMSHA	\$421,417
2000-2003 Integrated Infectious Disease and Dual Disorder Treatment	CO-I 20% PI: Rosenberg	NIMH	\$149,000
2000-2002 Parenting Rehabilitation for Women with Severe Mental Illness	PI 20%	National Association for Research on Schizophrenia and Depression Young Investigator Award	\$19,000

B. Pending submissions:

Dates (start and stop)	Your role	Sponsoring agency	Annual direct costs of the award
Project title and award number	%FTE		

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C. Clinical Faculty: NA

XIV. Program Development: NA

XV. Entrepreneurial Activities: NA

XVI. Major Committee Assignments

A. National/International

Dates	Committee Name	Your Role	Institution/Organization
2024-Present	Medical Director Council	Member	National Association of State Mental Health Directors
2024	Grant Review Committee Special Emphasis Panel/Scientific Review Group 2025/01 ZCA1 RPRB-6 (J1) R	Discussion leader	NIH
2024 – Present	Research DSMB R01 - A Randomized Controlled Trial of Reduced Nicotine Cigarettes and E-cigarettes Among Dual Users E. Klemperer	Chairperson	UVM
2023	Grant Review Committee Special Emphasis Panel/Scientific Review CSR 202310 ZRG1 CCHI-X(56)	Member	NIH
2023	Grant review committee Blueprint MedTech Incubator Cycle 3	Member	NIH Blueprint for Neuroscience Research
2022-2024	Medical Director Council	Secretary	National Association of State Mental Health Directors
2022	Special Emphasis Panel/Scientific Review CSR 2022/01 ZRG1 RPHB-P (57) R	Member	NIH
2020 – 2022	Research DSMB	Chairperson	RWJ/Rutgers

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	R33 - Persistence targeted smoking cessation in schizophrenia PI- M. Steinberg		
2018-2024	Medical Director Council	Regional Representative	National Association of State Mental Health Directors
2018	Grant Review Committee Special Emphasis Panel/Scientific Review Group 2018/10 ZCA1 RPRB-Z (O3) S 6/14/2018, National Cancer Institute	Member	NIH
2017 – 2019	Research DSMB R21/33 Varenicline for smoking relapse prevention in schizophrenia PI- J. Tidey	Chairperson	Brown University
2017	Mental Health Grant Review Committee	Ad Hoc Reviewer 4/2017	The Netherlands Organisation for Health, Research and Development (ZonMw)
2017	Grant Review Committee Special Emphasis Panel/Scientific Review Group 2016/05 Interventions to Prevent and Treat Addictions (IPTA)	Ad Hoc Reviewer 02/11-12/2016; 10/6-7/2016	NIH
2016 -2020	Research DSMB R34 MySafeRx System to opiate replacement therapy PI: Schuman-Olivier	Committee member	Harvard Medical School
2016	Grant Review Committees Special Emphasis Panel/Scientific Review Group 2016/05 Interventions to Prevent and Treat Addictions (IPTA)	Ad Hoc Reviewer 02/11-12/2016	NIH

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2016	Grant Review Committees Special Emphasis Panel/Scientific Review Group 2016/05 Interventions to Prevent and Treat Addictions (IPTA)	Ad Hoc Reviewer 10/6-7/2016	NIH
2015	Grant Review Committee National Cancer Institute Program Project Meeting II (P01)	Member	NIH
2015-2018	SRNT 2016 Speaker Review Committee	Member	Society for Nicotine and Tobacco Research
2015	Psychiatric Services, Journal Editor Search Committee	Member	American Psychiatric Association
2013	Review Committee Leveraging existing natural experiments to advance the health of people with severe mental illness (R24)	Member	NIMH
2007-2011	National Advisory Board NIMH IP-RISP grant Recovery Oriented Assertive Community Treatment ACT Center of Indiana	Member	NIMH

B. Regional

Dates	Committee Name	Your Role	Institution/Organization
2010-Present	Committee for the Protection of Human Subjects	Chairperson	State of NH Department of Health and Human Services
2010-2014	Drug Utilization Review Board	Member	State of New Hampshire
2007-2010	Pharmacy and Therapeutics Advisory Committee	Member	State of New Hampshire

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2006-2010	Committee for the Protection of Human Subject	Member	State of New Hampshire Department of Health and Human Services
2006-2010	Commission to Develop a Comprehensive State Mental Health Plan	Member	State of New Hampshire Department of Health and Human Services

C. Institutional

Dates	Committee Name	Your Role	Institution/Organization
2022-2024	Department Promotions Committee	Chairperson	Department of Psychiatry, Dartmouth-Hitchcock Medical Center
2024-Present	Advisory Group for Learning Health System Embedded Scientist Training and Research (LHS E-STaR) Center at Dartmouth	Member	The Dartmouth Institute, Dartmouth College
2023-Present	Dartmouth Coalition for Community Engagement	Member	Department of Community and Family Medicine, Dartmouth Health
2020-2024	Department Promotions Committee	Member	Department of Psychiatry, Dartmouth-Hitchcock Medical Center
2019 - Present	T32 Steering Committee HRSA-funded National Research Service Award Postdoctoral Training Program	Member, Chair	Dartmouth-Hitchcock Medical Center
2019-Present	SYNERGY CTSA Executive Committee	Member	Dartmouth-Hitchcock Medical Center
2019-2021	SYNERGY Community Engaged Research Community Board	Member	Dartmouth-Hitchcock Medical Center
2017-Present	Grand Rounds Committee	Member	Dartmouth-Hitchcock Medical Center

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	Department of Psychiatry		
2017	SYNERGY Community Engagement Research proposal review committee	Member	Geisel School of Medicine at Dartmouth
2013-Present	Gary Tucker Junior Faculty Research Award Department of Psychiatry	Review committee member	Dartmouth-Hitchcock Medical Center
2012-Present	Pilot Studies Proposals grant review committee Department of Psychiatry	Member	Dartmouth-Hitchcock Medical Center
2006-Present	Research Committee Department of Psychiatry	Member	Dartmouth-Hitchcock Medical Center
2005-2006	Community Education Planning Committee - Dartmouth Evidence-Based Practice Center	Member	Dartmouth Medical School
1998 -2001	Substance Abuse Committee	Member	Mental Health Center of Greater Manchester
1996 -1997	Infectious Disease/Psychiatry Liaison Work Group	Member	Dartmouth Medical School
1995 -1998	OB-GYN /Psychiatry Liaison Work Group	Member	Dartmouth Medical School
1995 -1996	DRG Work Group	Member	Dartmouth Medical School
1995 -1996	Curriculum Subcommittee, Graduate Education Committee Department Psychiatry	Member	Dartmouth Medical School
1994 -1997	Graduate Education Committee Department Psychiatry	Member	Dartmouth Medical School

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XVII. Memberships, Office and Committee Assignments in Professional Societies

Dates	Committee Name	Your role	Institution/Organization
2023-Present	Mental Health and Substance Us	Member	AcademyHealth
2018 - Present	Psychopathology	Member	Group for the Advancement of Psychiatry
2018 – Present	Medical Director Council	Secretary	National Association of State Mental Health Program Directors
2016 - Present		Member	International Society of Internet Research
2015 - Present		Member	Schizophrenia International Research Society
2006 – Present		Member	National Association of State Mental Health Medical Directors
2006 - Present		Member	Society for Nicotine and Tobacco Research
1991 - Present		Member	American Medical Association
1991 - Present		Member	American Psychiatric Association

XVIII. Institutional Center or Program Affiliations:

Dates	Committee Name	Your Role	Institution/Organization
2021-Present	Northern New England Primary Care T32 Post-Doctoral Research Fellowship	Director	Dartmouth-Hitchcock Community and Family Medicine, Geisel School of Medicine
2021-Present	Center for Collaborative Mental Health Research	Member	Dartmouth-Hitchcock Geisel School of Medicine at Dartmouth
2021-Present	Dartmouth Alcohol Research Trials Center	Director	Dartmouth-Hitchcock Geisel School of Medicine at Dartmouth

Name: Brunette, Mary F.

2018-2021	Laboratory of Clinical and Translational Neuropsychopharmacology	Medical Director	Dartmouth-Hitchcock Geisel School of Medicine at Dartmouth
2017-Present	The C. Everett Koop Institute at Dartmouth	Member and research faculty	Geisel School of Medicine
2015-Present	Northeast Node NIDA Clinical Trials Network	Faculty and co-Investigator	Geisel School of Medicine
2012-Present	Co-occurring Disorders T32 Post-doctoral research fellowship	Faculty	Geisel School of Medicine
2011-Present	Center for Technology and Behavioral Health	Faculty and co-Investigator	Geisel School of Medicine
2006-2018	Psychopharmacology Research Group	Medical Director	Dartmouth-Hitchcock Department of Psychiatry
2005 - 2015	NH-Dartmouth Psychiatric Research Center	Faculty	Geisel School of Medicine

XIX. Editorial Boards

Dates	Society/Journal	Your role
2010-2022	Journal of Dual Diagnosis	Associate Editor
2006-2010	Mental Health and Substance Use: Dual Diagnosis	Associate Editor

XX. Journal Referee Activity

Dates	Society/Journal	Your Role	Frequency of Review
2024-Present	JAMA Network Open	Reviewer	1x yearly
2018-Present	Preventive Medicine	Reviewer	1-2x yearly
2018-Present	Journal of Smoking Cessation	Reviewer	1x yearly
2017-Present.	Experimental and Clinical Psychopharmacology	Reviewer	1-2x yearly
2017-Present	Patient Preference and Adherence	Reviewer	1x yearly
2017-Present	Neuropsychiatric Disease and Treatment	Reviewer	1x yearly

Name: Brunette, Mary F.

2016-Present	Schizophrenia Bulletin	Reviewer	1x yearly
2015-Present	Internet Interventions	Reviewer	1x yearly
2015-Present	Journal of Medical Internet Research (JMIR)	Reviewer	1-3x yearly
2015-Present	Early Intervention in Psychiatry	Reviewer	1-3x yearly
2013 – Present	JAMA Psychiatry	Reviewer	1-3x yearly
2012 – Present	Addiction	Reviewer	1-2x yearly
2010-Present	Drug and Alcohol Dependence	Reviewer	1-4x yearly
2010-Present	Journal of Psychopharmacology	Reviewer	1-2X yearly
2009-Present	Journal of Addiction Medicine	Reviewer	1-2x yearly
2009-Present	Schizophrenia Research	Reviewer	1-4x yearly
2008-Present	Nicotine and Tobacco Research	Reviewer	1-6x yearly
2006–2010	Mental Health and Substance Use: Dual Diagnosis	Reviewer	1-6x yearly
2007–Present	Progress in Neuro-Psychopharmacology & Biological Psychiatry	Reviewer	1x yearly
2007–Present	Alcohol and Drug Review	Reviewer	1-2x yearly
2006-Present	Human Psychopharmacology: Clinical and Experimental	Reviewer	1-2x yearly
2006-Present	American Journal of Psychiatric Rehabilitation	Reviewer	1-2x yearly
2006-Present	American Journal of Preventive Medicine	Reviewer	1-2x yearly
2005-Present	Journal of Dual Diagnosis	Reviewer	6x yearly
2004-Present	Psychopharmacology	Reviewer	1x yearly
2004-Present	Psychiatric Services	Reviewer	1-4x yearly
2004-Present	Medical Care	Reviewer	1x yearly
2004-Present	Journal of Substance Abuse Treatment	Reviewer	1-4x yearly

Name: Brunette, Mary F.

2004-Present	Journal of Mental Health	Reviewer	1x yearly
2004-Present	Journal of Community Psychology	Reviewer	1x yearly
2004-Present	International Journal for Quality in Health Care	Reviewer	1x yearly
2000-Present	Community Mental Health Journal	Reviewer	1-2x yearly

XXI. Awards and Honors

Date	Award name
2021	National Alliance on Mental Illness, New Hampshire Chapter, 2021 Mental Health Professional of the Year Award
2014	New Hampshire Psychiatric Society Leadership Award
2013	2012 Teaching Excellence in Continuing Medical Education Award
1999	Red Ribbon Award for HIV Research, nominated by NH Division of Behavioral Health, Awarded by Granite State AIDs Consortium
1998	Teacher of the Year, Dartmouth Hitchcock Medical Center, Department of Psychiatry, Residency Training Program
1997	Invited Participant-American Psychiatric Association Research Colloquium for Young Investigators
1991	Outstanding Young Women of America
1990	Tartar Fellowship in Psychiatry, Oregon Health Sciences University
1988	J. M. Scholars in Alcoholism and Drug Dependencies Scholarship, Oregon Health Sciences University

XXII. Invited Presentations

Indicate with an asterisk (*) those presentations to which you, individually, were extended an invitation to present.

Indicate with a hashtag (#) those presentations that were meetings where you may have presented a poster/talk, but not following a personalized invitation (i.e., at a large society meeting).

Indicate with a carat (^) if the talk/presentation was applicable as a CME activity.
 Feel free to provide further annotation if you wish: for example, an invited presentation was a keynote talk or distinguished lecture.

Name: Brunette, Mary F.

A. International

Date	Topic/Title	Sponsoring Organization	Location
2019	*^ Digital approaches to address tobacco use disorder in schizophrenia and SMI" (Part of "Tobacco in Schizophrenia, Still a Burning Problem" symposium)	Schizophrenia International Research Society (SIRS) 4/11/19	Orlando, FL
2017	#^ Simple computerized strategies for young adult smokers with severe mental illness	Society for Research on Nicotine and Tobacco	Florence, Italy
2016	# How do people with mental illness engage with technology treatment tools?	International Society of Research on Internet Interventions (ISRII) Annual Conference 4/2016	Seattle, WA
2015	#^ Improving antipsychotic pharmacotherapy via educational outreach to prescribers across a state mental health system	American Psychiatric Association	Toronto, Canada
2015	#^ Implementing coordinated specialty care for persons with first episode psychosis in community clinics.	American Psychiatric Association	Toronto, Canada
2015	#^ Using technology to improve access, quality and outcomes: tobacco treatment in mental health settings	12th Workshop on Costs and Assessment in Psychiatry Mental Health Policy and Economics Research: Improving Access, Quality and Outcomes	Venice, Italy
2015	# ^ Preventing the progression of tobacco use disorder in schizophrenia	15th International Congress on Schizophrenia Research	Colorado Springs, CO, USA
2015	^ Facilitators and Barriers to Implementation	15th International Congress on Schizophrenia Research	Colorado Springs, CO, USA

Name: Brunette, Mary F.

2009	*^ Co-occurring chronic psychosis and substance use disorder	CINP Thematic meeting	Edinburgh, Scotland
2006	*^ Implementing integrated dual disorder treatment for persons with co-occurring severe mental illness and substance use disorder	NIAAA symposium at Meeting of the American Psychiatric Association	Montreal Canada
2004	*^ Integrated Dual Disorder Treatment	McGill University Medical School	Montreal, Canada
1999	*^ Double Trouble - Treatment Issues for Persons with Dual Disorders	Link 99 Regional Psychiatry Conference	Prince Edward Island, Canada
1999	*^ Treatment of Women with Dual Disorders	Regional Substance Abuse Conference	Prince Edward Island, Canada

B. National

Date	Topic/title	Sponsoring Organization	Location
2025	*^Integrated care for young adults with serious mental illness: Outcomes using Medicaid claims	Academy Health	Minneapolis
2025	*Digital approaches to cessation for SMI	SRNT	New Orleans
2023	*Outcomes of reverse integrated care	National Association of State Mental Health Directors, Medical Directors	Webinar
2023	*^Integrated care for young adults with serious mental illness	Academy Health	Seattle
2022	*Optimizing tobacco treatment in schizophrenia and serious mental illness	OPAL Center, Columbia University	Virtual Seminar
2021	*A Community-Informed CTN Agenda	NIDA Clinical Trials Network Steering Committee Annual Meeting	Virtual Annual Meeting

Name: Brunette, Mary F.

2020	*Integrated care for young people with serious mental illness	National Association of Mental Health Medical Directors	Webinar
2020	#^Tobacco use and respiratory symptoms among US adults: Findings from the Population Assessment of Tobacco and Health Study Longitudinal Study	Society for Nicotine and Tobacco Research, 3/14/2020	New Orleans, LA
2019	#^ Novel Approaches to Reach Disadvantaged Smokers with Serious Mental Illnesses in Community Settings ” (Part of “Reaching Underserved Smokers: New Strategies and How to Implement Them” panel)	College on Problems in Drug Dependence (CPDD) 6/15/2019	San Antonio, TX
2019	A multicomponent intervention for smoking cessation among young people with serious mental health conditions.	Addiction2019 Conference 11/1/19	Tampa FL
2019	* Facts about medical marijuana and mental illness	National Association of State Mental Health Program Directors (NASMHPD) National Webinar Series 2/26/19	
2018	* ^ Treating tobacco use disorder in disadvantaged populations	UVM VT Center for Health and Behavior, 11/2018	Burlington, VT
2018	* Treating co-occurring disorders for people with schizophrenia-spectrum disorders	Research Questions and Opportunities related to treatment and recovery in Severe Mental Illness, Sponsored by NIMH and SAMHSA 11/23-4/18	Bethesda, MD
2018	*^ Incentives for smoking cessation among people with serious mental illness	Policy Roundtables Panel, presentation at the 2018 Annual Research Meeting	Seattle, WA

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	(Part of "An Empirical and Practical Look at Medicaid Incentives to Encourage Healthy Behaviors: What We Do and Don't Know," Panel)	of the Academy Health, 6/24-26/18	
2018	*^ Smokers with psychiatric comorbidities (Part "Today's Smokers: New Challenges in a Changing Population" Preconference Workshop)	Society for Research on Nicotine and Tobacco Research, 2/2018	Baltimore, MD
2018	*^ First Episode Psychosis: On the Ground Lessons Learned	The National Council for Behavioral Health Natcon18 conference, 3/2018	Washington DC
2016	#^ Technology interventions for disadvantaged populations	Society for Behavioral Medicine 3/2016	Washington DC
2015	* Comprehensive integrated treatment for first episode psychosis: Implementing coordinated specialty care	Substance Abuse and Mental Illness Administration-sponsored Webinar series Strategies for Funding Coordinated Specialty Care Initiatives 6/30/2015	Webinar
2015	*^ Myths about smoking in people with mental health conditions	University of Minnesota, Treatment for People with Co-occurring Disorders Webinar series, 3/2015	Webinar
2015	#^ Are people with schizophrenia responsive to tobacco regulation efforts?	Annual meeting of the Society for Research on Nicotine and Tobacco Research (SRNT) 3/2015	Philadelphia, PA
2015	*^ Technology tools to improve smoking cessation outcomes in people with mental illness	Grand Rounds UMDNJ-Rutgers Department of Psychiatry 2/2015	Brunswick, NJ
2014	#^ Academic detailing with audit and feedback to decrease prescribing of high weight gain antipsychotic medications	At the 7th Annual Conference on the Science of Dissemination and Implementation 12/2014	Bethesda, MD

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2014	#^ Electronic cigarettes: Friend, foe, or uneasy ally to the addiction psychiatrist?	American Academy of Addiction Psychiatry Annual Meeting 12/2014	Miami, FL
2014	Electronic Decision Support to motivate smoking cessation treatment in people with serious mental illness	State-of-the Science Conference University of Illinois at Chicago, 10/2014	Chicago, IL
2014	^ Changing Organizational Culture, Physician Prescribing, and Consumer Engagement in a System-wide Health Promotion Intervention to Reduce Early Mortality in High Risk Adults with Serious Mental Illness and Obesity	Research In Pursuit of a Learning Mental Health Care System Symposium MHSR 4/2014	Bethesda, MD
2014	Improving health through innovative approaches to treating tobacco in the mental health setting	Research In Pursuit of a Learning Mental Health Care System Symposium MHSR 4/2014	Bethesda, MD
2013	*^ Web-based decision support for smokers with schizophrenia	National Institutes of Health, Improving smoking cessation treatment for people with schizophrenia conference	Rockville, MD
2012	*^ Developing electronic tools for addiction in people with cognitive impairments	Annual meeting for American Academy of Addiction Psychiatry	Miami, FL
2012	Group academic detailing to improve antipsychotic prescribing in a community mental health system	Academic Detailing Exchange Teleconference—Use of data to identify and target interventions	Boston MA
2012	*^ Computerized decision support promotes smoking cessation treatment among adults with mental illness	Association for Psychological Science Symposium Technology-Based Approaches to Assessment and Treatment of Substance Use and Mental Health Disorders: State of the Empirical Evidence	Chicago IL

Name: Brunette, Mary F.

2011	*^ Computerized treatment and decision support: Implications for dissemination”	NIH 4th Annual Conference on the Science of Dissemination and Implementation: Policy and Practice	Bethesda MD
2010	* Helping Clients Manage Medication .	Hazelden Co-Occurring Disorders National Webinar	Webinar
2010	* Stages of change in addiction treatment	New York State Office of Mental Health Educational Program	Webinar
2010	* Biological aspects of co-occurring mental illness and substance use disorders	Continuing Educational Program, Community Connections	Washington DC
2009	Implementation of Integrated Dual Disorder Treatment: A Qualitative Analysis.	Symposium Integration of Services for Co-Occurring Mental Health and Substance Use Disorders. Conference on Integrating Services, Integrating Research for Co-Occurring Conditions	Florida
2009	* Recovery After Initial Schizophrenia Episode – the EQUIP Intervention	National Association of State Mental Health Program Directors (NASMHPD) Winter 2009 Commissioners Meeting	Washington DC
2009	* Smoking cessation for patients with serious mental illness	Thresholds, Chicago continuing education phone conference	Illinois
2008	* Co-occurring ADHD and stimulant use disorders	Connecticut State Mental Health Medical Staff phone case conference.	Connecticut
2008	* Co-occurring bipolar and opiate use disorders	Connecticut State Mental Health Medical Staff phone case conference	Connecticut
2008	* Co-occurring bipolar and alcohol use disorders	Connecticut State	Connecticut

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		Mental Health Medical Staff phone case conference	
2008	* Co-occurring psychotic and substance use disorders	Connecticut State Mental Health Medical Staff phone case conference	Connecticut
2008	* Mental health & illness	NH District Court Judge's Conference	Portsmouth, NH
2008	*^ Integrated treatment of people with co-occurring serious mental illness and substance use disorders: Skills for prescribers	Connecticut State Mental Health Medical Staff conference	Hartford CT
2007	*^ Integrated treatment of people with co-occurring serious mental illness and substance use disorder: Information for prescribers.	Kansas Community Mental Health Association Annual Meeting	Wichita, KS
2007	*^ Innovations in the treatment of individuals with co-occurring serious mental illness and substance use disorders	Thresholds Science, Service and Recovery Conference	Chicago, IL
2007	* Integrated treatment of co-occurring severe mental illness and substance use disorder – Information for and about prescribers	SAMHSA Cosig Treatment Planning and Approaches Workgroup, Phone Lecture	
2005	* Recruitment and retention in dual disorder medication trials	National Institute of Alcohol Abuse and Alcoholism "Methodology of Conducting Pharmacologic Clinical Trials in Patients with Alcohol/Drug Dependence and Psychiatric Comorbidity" Workshop	Bethesda, MD
2005	*^ Treatment of dual disorders in residential settings" and	Boulder Community Mental Health Center	Boulder, CO

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	“Psychopharmacology for dual disorder		
2005	*^ Integrated Dual Disorder Treatment Overview and Psychopharmacology	Continuing education for community mental health prescribers	Minneapolis, MN
2005	*^ Integrated Dual Disorder Treatment: Medication Treatment for Persons with Dual Disorders	Continuing education for prescribers in public mental health programs,	New Haven and Hartford, CT
2005	^...A Public Health Approach to Infectious Disease in Persons with SMI and Substance Use Disorders (Presidential Symposium: Addressing Hepatitis C and Related Blood-Borne Diseases in Persons with Severe Mental Illness)	American Psychiatric Association Annual Meeting	Atlanta, GA
2005	^ Dual Diagnosis: The Scope of the Problem (Psychosocial Intervention for Dual Diagnosis Panel)	American Psychiatric Association Annual Meeting	Atlanta, GA
2005	Implementing Integrated Dual Diagnosis Treatment: Lessons Learned	SAMHSA/CSAT/CMHS Treatment for homeless program Technical Assistance Workshop	Bethesda, MD
2005	*^ “Integrated Dual Disorder Treatment, Motivational Interviewing, and Prescribing for Persons with Severe Mental Illness and Substance Use Disorders	Continuing education for community mental health prescribers	New Jersey
2005	*^ Psychopharmacology for the Treatment of Co-Occurring Mental Illness and Substance Use Disorders	American Psychiatric Nurse Association’s Clinical Psychopharmacology Institute	Boston, MA
2004	* Relapse Prevention Counseling for Persons with Severe Mental Illness and Substance Use Disorders	Long Island Mental Health Centers Continuing education	Islet, NY

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2004	^ Integrated Dual Disorder Treatment.	Annual Meeting of the American Psychiatric Association	New York, NY
2004	* Integrated Dual Disorder Treatment: Overview and Implementation Planning	Boulder Community Mental Health Center Continuing education	Boulder, CO
2004	* Integrated Dual Disorder Treatment: Information for Prescribers	Continuing education for prescribers in community mental health centers	Bridgeport and Middletown, CT
2003	* Substance Abuse Counseling for Persons with Severe Mental Illness and Substance Use Disorders	Long Island Mental Health Centers Continuing education	Islet, NY
2003	Management and Treatment of Hepatitis C in Patients with Severe Mental Illness	Schizophrenia and Medical Comorbidity Conference Chesapeake Health Education Program	Baltimore, MD
2003	Attending to the Nuisance Variables at the Outset: Developing and Disseminating EBPs for Parents with Mental Illness and Their Families.	National Association of State Mental Health Program Directors Research Institute, Inc Developing an Evidence-Based Culture to Reform Systems meeting	Baltimore, MD
2003	The National Evidenced Based Practices Project	National Association of State Mental Health Program Directors Research Institute, Inc; Developing an Evidence-Based Culture to Reform Systems	Baltimore, MD
2003	Depression in the Treatment of Hepatitis C	Cape Cod Hospital Grand Rounds	Cape Cod, MA
2003	* Integrated Dual Disorder Treatment; Psychopharmacology in Integrated Dual Disorder Treatment; and Motivational Interviewing	Indiana University-Purdue University	Indianapolis, IN
2003	* Best Practices in the Treatment of Persons with Co-	Wellspring Continuing Education Meeting	Louisville, KY

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	Occurring Mental Illness and Substance Abuse * Cognitive-Behavioral Substance Abuse Counseling		
2002	Integrated Dual Disorder Treatment: Recovery	At Recovery Works! Implementing A Recovery-Oriented System of Care Conference	Hartford, CT
2002	Hepatitis and HIV in Public Mental Health	National Association of State Mental Health Program Directors Research Institute Annual Meeting	Baltimore, MD
2002	* Integrated Dual Disorder Treatment: Train the Trainers	West Institute	Cleveland, OH
2002	* Treatment of Hepatitis C in Persons with Severe Mental Illness	National Institute on Drug Abuse (NIDA) Co-occurring Hepatitis C, Substance Abuse, and Psychiatric Illness: Addressing the Issues and Developing Integrated Models of Care	Washington DC
2001	* Integrated Treatment of Substance Abuse and Mental Illness	Statewide conference on Evidence-Based Practice	Springfield, IL

C. Regional/Local

Date	Topic/title	Sponsoring Organization	Location
2025	Get Engaged ECHO – AN ECHO to increase skills for community engaged research	Dartmouth Health	Online
2025	Using insurance claims to examine Integrated Care for People with SMI	Center for Technology and Behavioral Health	Lebanon, NH
2024	Integrated Care for People with SMI	Geisel School of Medicine Department of Psychiatry	Lebanon, NH
2024	Helping people with tobacco use disorder	Jean School of Nursing and Health Sciences, St Anselm College	Manchester, NH

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2023	Community Behavioral Health Clinic Model	NH Training Institute on Alcohol and Drug Disorders	Manchester, NH
2023	Outcomes of reverse integrated care in NH	NH Training Institute on Alcohol and Drug Disorders	Manchester, NH
2020	First episode psychosis and suicide	Youth Suicide Prevention Assembly	Webinar
2020	Tobacco, vaping and COVID-19	Integrated Care: New Hampshire Integrated Delivery Network and ProHealth NH	Web-based conference
2020	Population health strategies to improve treatment engagement and outcomes	ProHealth New Hampshire	Webinar
2019	* Using disease registries to improve health care outcomes	New Hampshire Integrated Delivery Network Learning Community, 11/2019	Concord NH
2019	*^ There's an app for that, but is it usable? Apps for smoking cessation among young people with mental illness (with Minda Gowarty)	KOOP Conference 9/27/2019	Lebanon, NH
2019	Update on Vaping and Marijuana – how to effectively intervene among young people	ProHealth NH conference, 9/18/19	Concord, NH
2019	* Community-Engaged Research at Dartmouth SYNERGY	YouthMove, 4/2019	Concord, NH
2019	*^ Medical Marijuana and People with Behavioral Health Conditions	New Hampshire Hospital Grand Rounds, 4/2019	Concord, NH
2019	* Smoking cessation - What's new?	Co-Op Regional Primary Care Network, January 26, 2019	Stowe, VT
2018	* Treatments for substance use disorders: Alcohol, cannabis and tobacco	NH Behavioral Health Summit, December 10-2018	Manchester, NH

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2018	* Implementation of an online smoking cessation engagement tool	Implementation Science and Digital Therapeutics, December 18, 2018	Hanover NH
2018	* Technology tools for tobacco use disorder	Ninth Annual Thematic Meeting on Addiction, September 28, 2018	Lebanon, NH
2018	*^ Treating Alcohol Use Disorder in Women	New England Perinatal substance use learning collaborative lecture series, July 2018	Webinar
2018	Comorbid cannabis use disorder and mental illness - Medical and Recreational Marijuana: Pandemic or Panacea?	NH DHHS series 4/12/2018	Concord, NH
2018	*^ Pharmacotherapy of Alcohol Use Disorder"	Clinical Trials Network Regional Learning Webinar, 3/2018	Webinar
2018	*^ Evidence-based use of antipsychotics in children Presented with Jennifer McLaren	Annual Northeast Regional Psychiatric Nursing Conference, 4/2018	Concord, NH
2018	*^ Tobacco and SMI – What’s the harm?	Grand Rounds, Mental Health Center Greater Manchester, 1/2018	Manchester, NH
2017	* Treating tobacco use disorder in opioid dependent pregnant women	OB-GYN regional learning collaborative Webinar 7/2017	Webinar
2016	*^ E-cigarettes - FDA Regulation and Harm Reduction	8th Annual Koop Tobacco Treatment Conference 9/2016	Lebanon NH
2016	* Myths about smoking and mental illness - having the conversation	NAMI NH Annual Conference, 4/2016	Concord, NH
2016	Substance abuse in first episode psychosis.	Psychiatric Research Seminar 6/2016	Lebanon, NH

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2015	*^ Debunking the myths of treating nicotine dependence in the mental health population	6th Annual Koop Tobacco Treatment Conference, 9/2015	Fairlee, VT
2014	* Mental health in our community	Riverbend Community Mental Health Center Town Hall 9/2014	Concord, NH
2014*	Web-based motivational decision support and tobacco treatment."	10th Annual Dartmouth Symposium on Substance Use "Emerging Technologies to Advance Prevention & Recover,"	Hanover, NH
2014	Tobacco control in schizophrenia	Department of Psychiatry Grand Rounds 10/2014	Dartmouth Hitchcock Medical Center, Lebanon, NH
2013	*...Tobacco in mental illness: Motivation, treatment and technology	Norris Cotton Cancer Center Grand Rounds, Dartmouth Hitchcock Medical Center	Lebanon, NH
2013	*^ Smoking and quitting: Patients with HIV, mental illness, and addictions	AIDs seminar, Dartmouth Hitchcock Medical Center	Lebanon, NH
2012	*^ Helping smokers with mental illness quit	Grand Rounds, New Hampshire Hospital	Concord, NH.
2012	*^ Smoking cessation in outpatient mental health practice	Dartmouth Hitchcock Medical Center Department of Psychiatry, Half day seminar	Lebanon, NH
2012	Nicotine dependence in severe mental illness: Motivation, treatment and technology.	Dartmouth Hitchcock Medical Center, Psychiatry Grand Rounds	Lebanon, NH
2012	*^ Engaging disadvantaged smokers into cessation treatment	NH Public Health Association Fall Forum	Concord, NH

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2011	Your health: common problems, their causes, and what to do about them	NH Bureau of Behavioral Health, DHHS Live Long Feel Great Consumer Conference	Concord, NH
2011	* Mental illness and substance use disorders - Information for legal professionals	NH Public Defender Continuing Education Conference	Concord, NH
2010	* What does nicotine have to do with mental health?	Dartmouth Hitchcock Medical - Healthy Minds Across American 2010, Discovering Hope Through Science	Lebanon, NH.
2010	* Mental illness – Information for Mental Health Courts	Rockingham County Mental Health Council	Brentwood, NH
2010	* Health Promotion and Antipsychotic Prescribing Quality Improvement for High-Risk Disparity Population	ONE MHSIP (Mental Health Statistics Improvement Program) Regional Meeting	Exeter, NH
2009	*^ Identification and integrated treatment of co-occurring mental illness in patients with substance use disorders	NH Alcohol and Drug Abuse Counselors Association Annual Meeting	Manchester, NH
2009	*...Co-occurring mental illness and substance use disorder	New Hampshire Legislative Executive Departments and Administration Committee hearing	Concord, NH.
2009	*^ Medication efficacy in the treatment of patients with co-occurring disorders	New Hampshire Hospital Grand Rounds	Manchester, NH
2009	Helping patients with serious mental illness quit smoking – Electronic decision support systems	Psychiatric Research Seminar	Lebanon, NH
2009	^ Antipsychotic effect on substance use in schizophrenia	Dartmouth Medical School - Toward Optimal Treatment for Schizophrenia and Co-	Fairlee, VT

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		Occurring Alcohol Use Disorder conference	
2008	^ Treatment of psychosis: the landscape in 2008 and beyond	Dartmouth Medical School Update on Antipsychotics	Hanover, NH
2008	^...Co-occurring substance use disorder in schizophrenia	Dartmouth Medical School Update on Antipsychotics	Hanover, NH
2007	"Randomized trial of telephone medical management for alcohol dependence"	Dartmouth Medical School Dartmouth Psychiatric Research Center Research Seminar	Lebanon, NH
2007	"Nicotine dependence in serious mental illness"	Dartmouth Medical School Dartmouth Psychiatric Research Center Research Seminar	Lebanon, NH
2007	"Nicotine dependence in serious mental illness"	Dartmouth Medical School Dartmouth Psychiatric Research Center Research Seminar	Lebanon, NH.
2003	* Assessing, Monitoring, and Stages of Change in Dual Disorders	Riverbend Community Mental Health Center	Concord, NH.
2002	What is Integrated Family Treatment and Why Should You Provide It?	NH DHHS Statewide conference for community mental health organizations: Mental illness and parenting: Supports for families	Manchester, NH
2002	* Integrated Family Treatment	University of Massachusetts	Worcester, MA

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		Meeting for the Center for Mental Health Services Research	
2002	* Integrated Dual Disorder Treatment; Substance Abuse Counseling"	Mental Health Center Greater Manchester Community Mental Health Grand Rounds	Manchester, NH
2001	* Mental Illness and Parenting – Supports for Families, Legal Rights for Families	NAMI NH Conference and Annual Meeting	Manchester, NH
2001	* Mental Illness and Parenting	New Hampshire Bar Association Meeting, Family Law Section	Concord, NH
2000	* Integrated Family Treatment"	University of Massachusetts Consortium for Treatment for Parents with Mental Illness	Worcester, MA
2000	Integrated Treatment for Infectious Disease and Dual Disorders: Developing A Model Intervention	3rd New Hampshire HIV/AIDs, Chemical Dependency, Mental Illness & Housing Conference	Waterville Valley, NH
1999	* Pharmacotherapy of Anxiety in Persons with Severe Mental Illness	Mental Health Center of Greater Manchester Staff Development and Training Seminar	Manchester, NH
1999	*^ Treatment Issues for Women with Dual Disorders	New Hampshire Hospital, Grand Rounds	Concord NH
1999	* Eating Disorders - Identification, Assessment and Treatment	Mental Health Center of Greater Manchester, Grand Rounds	Manchester, NH
1999	*^ Postpartum Depression	Dartmouth Medical School Continuing Education Conference for OB-Gyn providers	Hanover, NH

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1998	Postpartum Depression - Identification and Treatment	Gifford Memorial Hospital OB-GYN and Family Practice Meeting	Randolph, VT
1998	*^ Substance Abuse During Pregnancy	Dartmouth Hitchcock Medical Center OB/GYN CME Conference	Lebanon, NH
1998	* Postpartum Depression	Dartmouth Medical School OB-GYN Grand Rounds	Lebanon, NH
1997	* Faces of Depression - Depression During the Menopause	Dartmouth Medical School Panel Discussions	Hanover, NH
1997	*^ HIV Risk in Persons with Severe Mental Illness	Dartmouth Medical School Psychiatry Grand Rounds	Lebanon, NH
1997	* More About Prozac	Dartmouth College Health Awareness Program	Hanover, NH
1996	* Current Assessment and Treatment of Women with Eating Disorders	Dartmouth Medical School Panel Discussions	Lebanon, NH
1996	*^ Recognition and Treatment of Depression in Primary Care	Upper Valley Society of Nurse Practitioners	Lebanon, NH
1995	*^ Dissociation in Labor and Delivery	Dartmouth Medical School OB-GYN Conference	Lebanon, NH
1995	* Social Skills Training	Dartmouth Medical School Department of Psychiatry Continuing Education Seminar	Lebanon, NH

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1995	* Women and Alcohol	Dartmouth Medical School Internal Medicine Seminar	Lebanon, NH
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XXIII. Bibliography

A. Peer-reviewed publications in print or other media

- b. Original peer-reviewed articles. **MUST** in indexed journals (e.g., Web of Science, PubMed etc.).

Under review

Rolin, S, Brunette MF. "Violence, Alcohol Use and Schizophrenia Spectrum Disorders: An Overview Across the Lifespan. Submitted, Current Addiction Reports, March 2025.

Brunette MF, Sowden GL, Martinez-Camblo P, Erickson A, Bourassa J, Burdick T, Chalsma A, Ferron, JC, Lord SE, Pratt SI, Sagona J. Impact of community mental health-based integrated care on service utilization among young adults with serious mental illness. Under Review Psychiatric Services, March 2025.

Goodman DJ, Saunders ED, Mazanec MT, Agrawal A, Boggis JS, Brunette MF, Blunt H, Bryer C., Doherty J, Frew JR, Johnson DJ, Lamadriz L, Lord SE, Satcher MF, Sheehan F, Tobar Santamaria A, Whalen B. A comparison of integrated treatment models for substance use disorders and obstetric care versus non-integrated models for pregnant persons with substance use disorders: A scoping review. Under review, BMC Pregnancy and Childbirth on 13 December 2024

Bourassa J, Sowden G, Pratt S, Ferron J, Williams G, Brunette MF. Comparing younger and older adults' perspectives on community mental health center based integrated care for SMI. Under review, Families, Systems & Health, 2025.

Stoolmiller M, Sargent JD. Brunette MF, Ferron JC, Santos S, & Pratt SI, Relationship Between Early Product Substitution and Harm Reduction in an ENDS Switching Trial for Adults who Smoke, Under review, Nicotine and Tobacco Research, 2025.

Phillips AZ, Brunette MF, Crawford M, Busch SH, Meara ER. Availability of evidence-based treatment for alcohol and opioid use disorders among organizations participating in public ACO contracts. Under review, Journal of Addiction Medicine, 2024.

Brunette MF, Ferron JC, Gowarty M, Aschbrenner KA, Bourassa J, Santos M, Pratt SI. Feasibility and preliminary efficacy of a multicomponent smoking cessation intervention

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with incentivized app use delivered by community mental health workers for smokers with serious mental illness. Under Review, Psychiatric Services, 2024.

Published

1. Trask CL, Roth RM, Hickey S, **Brunette MF**. Perceived stress and delay discounting in schizophrenia, cannabis use disorder, and co-occurring disorders. In press, Psychiatry Research Communications, 2024.
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d. Books/book chapters/monographs

Indicate by (*) any works that are serial revisions of an original contribution (i.e., with successive editions). If the work involves substantive updates of the information, this should be noted.

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B. Other scholarly work in print or other media:

1. Editorially-reviewed publications (e.g., Op-Ed pieces, Letters to the Editor)
2. Print resources (e.g., workshops)
3. Electronic resources (e.g., MOOCs, educational websites, modules, videos, virtual patients).
4. Large-team publications on which you have a role that is not author(define/describe contribution)
5. White papers/position papers
6. Others (define)

Include all pertinent information for each (e.g., all authors, your contribution; dates and sites) and for educational media provide names of schools/institutions in which they are utilized, as well usage numbers (e.g., downloads, 'hits') if available.

1. Brunette MF, Rolin SA. Mortality in people with psychosis and criminal sanctions: is it time for new approaches? JAMA Network Open, 2024 Oct 1;7(10):e2442138. doi: 10.1001/jamanetworkopen.2024.42138.
2. Brunette MF, Erlich MD, Adler DA, Moreno MA, Dixon LB, Jankowski A, Berlant J, Edwards M, First MB, Oslin DW, Siris SG, and Talley RM. Addressing the increasing mental health distress and mental

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illness of young adults in the United States. Journal of Nervous and Mental Disease, Dec 2023; 211(12):961-967. doi: 10.1097/NMD.0000000000001734. PMID: 38015186

3. Moreno MA, Dixon LB, Jankowski A, Adler DA, Berlant J, **Brunette MF**, Castillo AG, Edwards M, Erlich MD, First MB, Kozloff M, Oslin DW, Siris SG, and Talley RM. Adapting the Psychiatric History to Our Digital Age: A Practical Approach. Psychiatric Services. Published Online:13 Mar 2024 <https://doi.org/10.1176/appi.ps.20230399>
4. **Talley RM**, **Brunette MF**, Adler DA, Dixon LB, Berlant J, Erlich MD, Goldman B, First MB, Koh S, Oslin DW, Siris SG. Telehealth and the Community SMI Population. J Nerv Ment Dis. Published online 7 October 2020. <https://pubmed.ncbi.nlm.nih.gov/33003053/>.
5. Dixon LB, Adler DA, Berlant J, **Brunette MF**, Erlich M, First MB, Goldman B, Koh S, Levine B, Oslin D, Siris S. Managing Our Public Selves. Psychiatric Services. Published Online:10 Jun 2020 <https://doi.org/10.1176/appi.ps.202000078>.
6. Lord SA, Campbell A, **Brunette MF**, Cubillo L, et al. Workshop on Implementation Science and Digital Therapeutics for Behavioral Health. Implementation Science and Digital Therapeutics for Behavioral Health: Workshop Proceedings. JMIR Mental Health, doi:10.2196/17662 <http://dx.doi.org/10.2196/17662>.
7. Budney A, Lord S, **Brunette MF**, Marsch L et al. Workshop on the Development and Evaluation of Digital Therapeutics for Health Behavior Change: Science, Methods, and Projects. JMIR Mental Health, February 2019
8. **Brunette MF**, Oslin D, Adler D, Dixon L et al. The Opioid Epidemic and Psychiatry: The Time for Action is Now. Published Online:10 Sep 2019 <https://doi.org.dartmouth.idm.oclc.org/10.1176/appi.ps.201800582>, Psychiatric Services, 2019
9. **Brunette MF**, Borodovsky J, Myers M, Budney, AJ. What is the impact of "medical" marijuana on people with serious mental illness? Psychiatric Services, 2018 in Advance, doi: 10.1176/appi.ps.201800210
10. Ashbrenner KA, **Brunette MF**. The role of peers in health interventions for serious mental illness. Psychiatric Services, 1:69(5):497. 2018 online 1 May 2018, <https://doi.org/10.1176/appi.ps.69501> PMID:29712540

C. Abstracts (include both oral, exhibit and poster presentations):

Indicate with (#) abstracts that were reviewed (e.g., by a professional society) prior to being accepted for presentation.

1. Jin J, **Brunette MF**. Cannabis Use Patterns in First Episode Psychosis and Schizophrenia: A Scoping Review and Case Series. Schizophrenia International Research Society Conference, Chicago 2025
2. Saatz I, **Brunette MF**. Cannabis Use among People with Schizophrenia and Cannabis Use Disorder. Schizophrenia International Research Society Conference, Chicago 2025.
3. Sowden G, **Brunette MF** et al. Integrated primary and community mental healthcare for young adults with serious mental illness, CO-OP Primary Care Network Conference, VT, 2025

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4. **Brunette MF**, Roth RM et al. Randomized laboratory study of single-dose cannabis. Academy Health ARM, 2024
5. #Sowden G, Pratt S, Ferron J, **Brunette MF**. Impact of reverse integrated care on ED and hospital utilization among young adults with SMI. NH Psychiatric Society, 2024.
6. #**Brunette MF**, Swenson K, Allen E, Duemling K. Certified Community Behavioral Health Clinic – State perspectives on implementation. NH Behavioral Health Summit, 2023.
7. #**Brunette MF**, Pratt S et al Multicomponent smoking cessation treatment with incentivized app use for SMI delivered by community workforce. NH Behavioral Health Summit, 2023
8. #**Brunette M**, Pratt S et al, Multicomponent smoking cessation treatment with incentivized app use for SMI delivered by community workforce. Society for Nicotine and Tobacco Research, San Antonio TX, 2023
9. #**Brunette MF**, Gowarty M, Impact of Psychotic Disorder on User Experience of Two Smoking Cessation Apps. Schizophrenia International Research Society (SIRS), Virtual Annual Meeting, 2021
10. #Gowarty M, **Brunette MF**. User Engagement with the NCI Smoking Cessation apps among young adults with serious Mental Illness. Society for Nicotine and Tobacco Research, Virtual Annual Meeting, 2021
11. #**Brunette MF**, Pratt SI, Gowarty M, Capuchino K. Community smoking cessation treatment for disadvantaged Medicaid beneficiaries: Estimated costs and projected health care savings. Society for Nicotine and Tobacco Research Annual Meeting New Orleans LA, 2020
12. #Gowarty M, **Brunette MF**. Usability and Acceptability of the NCI’s Smoking Cessation Apps among Young People in Community Mental Health Care. Society for Nicotine and Tobacco Research Annual Meeting, New Orleans LA, 2020
13. #Gowarty M, Kung N, Maher A, **Brunette MF** Evaluating Mobile Apps for Smoking in Young People In Community Mental Health Care. Poster presentation for Vermont Center on Behavior and Health Conference, Burlington VT, Oct 11, 2019
14. #Halinar MJ, Edwards KC, **Brunette MF**, Woloshin S, Schwartz L, Emond J, Tanski S, Taylor KA, Cummings KM, Hyland A, Liu J, Pierce J, Goniewicz M, Niaura R, Travers M, Anic G, Chen Y, Callahan-Lyon P, Gardner LD, Thekkudan T, Borek N, Kimmel HL, & Sargent JD. Tobacco use and respiratory symptoms among US adults: Findings from the Population Assessment of Tobacco and Health Study Longitudinal Study. Poster presentation for the Tobacco Regulatory Science Meeting, Bethesda, MD 2019.
15. # **Brunette MF**, Gowarty M, Sigmon S, Xie H, Wolfe R, Pratt SI. Abstinence incentives with community treatment: impact on relapse among disadvantaged smokers with mental illness. Poster presentation for the annual meeting of the Society for Research on Nicotine and Tobacco, San Francisco, CA, 2019
16. # Achtyes E, Pratt SI, Stilwell K, Opperman M, **Brunette M**. Technology use among patient with severe mental illness in community settings. Poster presentation for the annual meeting of the American Society of Community Psychiatry, 2018
17. # Bianco, C. Pratt SI, **Brunette MF**, Ferron J. Relationship between cognition and nicotine dependence in smokers with mental illness. Poster presentation for Annual meeting of the Society for Neuroscience, 2018

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18. # Ferron J, Aschbrenner K, Geiger P, **Brunette MF**. Society Why don't young adult smokers with severe mental illnesses use cessation treatment? Attitudes, social norms, perceived behavioral control Poster presentation for the Annual Meeting of the Society for Research on Nicotine and Tobacco, 2018
19. # Ferron, JC, Kelly, S, Pratt, SI, Adachi-Mejia, A, & Brunette, MF. Mobile App Pilot for Low Income Smokers Trying to Quit. Poster Presentation at the Koop Conference, 2018
20. # Whitton AE, Green AI, Pizzagalli DA, Williams J, **Brunette MF**. Poster presentation for the Annual Meeting of the Society for Biological Psychiatry, 2017
21. # **Brunette, MF**, Correll, CU, Silverman, BL, Simmons, A, Jiang, Y, DiPetrillo, L, McDonnell, D, Green AI. A Phase 2, Randomized, double-blind study of ALKS 3831 in Schizophrenia and co-occurring alcohol use disorder. Poster presentation for American College of Neuropsychopharmacology, 2017
22. # Aschbrenner KA, Schneider A, Nasland J, **Brunette MF**, O'Malley J. Smoking in the social networks of adults with serious mental illness enrolled in cessation treatment at mental health centers. Society of Behavioral Medicine, 2017
23. # Ferron, JC, Aschbrenner, K, **Brunette, MF**, Pratt, SI, & Scherer, E (2017) Do Social Context And Social Support Help Financially Disadvantaged Smokers With Severe Mental Illness Quit? Poster Presentation at the Annual Meeting for the Society for Research on Nicotine and Tobacco, 2017
24. # **Brunette MF**, Ferron J, Robinson D, Colletti D, Devitt T, Geiger P, Greene MA, Gottlieb J, Ziedonis D, and McHugo G. Brief web-based motivational decision support For young adult smokers with severe mental illnesses. Society for Research on Nicotine and Tobacco, 2017
25. # **Brunette MF**, Pratt S, Scherer E, Capuchino K, Lotz D, Ferron JC, Sigmon S, Kosydar S, Bartels SJ. Cash to Quit? Treatment with incentives for cessation in disadvantaged Medicaid recipients with mental illness. Society for Research on Nicotine and Tobacco, 2017
26. # Pratt SI, **Brunette MF**, Santos M, Sargent J. What's e-cigarettes got to do with it? Electronic cigarette use among smokers with severe mental illness SRNT Society for Research on Nicotine and Tobacco, 2017
27. # Ferron, JC, **Brunette, MF**, McHugo, GJ, Adachi-Mejia, A, & Bartels, S. Are top-rated quit smoking mobile Apps usable by people with Schizophrenia? Poster Presentation at the Annual Meeting for the Society for Research on Nicotine and Tobacco, 2016
28. # **Brunette MF**, Robinson D, Tidey J. Do people with schizophrenia respond to tobacco regulatory efforts? Society for Research on Nicotine and Tobacco, 2015
29. # Brunette MF, Ferron J, Robinson D, Colletti D, Devitt D, Geiger P, Greene MA, Gottlieb J, Ziedonis D, and McHugo G. Brief web-based motivational decision support for young

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- adult smokers with severe mental illnesses. Society for Research on Nicotine and Tobacco, 2015
30. # Pratt S, Sargent J, Santos M, Gilbert N, **Brunette M**. Pilot study of E-cigarette Use Among Chronic Cigarette Smokers with Schizophrenia or Bipolar Disorder. Society for Research on Nicotine and Tobacco, 2015
 31. # **Brunette M**, Robinson D, Coletti D, Malhotra A. Tobacco product use among young people with recent onset schizophrenia. Annual Conference on Tobacco Regulatory Science, 2014
 32. # McLaren J, **Brunette MF**, McHugo G, Daviss WB. Metabolic Monitoring of Children on Antipsychotics: A National Survey of Child Psychiatrists. Poster presentation at the American Psychiatric Association, 2014
 33. # **Brunette MF**, Akerman, S, Ferron JC, Dzebisashvili, N Xie H, Bartels S. Improving cessation pharmacotherapy via videoconference educational outreach to prescribers. Poster presentation at the Annual Meeting of the Society for Research on Nicotine and Tobacco, Seattle 2014
 34. # Fischer, A. Green AI, Rother R, **Brunette M**. Effects of Smoked Cannabis and Oral Delta-9-tetrahydrocannabinol on Functional Connectivity of Reward Circuitry in Patients with Schizophrenia. Poster presentation at the 24th Annual Meeting of the American Neuropsychiatric Association, Boston 2013
 35. # **Brunette MF**, Akerman S, Dawsen R, Leonardo R, O'Keefe C, Green AI. Quetiapine-mirtazapine for alcohol use disorder. Poster presentation at American Society of Clinical Psychopharmacology (formerly NCDEU), 2013
 36. # Green A, Fischer A, Roth R, Whitfield-Gabrieli S, Gulick D, **Brunette M**. Developing treatments for schizophrenia and co-occurring substance use disorder: targeting brain reward circuitry. Poster presentation at the American Society of Clinical Psychopharmacology (formerly NCDEU), 2013
 37. # Ferron JC, **Brunette, MF**. Use of Community Based Treatment and Abstinence after a Motivational Intervention for Smoking Cessation among adults with Serious Mental Illness. Poster Presentation at the Annual Meeting for the Society for Research on Nicotine and Tobacco, 2013
 38. Fischer AS, Whitfield-Gabrieli S, Roth RM, **Brunette MF**, Barton KA, O'Keefe C, Green AI. The Effects of Cannabis and Dronabinol on Resting State Connectivity of the Brain Reward Circuit in Patients with Schizophrenia and Cannabis Use Disorder. Poster presentation at the annual Neuroscience Day, Dartmouth-Medical School, 2012
 39. #**Brunette MF**, O'Keefe C, Narasimhan M, Noordsy D, Wojcik J, Green AI. Randomized trial of clozapine for cannabis use disorder in schizophrenia. Poster presentation at the International Congress on Schizophrenia Research, 2011

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40. # **Brunette MF**, Ferron JC, Drake RE, McHugo G. Web-based motivational interviewing and decision support. Poster presentation at the 4th Annual NIH Conference on the Science of Dissemination & Implementation, Baltimore, 2011
41. # Ferron JC, **Brunette MF** A Website Designed to Motivate and Educate Adults with Severe Mental Illness to Quit Smoking. Poster presentation at the Annual Conference of the Society for Social Work and Research, Tampa, 2011
42. # **Brunette, M.**, Dawson R, O'Keefe, C.D., Noordsy, DL, Green, A. Clozapine vs. other antipsychotics for schizophrenia and co-occurring cannabis use disorder. Poster presentation for the International Congress on Schizophrenia Research, and abstract in Schizophrenia Bulletin, 37(1): 297, 2010
43. Narasimhan M, **Brunette MF**, Dawson R, O'Keefe CD, Weeks MH, Buckley PF, Green AI. Long-acting Risperidone for Schizophrenia and Co-Occurring alcohol Use Disorder. Poster and Abstract for the 12th International Congress on Schizophrenia Research. Schizophrenia Bulletin, 35(suppl 1): 343, 2009
44. Green AI, **Brunette MF**, Dawson R, Narasimhan M, Wallace A, Herz M, Sommi R, Buckley P, R-LAST Study Team. Oral vs. Long-acting Injectable Risperidone in Schizophrenia and Co-Occurring Alcohol Use Disorder. Poster presentation at the American College of Neuropsychopharmacology Annual Meeting and Abstract in Neuropsychopharmacology, 34, 2009
45. **Brunette MF**, Green AI, Buckley P, O'Keefe C. Quetiapine for the treatment of patients with schizophrenia and Alcohol disorder. Poster presentation for the International Congress on Schizophrenia Research and abstract in Schizophrenia Bulletin, 2009
46. # Ferron, JC & **Brunette MF**. Usability Pilot of a Smoking Cessation Decision Support Tool for People with Serious Mental Illness. Poster Presentation at the Conference on Integrating Services, Integrating Research for Co-Occurring Conditions, 2009
47. # **Brunette M**, Drake RE, McHugo G, Green AI. Clozapine Use and Relapses of Substance Use Disorder Among Patients with Co-occurring Schizophrenia and Substance Use Disorders. Poster presentation at the Annual meeting of the American Psychiatric Association, 2006
48. # Roston D, Schorr M, Neal R.M, Dion M, Bailey G, Kirk E, **Brunette M**. Challenges and outcomes of an obstetrics & gynecology/Psychiatry Liason group. Poster presentation at the annual meeting of the American Society for Psychosocial Obstetrics and Gynecology, Feb 1996

XXIV. Personal Statement (March 2020)

The overarching goals driving my work at Geisel are: 1) to promote high quality clinical care through mental health administration and medical education, and 2) to develop scientific knowledge that will improve treatments for people with co-occurring serious mental illness (SMI), substance use disorders, and chronic health conditions:

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As a half-time administrator, I lead innovations in community mental health administration that improve clinical care for co-occurring chronic health conditions and addiction in SMI. I am interested in developing, testing and implementing novel, scalable ways to promote whole health recovery for people with SMI. My work as Medical Director of the Bureau of Mental Health Services in the New Hampshire (NH) Department of Health and Human Services (DHHS) has advanced community mental health administration in the U.S and internationally by demonstrating novel approaches to promote physical health and addiction recovery in community clinics serving people with SMI. For example, to address the many untimely deaths due to cardiovascular and pulmonary diseases in this group, I initiated a novel, statewide educational outreach program for clinicians to mitigate medication side effects on health. I demonstrated that this intervention improved side effect monitoring and reduced polypharmacy in key populations. In addition, using a randomized controlled trial, I demonstrated that this educational outreach method for improving clinical care was effective when delivered via videoconference. My work has demonstrated models to improve system-wide care that can be used nationally and internationally.

To address poor access and quality of physical health care among people with SMI in NH, I led a state committee to recommend models of integration of community mental health and primary care clinical services. This work informed a Medicaid waiver to implement Integrated Delivery Networks that are improving quality of clinical care for people with SMI in NH. In 2018, I obtained a \$10 million, 5-year grant from the Substance Abuse and Mental Health Administration (SAMHSA) for the state of NH to implement and study "reverse integration" of primary care in community mental health clinics. Our program is the first to address integration among transitional age youth and young adults with SMI, including a special focus on LGBTQ young people. Additionally, I established a novel, national integration learning community with leaders from all 13 states with SAMHSA integration grants. This work facilitates state integration efforts across the U.S. and will provide the field with novel information on how integrated care is implemented by states.

I lead a novel research program aimed at harnessing digital innovation to improve and expand treatment for tobacco use disorder in people with SMI. Smoking is an important driver of early mortality in this group that was barely addressed when I began my career. Since then I have conducted novel, independent research with national colleagues to develop and test usable, effective, and scalable digital treatments for tobacco use disorder in schizophrenia and SMI. We deployed extensive user engagement to better understand the attitudes, beliefs, illness impairments, and user requirements of SMI smokers. This informed the design of the first easily usable computer or smart phone interfaces developed for tobacco interventions for disadvantaged smokers with SMI in community clinics. Additionally, I am interested in determining effective strategies for young people with SMI -- within our SAMHSA award, we are now testing community coaching and incentives with cessation apps from NCI for young smokers with SMI who have grown up using smartphone technology. My work in tobacco treatment for people with SMI has increased the field's readiness to test and use digital innovations to address tobacco use disorder in this group.

I advance the field's understanding of tobacco use disorder in SMI by conducting research examining previously unexplored patterns of tobacco product use and their impact on health, cessation and persisting addiction. The U.S. Population Assessment of Tobacco and Health (PATH) survey study provides tremendous opportunity for learning about the interplay between mental health, physical health, addiction and tobacco product use trajectories. I participate in national teams conducting this type of work. However, the PATH study may not reach people with SMI and did not evaluate whether people had SMI. I have therefore deployed components of this survey in my own research in people with SMI – allowing my team to conduct novel investigations of tobacco flavors and product use, patterns of use, and addiction in SMI smokers. My work, and that of a handful of researchers mostly in the U.S. and Australia, has pushed the field forward to better and more fully address tobacco use disorder in people with SMI.

I contribute unique skills and perspectives to national teams conducting large or complex

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clinical trials aimed at improving treatment for SMI. Engaging administrators, clinicians and patients in teams with researchers enhances the quality and relevance of research. I have participated on such teams from these perspectives. For example, I was member of the leadership team for the NIMH-funded Recovering After Initial Schizophrenia Episode – Early Treatment Program (RAISE-ETP) study of a coordinated specialty care for people with first episode psychosis. In another example of team science, I brought together researchers, including many RAISE-ETP partners, to test a suite of digital treatments for schizophrenia. In this large, Center for Medicaid and Medicare Innovation (CMMI)-funded study, we found that these treatments reduced re-hospitalization compared to usual care. Additionally, as research medical director, I led a series of studies in which we tested medications aimed at reducing substance abuse in people with schizophrenia, with the goal of ameliorating a hypothesized underlying brain reward function deficit associated with this disorder. In each of these areas, I provided a unique community engagement perspective as well as expertise in co-occurring disorders in designing studies, writing the proposals, engaging community organizations, implementing the research, interpreting the findings, conducting secondary analyses and presenting the work.

I provide unique contributions to medical education in community mental health, research, traditional clinical training and community engagement. Regarding community mental health education, I have published three practical clinician handbooks designed to educate community clinicians, two of which were components of larger toolkits for organizations implementing integrated treatment for people with co-occurring addiction and mental illness. The third is a handbook designed to help community behavioral health providers improve their ability to address co-occurring physical health conditions in patients with behavioral health disorders. Additionally, as Medical Director in NH DHHS, I have developed and delivered educational programs for medical staff and state leaders and received a NH Psychiatric Leadership Award, in part for these activities. Both the RAISE-ETP and CMMI projects described above led to a new partnership with Center for Social Innovation (CSI). With CSI, we developed and are testing a multimedia, distance-learning program for first episode psychosis treatment teams.

In the realm of research education, I teach and supervise students, residents, fellows and junior faculty, resulting in trainee co-authorship on over 20 papers. I am a faculty member on two T32 research training programs and serve on the leadership team of one of these programs. I have received awards for teaching and maintained excellence in this area; in a recent grand rounds, attendees rated my ability to deliver information effectively a 4.8 out of 5.

In recognition of my expertise in engaging stakeholders in research, I was appointed Director of the Dartmouth SYNERGY Clinical and Translational Science Award (CTSA) community engagement core. I work with other core leaders, our Community Advisory Board, and our core team to implement a variety of activities that train, engage, support and catalyze various stakeholders (clinicians, patients, etc) in Dartmouth research, and that also will advance the science of community engagement and multidisciplinary teams in research more broadly.

Leading efforts in both administration and research has created synergies benefiting all aspects of my work. My experiences in community mental health administration in NH, and with collaborators nationally, steers my research towards developing evidence that fuels practical solutions to improve community treatments. Likewise, my academic endeavors have enhanced my administrative approaches to maintain and improve the quality of clinical services for people with SMI and co-occurring conditions. Both activities foster my capacity to provide and develop resources for high quality medical education that supports excellent clinical care.

NANCY NOWELL

EMPLOYMENT HISTORY

ADMINISTRATIVE EXPERIENCE

May of 2025 – present: Director of EBP Consultation and Training for Dartmouth Health
Provide fidelity reviews, consultations, and trainings around Evidence-Based Practices of IPS, ACT, and EIMR for New Hampshire's community mental health system. Supervise EBP Trainers and Consultants under contract between Dartmouth Health and the State's Bureau of Behavioral Health.

February of 2023 – April of 2024: Supervising Psychologist at West Central Behavioral Health
Developed practicum and internship field placement opportunities for master's level students. Provided supervision, training, and evaluations of trainees. Coordination of the agency's implementation of Zero Suicide framework.

January of 2008 – January of 2023: Vice President of Clinical Services at WCBH
At the direction of the CEO, organized and developed clinical programming within WCBH, including child, adult, substance abuse, elders, emergency services, mobile crisis, and residential. Ensured timely admission into clinical programs consistent with client needs and agency goals. Promoted and monitored the use of best-practice treatment standards. Advanced the agency's use of evidence-based practices. Promoted a system of clinically-appropriate and timely discharge from treatment. Lead the recruitment, orientation, supervision, training, and evaluation of Program Directors. Integrated the clinical functions of the agency with other health, judicial, social service, and educational agencies. Executive Staff decision making, including the establishment of overall organizational goals, policies, procedures; budgeting; profitability improvements; strategic planning; fund-raising; and new business development processes. Submitted reports on clinical matters to Board of Directors and attended Board meetings.

July of 2002 to August 2015: Director of Dartmouth Psychology Internship Program and Assistant Professor of Psychiatry at Dartmouth Medical School.

Under the direction of the Chairman, managed the Department of Psychiatry's American Psychological Association (APA)-approved psychology pre-doctoral internship program. Maintained a recruitment plan, coordinated the selection process, taught/supervised, led didactic programs, conducted performance evaluations, maintained internship records, developed and implemented policies and procedures for the program, managed APA accreditation and APPIC association activities, and coordinated with teaching faculty at the various sites (WCBH, Dartmouth-Hitchcock Medical Center, National Center for PTSD, New Hampshire Hospital).

April of 2002 – December of 2007: Vice President of Child Services and Quality/Risk Management at WCBH.

At the direction of the CEO, led operations of multi-site child services program. Ensured implementation of WCBH plans and policies through supervision of Program Directors in Child

Services. Provided leadership in setting the direction of child clinical services. Role-modeled, encouraged, and reinforced an attitude of excellence and effective services. Built consensus, developed funding, and organized training activities to support the use of evidence-based practices. Collaborated and formed partnerships with local hospitals, schools, and social service agencies. Engaged in Executive Staff decision making, including the establishment of overall organizational goals, policies, procedures; budgeting; profitability improvements; strategic planning; fund-raising; and new business development processes. Oversaw improvements in quality, access, customer service, staff retention, productivity, HIPAA compliance, safety, risk management, clinical records, credentialing/ privileging, and employee satisfaction. Submitted regular reports on quality and clinical matters to Board of Directors and attended Board meetings.

February of 1999 – April of 2002: Director of Quality and Risk Management at WCBH.

Oversaw activities and improvements related to quality, access, customer service, staff retention, productivity, compliance, safety, risk management, clinical records, credentialing/ privileging, and employee satisfaction. Reported on quality and risk management activities to the Board of Directors.

CLINICAL EXPERIENCE

July, 1998 – December of 2007: Clinical Psychologist at WCBH.

Out-patient assessment and therapy services for adults, children, and families. Psychological testing. Consultation with schools.

July, 1995 - June, 1998: Licensed Clinical Psychologist in group psychology practice, Carole Kunkle-Miller & Associates in Pittsburgh, Pennsylvania.

Evaluation, therapy, and psychological testing for adults, families, couples, adolescents, and children. Areas of specialization and interest include women's issues; the cognitive-behavioral treatment of depression, anxiety, and trauma.

July, 1994 - June, 1995: Psychologist in hospital-affiliated outpatient mental health agency, Hurley Mental Health in Flint, Michigan.

Therapy and psychological testing for adults, adolescents, and children. Assessment and treatment upon referral from the State child protective services agency. Supervision of Limited Licensed Psychologists.

January, 1992 - June, 1994: Counselor at Rensselaer Polytechnic Institute's (RPI) College Counseling Center in Troy, New York.

Counseling, assessment (including learning disabilities assessments), frequent on-call duties, crisis intervention, consultation with campus community, health education committee work, supervision of graduate students in training, and participation in quality assurance.

Presentations and workshops on suicidal students, depression, anxiety, learning disabilities, substance abuse, eating disorders, trauma, sexual assault, and sexual harassment.

September, 1990 - August, 1991: Predoctoral Intern at Albany Psychology Internship Consortium.

Three four-month rotations on inpatient unit (Albany Medical College), outpatient services (Capital District Psychiatric Center, Albany County Mental Health Clinic), and health/neuropsychology (VA Hospital). Inpatient and outpatient psychotherapy and psychological testing. Training in child custody evaluations. Treatment of trauma and PTSD, anxiety and mood disorders, borderline personality disorders, and eating disorders.

Supervision of externship students from the State University of New York (SUNY) at Albany.

TEACHING EXPERIENCE

Summer, 1998: Instructor of Social Sciences at Jefferson Community College.
One section of General Psychology.

Spring, 1998: Instructor of Social Sciences at Jefferson Community College.
One section of General Psychology and one section of Child Development.

Fall, 1997: Instructor of Social Sciences at Jefferson Community College.
One section of General Psychology and one section of Abnormal Psychology.

Summer, 1997: Instructor of Social Sciences at Jefferson Community College.
One section of General Psychology.

Spring, 1997: Instructor of Social Sciences at Jefferson Community College.
Two sections of General Psychology and one section of Child Development.

Spring, 1988: Teaching Assistant for graduate level course at NIU, Clinical Psychology III:
Personality Assessment.

Fall, 1987: Teaching Assistant for graduate level course at NIU, Clinical Psychology 1: Theory and
Assessment of Intellectual Functioning.

Spring, 1987: Teaching Assistant for two sections of Introductory Psychology at NIU.

Fall, 1986: Teaching Assistant for two sections of Introductory Psychology at NIU.

RESEARCH EXPERIENCE

May, 1992: Nowell, N.A.S. Investigation of dimensions associated with bulimic symptomatology.
Unpublished Dissertation, Northern Illinois University, DeKalb, Illinois.

August, 1989 - August, 1990: Awarded Dissertation Completion Award from NIU Graduate School.

May, 1988: Sheldon, N.A. & McCanne, T.R. Impulsivity in the bulimic syndrome.
Presented at the meeting of the Midwestern Psychological Association, Chicago.

November, 1987: Sheldon, N.A. Impulsivity in the bulimic syndrome. Unpublished Thesis, Northern
Illinois University, DeKalb, Illinois.

August, 1985 - August, 1986: Research Assistant at NIU.
Participated in a wide variety of research activities including design, implementation, and data
analysis of psychophysiological studies and eating disorders research.

LICENSURE

Licensed Psychologist, New Hampshire #862

EDUCATION

Internship		Albany Psychology Internship Consortium, Albany, New York American Psychological Association (APA)-accredited program
Ph.D.	(1992)	Clinical Psychology, Northern Illinois University (NIU), APA-accredited program
M.A.	(1988)	Clinical Psychology, Northern Illinois University (NIU), APA-accredited program
B.A.	(1985)	Psychology, University of Kansas

PROFESSIONAL AFFILIATIONS

American Psychological Association

Kathryn McDonnell, MSW

Professional Summary

MSW with over 34 years of experience working in community mental health, including direct client-service, supervision and management of clinical teams, clinical review of complex situations, quality improvement leadership, and training and consultation of evidenced based practices including Individual Placement and Support, Supported-Employment (IPS-SE), Assertive Community Treatment (ACT), and Enhanced Illness Management and Recovery (EIMR).

Work History

DARTMOUTH HEALTH

Trainer and Consultant for NH Community Mental Health Centers (CMHC) 2020 - present

Provide training and consultation in core evidenced-based practices (EBPs) including IPS-SE, ACT and EIMR to NH CMHC staff. Responsible for conducting fidelity reviews of the EBPs. Provide written evaluation and targeted trainings to improve practices within the NH State mental health system.

Public Awareness Coordinator, Dartmouth Trauma Interventions Research Center 2019

Worked as part of a research team on increasing the community's ability to identify, engage and serve at-risk and trauma-affected families with evidence-based early intervention services.

UNIVERSITY OF MINNESOTA

Enhanced-Illness Management and Recovery Trainer 2022 – present

Contracted trainer with the University of Minnesota in E-IMR, an evidence-informed practice and module-based training for practitioners working with individuals with mental health and substance use challenges.

WEST CENTRAL BEHAVIORAL HEALTH

Instructor – Mental Health First Aid 2013 - 2021

Certified instructor of an education program designed to enhance mental health literacy, combat stigma, and help participants recognize and respond to warning signs of a mental health challenge. Certified to teach the Youth, Adult, Higher-Education, Public Safety, and Older Adult modules of this course.

Director of Clinical Quality Improvement 2006 - 2018

Responsible for tracking, analyzing and reporting on clinical outcomes of EBPs and quality improvement efforts within the organization. Provided agency-wide trainings on evidenced based practices. Reviewed all clinical adverse events and consulted on high-risk cases. Worked with Senior Management and the Board of Directors on identifying areas to target for improvement and setting the organization's Strategic Planning goals.



Program Director

1995 - 2006

Responsible for the day to day oversight of a community mental health program treating roughly 250 adults with severe and persistent mental illness. Provided supervision and training to all clinical and administrative staff, established and monitored program budget, and worked to ensure quality and effective services.

Case Manager

1990 - 1995

Education

Master of Social Work

1999

University of New Hampshire, Durham, NH

Bachelor of Science, Psychology

1990

St. Lawrence University, Canton, NY

**CURRICULUM VITAE
GARY S. MOAK, M.D.**

ADDRESS

Dartmouth-Hitchcock Medical Center
Department of Psychiatry
1 Medical Center Drive
Lebanon, NH 03756

I. EDUCATION

University of Pennsylvania	BA	1974-1978
Robert Wood Johnson Rutgers Medical School	MD	1978-1982

II. POSTDOCTORAL TRAINING

University of Pittsburg	Psychiatry Residency	1982-1986
University of Pittsburg	Geriatric Psychiatry Fellowship	1985-1986

III. ACADEMIC APPOINTMENTS

Geisel Medical School	Associate Professor of Psychiatry	2021-present
Geisel Medical School at Dartmouth	Assistant Professor of Psychiatry	2015-2021
University of Massachusetts Medical School	Associate Professor of Clinical Psychiatry	1996-2015
College of the Holy Cross	Lecturer	1993-1994

University of Massachusetts Medical School	Assistant Professor of Psychiatry	1986-1996
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IV. INSTITUTIONAL LEADERSHIP ROLES

Clinical Director of Psychogeriatrics, Worcester State Hospital		1986-1989
Medical Director, Geriatric Medical Psychiatry Unit, UMassMemorial~Clinton Hospital		1990-1997
Chief of Psychiatry, UMassMemorial~Clinton Hospital		1991-1997
Director of Geriatric Services, Boston Road Clinic/Capstan, Inc./Fallon Community Health Plan		1997-1999
Director, Geriatric Division, Department of Psychiatry Saint Vincent Hospital, Worcester, MA		1997-1999
Owner and Medical Director, Moak Center for Healthy Aging, LLC.		1999-2015
Medical Director, Geriatric Psychiatry Consultation Project, University of Massachusetts Medical School		2009-2011
Chief of Geriatric Psychiatry, New Hampshire Hospital		2015-2022
Associate Medical Director, New Hampshire Hospital		2017-2020
Director, Geriatric Psychiatry Fellowship Program, Dartmouth-Hitchcock Medical Center		2017-present

V. LICENSURE AND CERTIFICATION

Commonwealth of Massachusetts	Medical License	1986-2018
American Board of Psychiatry and Neurology	Certified in Psychiatry	1987
State of New Hampshire	Medical License	1989-present
American Board of Psychiatry and Neurology	Certified in Geriatric Psychiatry	1991-2001
	Recertified	2001-2011
	Recertified	2011-2021
	Recertified	2021-2031

State of Vermont	Medical (Telehealth) License	2022-2023
State of Vermont	Medical License	2022-

VI. HOSPITAL OR HEALTH SYSTEM APPOINTMENTS

Worcester State Hospital, Clinical Director of Psychogeriatrics	1986-1989
UMassMemorial Healthcare, Worcester, MA Staff psychiatrist	1986-1989
Nashua Brookside Hospital, Nashua, New Hampshire Staff psychiatrist	1989-1990
UMassMemorial~Clinton Hospital, Clinton, Massachusetts Medical Director, Geriatric Medical Psychiatry Unit	1990-1997
UMassMemorial Healthcare, Worcester, MA Consultant, Geriatric Medicine Clinic	1994-1996
Consultant, Geriatric Medical Psychiatry Unit	2004-2006
Medical director, Geriatric Psychiatry Consultation Project	2009-2011
Saint Vincent Hospital, Worcester, Massachusetts Director, Geriatric Division	1997-1999
Whittier Rehabilitation Hospital, Westborough, Massachusetts Consultant	1999-2015
New Hampshire Hospital, Concord, New Hampshire, Member, Active medical staff	2015-2022
Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, Member, active medical staff	2015-present

VII. OTHER PROFESSIONAL POSITIONS

VIII. PROFESSIONAL DEVELOPMENT ACTIVITIES

IX. TEACHING ACTIVITIES

A. Undergraduate teaching

Aging and Health. College of the Holy Cross,	1993-1994
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Senior Undergraduate Seminar

B. Undergraduate Classroom Medical Education

Scientific Basis of Medicine, Geisel Medical School: 2017-present
Lectures on dementia and normal aging for this
second-year medical student lecture course

C. Undergraduate Clerkship

Geriatric Psychiatry Teaching Rounds: 2017-2022
New Hampshire Hospital.
As chief of geriatric psychiatry, I see all new geriatric patients
with the faculty and medical students.

D. Graduate Medical Education

Healthy Aging Brain Care Clinic: 2015-present
Dartmouth-Hitchcock Medical Center.
I supervise geriatric psychiatry fellows
and two to four PGY-3 psychiatry residents, and precept PGY-3
internal medicine residents in this outpatient clinic, which includes
monthly teaching rounds at an affiliated nursing facility.
Teaching activities include clinical supervision and group discussion of cases and clinical topics or
selected readings from the literature.

Geriatric Medicine Consultation Clinic: 2018 - 2020
Dartmouth-Hitchcock Medical Center.
I supervise geriatric psychiatry fellows in the provision of
consultation to geriatricians on difficult cases. Requires up
to 150 hours per year, when the program has fellows.

Geriatric Psychiatry Teaching Rounds: 2017-2022
New Hampshire Hospital.
As chief of geriatric psychiatry, I see all new geriatric patients
with the faculty and residents or fellows.

Geriatric Psychiatry Didactic Supervision: 2018, 2021-present
Dartmouth-Hitchcock Medical Center. Discussion with fellows of
weekly assigned readings from the literatures of
geriatric psychiatry, aging, geriatric medicine, neurology, and
gerontology.

Geriatric Psychiatry Core Curriculum: Dartmouth-Hitchcock Medical Center Didactic teaching of the geriatric segment of the core curriculum for the PGY-2 and PGY-4 residents. Four hours per year.	2017-present
Transition to Practice Seminar: Dartmouth-Hitchcock Medical Center. monthly seminar covering transition from fellowship to early career practice, focusing on practice roles and professional identity of practicing geriatric psychiatrists. Twelve hours total.	2017-2018
Required PGY-3 Geriatric Psychiatry Rotation: University of Massachusetts Medical School. My private practice served as the geriatric psychiatry training site for the psychiatry residency. Residents learned to treat geriatric patients under my supervision. Required about 400 hours per year.	2011-2014
Geriatric Psychiatry Rotation, Geriatric Medicine Fellowship: University of Massachusetts Medical School. My private practice served as the training site for geriatric medicine fellows to satisfy their geriatric psychiatry requirement. Required 80 hours per year.	2011-2014
Geriatric Psychiatry Core Curriculum: University of Massachusetts Medical School. I coordinated the didactic curriculum in geriatric psychiatry for the psychiatry residency, personally delivering two to four seminars per year.	1992-1999, 2004-2015

X. PRIMARY RESEARCH ADVISING

Athari Alyazidi, M.D. Academic year 2017-2018. Dartmouth-Hitchcock Medical Center Geriatric Psychiatry Fellowship Program.

I mentored a geriatric psychiatry fellow on the conceptualization and execution of a small research project conducted at New Hampshire Hospital on frailty among older adult state hospital patients. The fellow was able to present the study at an early-career poster session at the 40th Annual Scientific Meeting of the American Association for Geriatric Psychiatry, March 16, 2018, Honolulu

**Carol Lim, M.D. Academic year 2019-2021
Dartmouth-Hitchcock Medical Center Psychiatry Residency Program.**

I mentored a PGY-IV psychiatry resident on a qualitative research project looking at knowledge, beliefs, and attitudes about aging among middle-age patients with severe and persistent mental disorders. A manuscript published in *The American Journal of Geriatric Psychiatry*, 2021.

XI. ADVISING/OTHER MENTORING

Carol Lim, M.D. Academic year 2018-2019

Dartmouth-Hitchcock Medical Center Psychiatry Residency Program.

I mentored a PGY-III psychiatry resident who applied for, and was awarded, an American Association for Geriatric Psychiatry Geriatric Mental Health Foundation Scholarship. This award funds residents to attend two annual meetings of the AAGP, during which they participate in leadership development programs.

Brian Rosen, M.D. Academic Year 2021-2022

Dartmouth-Hitchcock Medical Center Psychiatry Residency Program.

I mentored a PGY-III psychiatry resident who applied for, and was awarded, an American Association for Geriatric Psychiatry Geriatric Mental Health Foundation Scholarship. This award funds residents to attend two annual meetings of the AAGP, during which they participate in leadership development programs.

Barinder K. Singh, D.O. Academic Year 2021-2022

Dartmouth-Hitchcock Geriatric Psychiatry Fellowship Program.

I am mentoring a geriatric psychiatry fellow who is conducting a literature review on financial exploitation of vulnerable older adults. This will lead to a grand rounds presentation at New Hampshire Hospital and fulfills the ACGME requirement for a scholarly project.

XII. ENGAGEMENT, COMMUNITY SERVICE

Assabet Valley Home Health Association

1991-1998

I served on the Board of Directors of this home health (VNA) organization located in Marlborough Massachusetts. It required about fifty hours per year. I also served on the Executive Search Committee for nearly one year, spanning 1994-1995, and this required 48 additional hours.

Jewish Family Services of Worcester, MA

2000-2006

I served as a member of the Guardianship Advisory Committee. Jewish Family Services Was the largest provider of public guardian services in Central Massachusetts, and this committee required thirty-six hours per year.

Beat Depression to Stay Healthier and Live Longer: A Guide for Older Adults and Their Families. Rowman & Littlefield, Lanham, MD, 2016. I wrote this book for a lay audience to educate the public about the negative impact depression has on health, aging, and lifespan. It included a bibliography with over 200 references from the research literature to support the claims I made. It was released in hardcover in 2016 and paperback in 2018.

XIII. RESEARCH ACTIVITIES

XIV. PROGRAM DEVELOPMENT

**Geriatric Mental Health Consultation Program
New Hampshire Hospital, 2018 – 2022.**

This program, based at New Hampshire Hospital, offers real-time telephone-based clinical consultation, on-site educational in-service training, and academic detailing to healthcare professionals all over New Hampshire to assist in the management of older adults with mental disorders. It utilizes the geriatric psychiatry expertise at New Hampshire Hospital, consisting of Geisel Medical School faculty geriatric psychiatrists.

**New Hampshire Hospital I-Unit
New Hampshire Hospital, 2018 -2020**

I worked with a team to develop a 12-bed unit to address the unique psychosocial and biomedical needs of middle-aged patients with severe and persistent mental disorders. The program design will support measurement-based treatment, and the clinical data collected will be available for studies to understand the impact of chronic mental illness on aging.

XV. ENTREPRENEURIAL ACTIVITIES

**Moak Associates
Westborough, Massachusetts, 2001-2018**

My wife and I built a medical billing company specializing in geriatric mental health services. My role was to provide Medicare compliance and practice management consultant to the company's clients.

XVI. MAJOR COMMITTEE ASSIGNMENTS

A. National/International

B. Regional

Member, Task Force on Mental Health Services for the Elderly, 1987-1989
Massachusetts Department of Mental Health

Medicare Carrier Advisory Committee, 1994-2012
Representative for the Massachusetts Psychiatric Society

C. Institutional

Associate Member, Center on Aging, UMassMemorial Healthcare	1988-1990
Peer Review Committee, Nashua Brookside Hospital	1989-1990
Credentials Committee, UMassMemorial~Clinton Hospital	1990-1997
Member (non-voting), Board of Directors, UMassMemorial~Clinton Hospital	1992-1997
Chair, Grand Rounds Committee, New Hampshire Hospital	2016-present
Chair, Medical Records Committee, New Hampshire Hospital	2017-2019
Electronic Health Record Committee, New Hampshire Hospital	2017-present
Chair, Treatment Plan Work Group, New Hampshire Hospital	2016-2017
Research Administration Committee, New Hampshire Hospital	2017-present
Chair, Pain Management Committee, New Hampshire Hospital	2018-present
Graduate Medical Education Committee, Dartmouth-Hitchcock	2018-present

XVII. MEMBERSHIPS, OFFICE AND COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES

Member, American Medical Association	1979-present
Member, American Psychiatric Association	1983-present
American Psychiatric Association Council on Aging	
Burroughs Wellcome Fellow	1984-1986
Council Member	1986-1991
Corresponding Member	2006-2007
American Psychiatric Association Task Force on Public Mental Health Systems and the Elderly, member	1988-1991
Member, American Geriatrics Society	1989-present
Member, Gerontologic Society of America	1990-present

Massachusetts Psychiatric Society, Chair, Committee on Geriatric Psychiatry	1992-1999
American Psychiatric Association, Member, Medicare Carrier Advisory Network	1994-2012
American Association for Geriatric Psychiatry	
Chair, Clinical Practice Committee	1996-1999
Member, Public Policy Committee	1996-1999
Member, Board of Directors	1999-2002
Member, Long-Term Care Initiative	1999-2001
Member, Scientific Program Committee	2001-2002
Secretary-Treasurer	2004-2005
Member, Reimbursement Task Force	2005-2009
President	2007-2008
Member, International Psychogeriatric Association	2003-present
Member, New Hampshire Psychiatric Society	2015-present

XVIII. INSTITUTIONAL CENTER OR PROGRAM AFFILIATIONS

XIX. EDITORIAL BOARDS

XX. JOURNAL REFEREE ACTIVITY

XXI. AWARDS AND HONORS

Phi Beta Kappa - Pennsylvania Chapter – Member	1978
American Psychiatric Association Burroughs Wellcome Fellow	1984-1986
American Association for Geriatric Psychiatry Clinician-of-the-Year Award	2011
Distinguished Life Fellow, American Psychiatric Association	2016
Distinguished Fellow, American Association for Geriatric Psychiatry	2019

XXII. INVITED PRESENTATIONS

A. International

*^Reichman, WE, Aupperle PM, Moak GS, Sultzer DL: Practical Management of Behavioral Disturbances in Dementia, A Hands-On, Case-Based Approach. Presented at the 16th Annual Meeting of the American Association for Geriatric Psychiatry, Honolulu, March 1-4, 2003.

*^Moak GS: Will There Be Any Geriatric Psychiatrists in the Future Healthcare Delivery System? Presidential Keynote Address, 20th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, March 1-4, 2007.

B. National

Moak GS, Merowitz M: Geriatric Psychiatry in the State Hospital: Current Status and Future Directions. Workshop presented at the 39th Institute on Hospital and Community Psychiatry, Boston, 1987

Introduction to Geriatric Practice: Roundtable discussion presented at the Tenth Annual Meeting of the American Association for Geriatric Psychiatry, Orlando, Florida, March 3, 1997

Moak GS, Siegal A, Stein EM, et. al.: Successful Management of a Geriatric Psychiatry Practice: Workshop presented at the Tenth Annual Meeting of the American Association for Geriatric Psychiatry, Orlando, Florida, March 6, 1997.

Elderly Persons with Psychosis in the Community. Symposium discussant, presented at the 150th Annual Meeting of the American Psychiatric Association, San Diego, May 20, 1997.

Moak GS, Jackson J, Steinberg A: Managing a Successful Nursing Home Practice: Presented at the 11th Annual Meeting of the American Association for Geriatric Psychiatry, San Diego, March 12, 1998.

Moak GS: What You Need To Know About the OBRA Regs. In Dyck G and Moak GS. Component Workshop Number 24, Successful Practice in Long-Term Care. Presented at the 151st Annual Meeting of the American Psychiatric Association, Toronto, June 2, 1998.

Moak GS, Siegal AP: Emerging Opportunities for Geriatric Practice – Managed Care Workshop. Presented at the 12th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, March 15, 1999.

Moak GS, Stein EM: Medicare Coding Workshop. Presented at the 12th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, March 17, 1999.

Moak GS, Reichman W, Siegal AP, Steinberg A: Advanced Practice Management: Strategies for Building a Dementia Practice in Diverse Settings. Presented at the 12th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, March 18, 1999.

Moak GS, Greenspan D: How to Set Up a Geropsychiatry Unit. Presented at the 13th Annual Meeting of the American Association for Geriatric Psychiatry, Miami, March 15, 2000.

Moak GS: Depression in the Elderly, in Steinberg AL: Review and Update of Geriatric Psychiatry. Presented at the 13th Annual Meeting of the American Association for Geriatric Psychiatry, Miami, March 11, 2000.

Moak GS, Stein EM, Shellow RA: Coding/Reimbursement Controversies: How to Maintain a viable Practice in Geriatric Psychiatry. Presented at the 13th Annual Meeting of the American Association for Geriatric Psychiatry, Miami, March 13, 2000.

Moak GS: Providers of Nursing Home Mental Health Services-Patterns of Practice. Providing Optimal Mental Health Services in Long Term Care. American Association for Geriatric Psychiatry, Washington, D.C., June 23-24, 2000.

Moak GS, Stein EM: Medicare Coding and Reimbursement: Presented at the 14th Annual Meeting of the American Association for Geriatric Psychiatry, San Francisco, February 24, 2001.

Moak GS: Reimbursement Issues for Geriatric Psychiatrists. Presented at the 15th Annual Meeting of the American Association for Geriatric Psychiatry, Orlando, February 24-27, 2002.

Stein, E, Moak G, Liptzin B: Everything You Every Wanted to Know About Coding, Documentation, and Reimbursement. Presented at the 16th Annual Meeting of the American Association for Geriatric Psychiatry, Honolulu, March 1-4, 2003.

Bruce M, Vogel-Scibilia S, Hansen JC, Moak GS: Aging Well, The Successful Integration of Mental, Medical, and Social Services. Presented at the 20th Annual Meeting of the American Association for Geriatric Psychiatry, New Orleans, March 1-4, 2007.

Moak GS: New Developments in Medicare. In Proper Billing and Fair Reimbursement for Elder Care. AAGP's 2009 Clinical Practice Management Symposium. Presented at the 22nd Annual Meeting of the American Association for Geriatric Psychiatry. March 5, 2009, Honolulu.

Moak GS: Geriatric Psychiatry Workforce Issues Across the Pacific. Symposium Discussant. 22nd Annual Meeting of the American Association for Geriatric Psychiatry. March 6, 2009, Honolulu.

Kirwin P, Lyness J, Moak GS, Reynolds C, Forester B: The 2008 Institute of Medicine Report: Implications and Opportunities for Education, Public Policy/Access to Care and Research. 23rd Annual Meeting of the American Association for Geriatric Psychiatry. March 7, 2010, Savannah.

Moak GS: Provision of Services – How Can Healthcare Organizations Incentivize Geriatric Mental Health Practitioners to Provide the Expertise They Need?. Presentation in symposium "Evolving

Roles for Geriatric Mental Health Providers in the 21st Century Health Care System. Annual Meeting of the American Association for Geriatric Psychiatry, Los Angeles, March 14-17, 2012.

Moak, G., "New Codes", in "Engaging in the Business of Geriatric Psychiatry: Making a Career and a Living in Geriatric Psychiatry", Symposium presented at the 40th Annual Meeting of the American Association for Geriatric Psychiatry, March 15, 2018, Honolulu.

Moak G., "The Best of Times and the Worst of Times: Opening and Closing Private Practices" in "Engaging in the Business of Geriatric Psychiatry: Making a Career and a Living in Geriatric Psychiatry", Symposium presented at the 40th Annual Meeting of the American Association for Geriatric Psychiatry, March 15, 2018, Honolulu.

Moak, G., "Collect Your Fees if You Want to Pay Your Office Rent: Billing, Collections and Appeals" in "Engaging in the Business of Geriatric Psychiatry: Making a Career and a Living in Geriatric Psychiatry", Symposium presented at the 40th Annual Meeting of the American Association for Geriatric Psychiatry, March 15, 2018, Honolulu.

Moak GS, A Palliative Care Rotation in Geriatric Psychiatry Fellowship: A Pilot," Volle DM and Moak GS, "Geriatric Psychiatry and Palliative Care: Not so Strange Bedfellows," Symposium Presented at the Annual Meeting of the American Association for Geriatric Psychiatry, March 18-21, 2022, Orlando.

C. Regional/Institutional

Poststroke Depression: Evaluation and Treatment. Workshop presented at the Second Annual Stroke Rehabilitation Conference sponsored by The National Stroke Association, The Medical Center of Central Massachusetts, and Education Resources, Inc., Boston, October 19, 1990

Aging, Mental Health, and Mental Illness. Briefing presented to the Legislative Caucus on Older Citizens' Concerns, Massachusetts State House, March 27, 1997.

Moak GS: Geriatric Issues: Lecture presented at the Massachusetts Probate and Family Court Judicial Conference. Plymouth, October 23, 1998.

Freedman D, Moak GS: Defining, Diagnosing, Medicating and Treating Persons of Questionable Competency. Presented at the 5th Elder Law Institute, Suffolk University Law School and the Massachusetts Chapter of the National Academy of Elder Law Attorneys, Waltham, March 19, 1999.

Moak GS: Neuropsychiatric Complications of Stroke. Stroke Management: A Paradigm for the New Millennium. Whittier Rehabilitation Hospital-UMassMemorial Healthcare Stroke Rehabilitation Conference, October 27, 1999, Westboro, MA.

Moak GS: CATIE-AD: A Clinician's Perspective. Massachusetts Psychiatric Society 18th Annual Psychopharmacology Update. November 17, 2007, Waltham.

Moak GS: Collaborative Care and Management of Late-Life Health Problems: Presentation given in symposium Models of Care & Coverage in a Full Risk World. Coordinated Care and coverage Conference, Fallon Community Health Plan, Westborough, MA, October 11, 2012.

Moak GS: Challenges to Wellness. Keynote address presented at the 21st Annual Gerontological Nurses Conference, Saint Anselm College, Manchester, NH, August 21, 2015

Moak GS: Depression is a Risk Factor for Cardiovascular Disease Throughout the Lifespan. Grand rounds lecture presented at New Hampshire Hospital, Concord, NH, September 17, 2015.

Moak GS: Navigating the Treacherous Straits of Behavioral Health Documentation, Coding, Billing in the Era of ICD-10. Symposium presented at the Beth Israel Deaconess Hospital-Plymouth, Plymouth, MA, November 17, 2016.

Moak GS: Safe and Effective Geriatric Psychopharmacology. Keynote lecture presented at the 21st Annual Northeast Psychiatric Nursing conference, St. Anselm College, Bedford, NH, April 6, 2017

Moak GS: Depression and Anxiety in the Elderly: A Framework for Primary Care. Annual Meeting of the New Hampshire Osteopathic Association, North Conway, NH, January 25, 2019.

Ross D, Norton S, Moak GS: Aging Well in New Hampshire's Behavioral Healthcare System. Panel Presentation at the New Hampshire Behavioral Health Summit, Manchester, NH, December 16, 2019

XXIII. BIBLIOGRAPHY

A. Peer-reviewed publications in print or other media

1. Most Significant Publications:

(These papers deal with the psychiatric services older adults receive in various healthcare settings and barriers they face to quality of care)

Fisher WH, Moak GS: Psychogeriatric Specialization in State Mental Hospitals: Data from a Nationwide Survey. *Administration and Policy in Mental Health*; 1990; 101-110.

Moak GS, Fisher WH: Alzheimer's Disease and Related Disorders in State Mental Hospitals: Data from a Nationwide Survey. *The Gerontologist* 1990; 30(6): 798-799.

Moak GS, Fisher WH: Geriatric Patients and Services in State Mental Hospitals: Data from a National Survey. *Hospital & Community Psychiatry* 1991; 42: 273-276.

Bartels SJ, Moak GS, Dums AR: Models of Mental Health Services in Nursing Homes: A Review of the Literature and Provider Surveys. *Psychiatric Services* 2002; 53: 1390-1396.

Moak GS: Treatment of Late-Life Mental Disorders In Primary Care: Can We Do A Better Job? *J Aging & Social Policy* 2011; 23: 274-285.

Lim C, Moak GS, Fortuna KL, *et al.*, Attitudes and Beliefs on Aging Among Middle-Aged and Older Adults With Serious Mental Illness, *Am J Geriatr Psychiatry* 2022; 30:419-423.

2. All Other Publications:

Wapnir RA, Moak GS: Beta-2-Thienyl-DL-Alanine as an Inhibitor of Phenylalanine Hydroxylase and Phenylalanine Intestinal Transport. *Biochemical Journal* 1979; 177: 347-352.

Moak GS, Harris H: Lack of Homology Between Dog and Human Placental Alkaline Phosphatases. *Proceedings of the National Academy of Sciences, USA* 1979; 76: 1948-1951.

Moak GS: Treating the Chronic Mentally Ill Elderly State Hospital Patient. *Hospital and Community Psychiatry* 1988; 39:119-120.

Moak GS, Zimmer B, Stein EM: Clinical Perspectives on Elderly First-Offender Shoplifters. *Hospital and Community Psychiatry* 1988; 39: 648-651.

Tonkonogy J, Moak GS: Alois Alzheimer on Presenile Dementia. *Journal of Geriatric Psychiatry and Neurology* 1988; 1: 199-206.

Moak GS: Discharge and Retention of Psychogeriatric Long-Stay Patients in a State Mental Hospital. *Hospital and Community Psychiatry* 1990; 41: 445-447.

Moak GS: Improving Quality in Psychogeriatric Treatment. *Psychiatric Clinics of North America* 1990; 13: 99-111.

Moak GS: Characteristics of Demented and Non-demented Geriatric Admissions to a State Hospital. *Hospital and Community Psychiatry* 1990; 41: 799-801.

Fisher WH, Moak GS: Psychogeriatric Specialization in State Mental Hospitals: Data From a Nationwide Survey. *Administration and Policy in Mental Health*; 1990: 101-110.

Moak GS, Fisher WH: Alzheimer's Disease and Related Disorders in State Mental Hospitals: Data From a Nationwide Survey. *The Gerontologist* 1990; 30(6): 798-799.

Moak GS, Fisher WH: Geriatric Patients and Services in State Mental Hospitals: Data from a National Survey. *Hospital & Community Psychiatry* 1991; 42: 273-276.

Porello PT, Madsen L, Futterman A, Moak GS: Description of a Geriatric Medical/Psychiatry Unit in a Small Community General Hospital. *The Journal of Mental Health Administration* 1995; 22: 38- 48.

Moak GS: Geriatric Psychiatry and Managed Care. *Psychiatric Clinics of North America*, 2000; 23: 437-451.

Moak GS, Borson S: Mental Health Services in Long-Term Care – Still an Unmet Need. Guest Editorial, *Am J Geriatr Psychiatry* 2000; 8:96-100.

3. Book Chapters

Moak GS: Disturbances of Higher Intellectual Functioning. in *Outpatient Psychiatry, Diagnosis and Treatment, Second Edition*, Lazare A, ed., Williams and Wilkins, Baltimore, 1989

Moak GS: Wandering Behavior in Dementing Illness. in *Disorders of Movement in Psychiatry and Neurology*, Joseph A, Young RR, eds., Blackwell Scientific Publications, Inc., Boston, 1992

Moak, GS: Geriatric Psychiatry Evaluation. in *Documentation Survival Handbook for Psychiatrists and other Mental Health Professionals*, Soreff S, McDuffee MA, eds., Hogrefe & Huber, Publishers, Seattle, 1993

Moak, GS: When the Seriously Mentally Ill Patient Grows Old. in *Handbook for the Treatment of the Seriously Mentally Ill*, Soreff S, ed, Hogrefe & Huber Publishers, Seattle, 1996.

Stein EM, Moak GS: The North American Model of the Organisation of Services. In *Principles and Practice of Geriatric Psychiatry, 2nd Edition*. Wiley Publications, London, 2002.

Moak GS: Psychiatric Consultation and Liaison. In *Psychiatry in Long-Term Care*, Reichman WE, Katz PR, eds. Oxford University Press, Oxford, 2009.

B. Other Scholarly Work in Print of Other Media:

Moak, GS, Stein EM, Rubin JEV: The Over-50 Guide to Psychiatric Medications, A Task Force Report of the Council on Aging. American Psychiatric Association, Washington, D.C., 1989. This work is a book, written for a lay readership, about the benefits and risks of psychiatric medications in the treatment of mental disorders in older adults. It was published by the American Psychiatric Press, Inc., and subsequently translated into Japanese.

Fogel BS, Colenda C, deFigueirido JM, Larson D, Luchins D, Moak GS, Olympia J, Pfeiffer E, Waxman H: State Mental Hospitals and the Elderly: A Report of the American Psychiatric Association Task Force on Geriatric Psychiatry in the Public Mental Health Sector, American Psychiatric Association, Washington, D.C., 1993.

Siegal AP and Jackson JM: Geriatric Psychiatry Practice Management Handbook. Moak, GS Content Editor. American Association for Geriatric Psychiatry, Bethesda, 1997.

New Approaches for the Diagnosis and Management of Alzheimer's Disease. Symposium

discussant. The American Journal of Managed Care 2000; 6(22), Supplement.

Moak GS: Beat Depression to Stay Healthier and Live Longer: A Guide for Older Adults and Their Families. Rowman & Littlefield, Lanham, MD, 2016.

C. Abstracts

Moak GS: Alzheimer Patients Admitted to a State Hospital: Who Are They and What Are Their Needs. Poster presented at the 39th Institute on Hospital and Community Psychiatry, Boston, October, 1987

Fisher WH, Moak GS: Prevalence of Alzheimer's Disease and Related Disorders in State Mental Hospitals: Correlation with Nursing Home Bed Undersupply. Poster presented at the 116th annual meeting of the American Public Health Association, Boston, November, 1988

Athari Alyazidi, Andrew P. Huang, Alexander C. Bender, Aliaksandr Shakhau, and Gary S. Moak, "Frailty Among Older Adult State Hospital Patients", poster presented at the 40th Annual Scientific Meeting of the American Association for Geriatric Psychiatry, March 16, 2018, Honolulu.

J McLaren

CURRICULUM VITAE

Date Prepared: 08/11/2023

NAME: Jennifer McLaren, M.D.

ADDRESS: Office:

I. EDUCATION:

<u>DATE</u>	<u>INSTITUTION</u>	<u>DEGREE</u>
1997-2001	University of Notre Dame	B.A.
2001-2005	University of Medicine and Dentistry of New Jersey: Robert Wood Johnson Medical School	M.D.

II. POSTDOCTORAL TRAINING

<u>DATE</u>	<u>INSTITUTION</u>	<u>SPECIALTY</u>
07/2005- 07/2008	Dartmouth Hitchcock Medical Center	Internship and General Psychiatry Residency
07/2008- 08/2010	Dartmouth Hitchcock Medical Center	Child and Adolescent Psychiatry Fellowship

III. ACADEMIC APPOINTMENTS:

<u>DATE</u>	<u>INSTITUTION</u>	<u>TITLE</u>
07/2009- 08/2010	Geisel School of Medicine at Dartmouth	Instructor in Psychiatry
09/2010- 11/2020	Geisel School of Medicine at Dartmouth	Assistant Professor of Psychiatry
07/2017- 11/2020	Geisel School of Medicine at Dartmouth	Assistant Professor of The Dartmouth Institute for Health Policy and Clinical Practice

11/2020	Geisel School of Medicine at Dartmouth	Associate Professor of Psychiatry, Pediatrics and The Dartmouth Institute for Health Policy and Clinical Practice
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IV. INSTITUTIONAL LEADERSHIP ROLES:

<u>DATES</u>	<u>INSTITUTION</u>	<u>TITLE</u>
09/2010- present	Neurodevelopmental Psychiatry Clinic at Dartmouth Hitchcock Medical Center	Co-Director
09/2010- present	Autism Spectrum Disorders Clinics in the Department of Psychiatry, Dartmouth Hitchcock Medical Center	Director
07/2014- present	Interdisciplinary Developmental Disabilities Clinics at Dartmouth Hitchcock Medical Center	Director
07/2015- present	Supported Employment Program For Individuals with Autism and Neurodevelopmental Disabilities	Director
1/2018- present	Behavioral and Neurodevelopmental Services at Dartmouth Hitchcock Medical Center	Director

V. LICENSURE AND CERTIFICATION:

<u>DATE</u>	<u>LICENSURE/CERTIFICATION</u>
2008-2010; 2021-	Vermont Medical License: 042.0011508
2010 -	New Hampshire Medical License: 14886
2010	American Board Psychiatry & Neurology: Board Certification in Adult Psychiatry and Neurology
2012	American Board Psychiatry & Neurology: Board Certification in Child and Adolescent Psychiatry
2020	American Board Psychiatry & Neurology: Board Recertification in Adult Psychiatry and Neurology

VI. HOSPITAL OR HEALTH SYSTEM APPOINTMENTS:

<u>DATES</u>	<u>INSTITUTION</u>	<u>POSITION/TITLE</u>
04/2008- 11/2010	Central Vermont Medical Center	Staff Moonlighting Psychiatrist
09/2010- present	Dartmouth Hitchcock Medical Center	Child, Adolescent and Adult Psychiatrist
07/2011- 06/2014	Dartmouth Hitchcock Medical Center – Concord, Department of Pediatrics	Consulting Psychiatrist

VII. OTHER PROFESSIONAL POSITIONS:

<u>DATES</u>	<u>INSTITUTION</u>	<u>POSITION/TITLE</u>
09/2010- present	New Hampshire Bureau of Developmental Services	Medical Director
09/2010- 06/2011	Wediko; Residential Treatment Facility, Hillsborough, New Hampshire	Consulting Psychiatrist
09/2011- present	New Hampshire Systemic Therapeutic Assessment Respite and Treatment (START) Program	Medical Director
07/2011- 06/2014	Dartmouth Hitchcock Medical Center – Concord, Department of Pediatrics	Consulting Psychiatrist
07/2020- present	The National Center for START Services	Chief Medical Advisor

VIII. PROFESSIONAL DEVELOPMENT ACTIVITIES

<u>DATES</u>	<u>INSTITUTION</u>	<u>TITLE</u>	<u>CREDITS</u>
06/2010	University of Vermont Medical School: Leadership and Education Neurodevelopmental Program	Autism Diagnostic Observation Schedule Training	N/A
06/2010	University of Vermont Medical School: Leadership and Education Neurodevelopmental Program	Autism Diagnostic Interview Revised	N/A

IX. TEACHING ACTIVITIES:

A. UNDERGRADUATE TEACHING: N/A**B. UNDERGRADUATE MEDICAL EDUCATION:****i. CLASSROOM TEACHING:**

<u>DATE</u>	<u>TEACHING</u>
2012	Dartmouth Medical School, Research in Psychiatry Elective, Lecturer 1 hr
11/2014- 2021	Dartmouth Medical School, Scientific Basis of Medicine Course, Introduction to Autism Spectrum Disorders, Lecturer 1 hr yearly lecture
2023	Dartmouth Medical School, Caring for the Mental Health Care Needs of People with IDD, Lecturer 2 hrs

ii. CLERKSHIP TEACHING: N/A**C. GRADUATE MEDICAL EDUCATION**

<u>DATE</u>	<u>TEACHING</u>
2009	Dartmouth Hitchcock Medical Center, Adult Psychiatry Residency Didactics, Lecturer, Anxiety Disorders in Children, 1 hr lecture
2010- Present	Dartmouth Hitchcock Medical Center, Adult Psychiatry Residency Didactics, Lecturer, Caring for Individuals with Autism Spectrum Disorders, Intellectual and Developmental Disabilities, Lecturer 2-3 hrs yearly lectures
2010- Present	Dartmouth Hitchcock Medical Center, Child Psychiatry Fellowship Didactics, Lecturer, Autism Spectrum Disorders, Intellectual and Developmental Disabilities, Lecturer 3 hrs yearly lectures
2015- Present	Dartmouth Hitchcock Medical Center, Neurology Didactics, Lecturer, Autism Spectrum Disorders, Lecturer 1 hr. bi-yearly lecture
11/2017	Dartmouth Hitchcock Medical Center, Neuropsychology Didactics, Autism Spectrum Disorders Overview, Lecturer, 1 hr lecture
2021-	Dartmouth Hitchcock Medical Center, Adult Psychiatry Residency and Child Psychiatry Fellowship Didactics, Lecturer, Mental Health Care and Intellectual and Developmental Disabilities 12 hr lecture

D. OTHER CLINICAL EDUCATION PROGRAMS

<u>DATE</u>	<u>TEACHING</u>
2012- Present	Dartmouth Hitchcock Medical Center, Continuing Medical Education Regularly Scheduled Series, Developmental Disabilities Educational Series, Activity Director and Speaker, 8 hrs/year
2013	Dartmouth Hitchcock Medical Center, Continuing Medical Education, ADOS II Training, Activity Director, 2-day conference; Provided a training for providers in New Hampshire and Vermont in how to administer the ADOS.
2014-	Dartmouth Hitchcock Medical Center, Continuing Medical Education, START

- Present Medical Directors Study Group, National Group Psychiatric Providers Participates in the Regularly Scheduled Series, Activity Director, 6 hr/year; Education series for a group of national psychiatric providers that focuses on best practices in providing care for people with intellectual and developmental disabilities.
- 2014 Dartmouth Hitchcock Medical Center, Continuing Medical Education, Social Thinking and Social Learning: Preschoolers and School Age Children, Activity Director and Speaker, 2 day conference
- 2015 Dartmouth Hitchcock Medical Center, Continuing Medical Education, Resilience and Supports: Adverse Childhood Events in Children with Autism and Neurodevelopmental Disabilities, Activity Director and Speaker, 2 day conference
- 2016 Dartmouth Hitchcock Medical Center, Continuing Medical Education, Uniquely Human: A Different Way to See Autism and Create Pathways to Success, Activity Director 8 hrs
- 2017 Dartmouth Hitchcock Medical Center, Continuing Medical Education, Positive Behavioral Interventions, and Supports: Neurodevelopmental Disabilities, Activity Director 8 hrs.
- 2018 Dartmouth Hitchcock Medical Center, Continuing Medical Education, Caring for Diverse Children and Youth with Autism and Neurodevelopmental Disabilities, Activity Director 8 hrs
- 2019 Dartmouth Hitchcock Medical Center, Continuing Medical Education, Neurodevelopmental Effects of Substance Abuse on Young Children, Activity Director 8 hrs
- 2021 Dartmouth Hitchcock Medical Center, Continuing Medical Education, Healthy Lifestyles for Youth with Neurodevelopmental Disorders, Activity Director 8 hrs
- 2021- Dartmouth Hitchcock Medical Center: Continuing Medical Education, Live Activity and Enduring Materials: Shared Decision Making for Youth Treated with Psychotropic Medications, 1 hrs
- 2021-2022 Mental Health and Intellectual and Developmental Disabilities, Professional Learning Community, Continuing Medical Education, 9 hrs.
- 2022 Dartmouth Hitchcock Medical Center: Continuing Medical Education Trauma in Children and Youth with Neurodevelopmental Disabilities: Impact and Evidence Based Interventions, Activity Director, 4 hrs.

X. PRIMARY RESEARCH ADVISING/MENTORING

A. UNDERGRADUATE STUDENTS

<u>DATES</u>	<u>STUDENT'S NAME</u>	<u>PROGRAM</u>
6/2018- 8/2018	Alissa Cole	DHMC Internship

B. GRADUATE STUDENTS: N/A

C. MEDICAL STUDENTS: N/A

D. RESIDENTS/FELLOWS: N/A

E. OTHERS: N/A

XI. ADVISING/MENTORING

A. UNDERGRADUATE STUDENTS

<u>DATES</u>	<u>STUDENT'S NAME</u>	<u>PROGRAM</u>
1/2015-3/2015	Molly Chodakewitz	Nathan Smith Society
4/2015-06/2015	Song Heu Cho	Nathan Smith Society

B. GRADUATE STUDENTS

<u>DATES</u>	<u>STUDENT'S NAME</u>	<u>PROGRAM</u>
08/2016-5/2017	Sarah Bessen	The Dartmouth Institute

C. MEDICAL STUDENTS: N/A

D. RESIDENTS/FELLOWS

<u>DATES</u>	<u>STUDENT'S NAME</u>	<u>PROGRAM</u>
2010-2012	Sarah Walsh, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2010-2012	Linda Call, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2010-2012	Aneek Singh Fisher, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2011-2013	Lynn McCormick, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2011-2013	Karin Reed, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2011-2013	Michael Przydzielski, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2011-2013	Stacey Carloni, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2012-2014	Cynthia Swartz, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2012-2014	Sarah Savage, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2013-2015	Erika Ebert, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock

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2013-2015	Christine Miller, M.D.	Medical Center Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2014-2016	Paul Bryant, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2014-2016	Heather Shackett, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2014-2016	Shazia Savul, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2015-2017	Larry Mitnaul, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2015-2017	Katie Shea, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2016-2018	Antra Bami, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2016-2018	Judith Fernando, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2016-2018	Kish Gosai, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2017-2019	John Ryder, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2017-2019	Rejini Thomas, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2017-2019	Sirin Tapan, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2018-2020	Tania Sarkaria, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2019-2020	Stephen Bettweiser, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2019-2020	Daniel Bigman, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center

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2019-2021	Joel Peterson, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2019-2021	Christine Oh, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2019-2021	Dinesh Sangroula, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2020-2022	Omar Shah, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2020-2022	Sarah Vaithilingam, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2021-2022	Linda Gao, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2021-2023	Kat Han, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2021-2023	Rebecca John, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2021-2023	Sarah Slabaugh, M.D.	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2023-	Mohammed Jasser	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2023-	Asmita Panday	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center
2023-	Mitchell Cunningham	Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center

E. FACULTY:

2018-2020	Mirella Maggi, PhD	Child Psychiatry Section: Dartmouth Hitchcock Medical Center
2021-	Katelyn Ahlers, PhD	Child Psychiatry Section: Dartmouth Hitchcock Medical Center

XII. ENGAGEMENT, COMMUNITY SERVICE/EDUCATION

<u>DATE</u>	<u>Institution/Organization</u>	<u>Role</u>	<u>Hours/Year</u>
04/2013	Parenting New Hampshire:	Speaker	4 hours prep; 1 hr lecture
10/2014	Monarch School	Speaker	8 hours prep; 2 hr lecture
04/2015	Lyme Collaborative	Speaker	4 hours prep; 1 hr lecture
2010-Present	New Hampshire Leadership Educational Neurodevelopmental Program	Advisor for clinical trainees	Variable time commitment per year based on number of trainees
2010-Present	New Hampshire Care-Path Algorithm: Disseminated throughout New Hampshire	Developer	2010: 25 hours; then 1-2 hours per year updating
2019	Caring For Transition Age Youth with Autism Spectrum Disorder	Director/Speaker of Community Event	2019: 25 hours
2021	Health Care Today Podcast: WDEV Radio	Guest Speaker: Autism Spectrum Disorder	1 hour prep: 1 hour discussion
09/2022-10/2022	DHMC	Interviewer: Child Psychiatry Applicants for Child Psychiatry Fellowship	28 hours; 14 hours of interviews, 14 hours of prep and reviews
2020-Present	DHMC	Attending Cross Coverage for Child Psychiatry	Provide cross-coverage for other child psychiatry attending in the context of being short staffed since 2020
2022-Present	DHMC	Interviewer: Adult Psychiatry Applicants for Adult Psychiatry Residency Program	6 hours; 2 hours interview and 4 hours of prep and review
2010-Present	DHMC	Child Psychiatry Attending Back up Call	1 night per week and about 1 weekend per month
2022-Present	DHMC	Interviewer for Child psychiatry faculty position	Met with 7 potential applicants and some of them multiple times. Checked references, dinner, phone calls, webex and in person

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2022- Present	DHMC	VT-DAIL: Helped secure contract and have provided consultation outside of my regular FTE	meetings. 40+ hours
2022- Present	DHMC	Transition to Section Chief	3-10 hours per month
2023	Listen Center	Cook food for dinner meal	4-5 hours per month

**XIII. RESEARCH FUNDING, GRANTS, PHILANTHROPIC SUPPORT:
CURRENT**

2021-2026

Continued Expansion of Autism Spectrum Disorder Services in New Hampshire and Vermont
Principal Investigator (C): Mosenthal Pediatric Autism Endowment: Supports the continued running and expansion of the autism services at Dartmouth including multidisciplinary clinics, provider time, and continuing medical education initiatives.

20% of FTE

Thomas Marshall Foundation

\$1,00,000 (Total direct costs)

2020-2021

Continued Expansion of Autism Spectrum Disorder Services in New Hampshire and Vermont
Principal Investigator (C): Supports the expansion of the autism services at Dartmouth including multidisciplinary clinics, provider time, and continuing medical education initiatives.

20% of FTE

Thomas Marshall Foundation

\$100,000 (Total direct costs)

2018-2023

US Department of Health and Human Services, Substance Abuse and Mental Health Administration
1H79SM080245-01 Brunette (PI) ProHealth NH: New Hampshire Partnerships to Improve Health & Wellness for Young People with SED and SMI

Role: Consultant/Trainer, 2.5% FTE

\$398,726 annual directs (\$1.99 million total direct)

2018-Current

Supported Employment Program: Individual Placement and Support Program

Principal Investigator (C) : Continued grant for the supported employment program at a private group home.

Natalia Mental Health Foundation

2.5% of FTE

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\$78,400 (Total direct costs)

2018-Current

Supported Employment Program: Individual Placement and Support Program

Principal Investigator (C) : Grant to develop a scholarship program for individual with autism spectrum disorder and expand the program

Private Donors

\$65,000 (Total direct costs)

2014-2020

Expanding Autism Spectrum Disorder Services in New Hampshire and Vermont

Principal Investigator (C): Supports the expansion of the autism services at Dartmouth including multidisciplinary clinics, provider time, and continuing medical education initiatives.

20% of FTE

Thomas Marshall Foundation

\$1,050,000 (Total direct costs)

2014-Current

Supported Employment Program for People with Autism Spectrum Disorders

Principal Investigator (C) : Funds the evidence-based supported employment program for people with autism spectrum disorders

Private Donor

\$150,000 (Total direct costs)

PAST

2017

Supported Employment Program: Individual Placement and Support Program Expansion

Principal Investigator (C): Expansion of supported employment program to a private group home

Natalie Mental Health Foundation

\$14,400 (Total direct costs)

2016-2018

Autism Research Initiative at Dartmouth

Co-Principal Investigator (C): Cross-sectional study exploring Psychotropic Medication Use in Children with Developmental Disabilities; Beta testing a support app for people with autism spectrum disorder

10% of FTE

Private Donor

\$50,000 (Total direct costs)

2015-2017

Transition Age Care for People with Autism Spectrum Disorders

Principal Investigator (C): Initial support and expansion of medication consultation clinics for children, adolescents and young adults with autism.

Private Donor

\$60,000 (Total direct costs)

2012

National Survey of Child and Adolescent Psychiatrists Monitoring of Second Generation Antipsychotics
Principal Investigator (C): Largest national survey investigating child psychiatrists monitoring, knowledge, attitudes, and perceived barriers to monitoring for side effects when prescribing second-generation antipsychotics to children
5% of FTE
Department of Psychiatry, Geisel School of Medicine, Gary Tucker Junior Investigator Research Award
\$20,000 (Total direct-costs)

2010-2013

Enhancing Autism Spectrum Disorder Programs in the Dartmouth Region
Co-Principal Investigator: Supported multidisciplinary autism and neurodevelopmental disabilities clinics
Private Donor
\$150,000 (Total direct costs)

XIV. PROGRAM DEVELOPMENT

<u>DATES</u>	<u>Role</u>	<u>Program</u>
2010-present	Director	Neurodevelopmental Psychiatry Clinic at Dartmouth Hitchcock Medical Center: (Clinical/Educational): A unique clinic model that provides comprehensive evaluations to children and families throughout New England. Residents, Fellows and LEND Trainees rotate through the clinic and each year the clinic receives evaluations noting it is an excellent training experience.
2011-present	Director	Autism Spectrum Disorders/ADOS Clinic: (Clinical/Educational): Established and supervise this diagnostic clinic for children with autism spectrum disorders.
2012-Present	Activity Director	Continuing Medical Education Series: (Educational) Developed multiple different continuing medical education series that reach a regional and national audience focused on caring for individuals with developmental disabilities. I have received a teaching award for one of these Continuing Medical Education Series.
2015-present	Administrator	Autism Consultation Clinic: (Clinical) Developed a psychiatric consultation clinic for children and transition age youth with autism spectrum disorders
07/2014-present	Director	Interdisciplinary Developmental Disabilities Clinics at Dartmouth Hitchcock Medical Center: (Clinical/Educational) Developed, organized, and oversee this New Hampshire state funded interdisciplinary clinic that encompasses psychiatry, neuropsychology, internal medicine, neurology, and occupational therapy. This is a unique clinic model, which I have presented at a national conference and consulted with other states (New York, North Carolina and California) to help them replicate our clinic.

07/2015- present Director Supported Employment Program For Individuals with Autism and Neurodevelopmental Disabilities: (Clinical) Started and oversee this program that helps people with autism spectrum disorder and developmental disabilities obtain and maintain competitive employment. This model of employment for individuals with ASD has received national attention; I was an invited speaker at the Autism Speaks: Thought Leadership Conference regarding how to further disseminate the clinic model nationally.

XV. ENTREPRENEURIAL ACTIVITIES: N/A

XVI. MAJOR COMMITTEE ASSIGNMENTS:

National/International

<u>DATES</u>	<u>COMMITTEE</u>	<u>ROLE</u>	<u>INSTITUTION</u>
2013-2015	Diagnostic Manual Intellectual Disabilities -2: Anxiety Disorders Work Group	Member	National Association of Developmental Disabilities
2013-2015	Diagnostic Manual Intellectual Disabilities -2: ADHD Work Group	Member	National Association of Developmental Disabilities
2014- Present	START Medical Directors Study Group	CME Activity Director	National Center for START Services
2019- Present	Autism and Intellectual Disability Committee	Volunteer Member	American Academy of Child and Adolescent Psychiatry
2020- Present	National Team: National Center for START Services	Chief Medical Advisor	National Center for START Services
2022-2023	Trauma & Intellectual and Developmental Disabilities Workgroup	Member	National Child Traumatic Stress Network (NCTSN)

Regional

<u>DATES</u>	<u>COMMITTEE</u>	<u>ROLE</u>	<u>INSTITUTION</u>
2010- Present	Medication Review Committee for Individuals with Developmental Disabilities and Acquired Brain Disorders	Chairperson	New Hampshire Bureau of Developmental Services

Institutional

<u>DATES</u>	<u>COMMITTEE</u>	<u>ROLE</u>	<u>INSTITUTION</u>
2007-2008	Adult Psychiatry Residency Curriculum Committee	Resident Representative	Dartmouth Hitchcock Medical Center
2010- Present	Child Psychiatry Fellowship: Program Evaluation Committee	Member	Dartmouth Hitchcock Medical Center
2010- Present	Child Psychiatry Fellowship: Clinical Competency Committee	Member	Dartmouth Hitchcock Medical Center
2010- Present	Child Psychiatry Fellowship: Interview and Selection Committee	Member	Dartmouth Hitchcock Medical Center
2017- Present	Vulnerable Children's Research Group	Member	The Dartmouth Institute for Health Policy and Clinical Practice
2023- Present	Professional Practice Evaluation Committee (PPEC)- Psychiatry	Member	Dartmouth Hitchcock Medical Center
2023	Psychiatry 5D Redesign Workgroup	Member	Dartmouth Hitchcock Medical Center

XVII. MEMBERSHIP, OFFICE & COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES:

<u>DATES</u>	<u>INSTITUTION</u>	<u>POSITION/TITLE</u>
2005- Present	Gold Humanism Honor Society	Member
2006- Present	American Academy of Child and Adolescent Psychiatry	Member
2006	The New England Council of Child and Adolescent Psychiatry	Member
2006-2010	American Psychiatric Association	Member
2006-2010	New Hampshire Psychiatric Society	Member

XVIII. EDITORIAL BOARDS:

<u>DATES</u>	<u>INSTITUTION</u>	<u>POSITION/TITLE</u>
2008-2009	American Journal of Psychiatry: Residents' Edition	Resident Editor
2023	Frontier's in Psychiatry	Guest Editor

XIX. JOURNAL REFEREE ACTIVITY

<u>DATES</u>	<u>JOURNAL NAME</u>
2016- Present	Psychiatric Services: Reviewer
2017- Present	Journal of Autism and Developmental Disorders
2017- Present	International Journal of Developmental Disabilities
2017- Present	Journal of Child and Adolescent Psychopharmacology
2018- Present	Expert Opinion on Pharmacotherapy
2018- Present	The Journal of Clinical Psychiatry
2018- Present	Disability and Rehabilitation
2021- Present	Administration and Policy in Mental Health and Mental Health Services Research
2023- Present	Frontier's in Psychiatry

XX. AWARDS AND HONORS:

<u>DATE</u>	<u>AWARD</u>
1997	Notre Dame Scholar, University of Notre Dame – top 25% of entering freshman class
1999-2001	Notre Dame Dean's Honor List
2002	Robert Wood Johnson Medical School: Family Medicine Summer Grant Award
2002	Robert Wood Johnson Medical School: Environmental and Community Medicine Proposal Grant Award
2003-2004	Medical School Clerkship Honors: Adult Psychiatry Sub-Internship, Internal Medicine Sub-Internship, Psychiatry, Pediatrics, Internal Medicine, Family Medicine, Neurology, Pain-Medicine and Rehabilitation
2005	Elected to Gold Humanism in Medicine Honor Society
2007	APA/Shire Child and Adolescent Psychiatry Fellowship
2008	Adult Psychiatry Resident Community Psychiatry Award: Dartmouth Hitchcock Medical Center, Department of Psychiatry
2009	Chief Resident Child Psychiatry Fellowship: Dartmouth Hitchcock Medical Center,

Department of Psychiatry

- 2012-2013 Gary Tucker Junior Investigator Award: Geisel School of Medicine, Department of Psychiatry
- 2014 Clinical Excellence Award: Geisel School of Medicine, Department of Psychiatry
- 2014 Teaching Excellence Award for Continuing Medical Education Programming at Dartmouth Hitchcock Medical Center
- 2017 Clinical/Medical Leadership Award: Caring for Individuals with Developmental Disabilities – START National Program

XXI. INVITED PRESENTATIONS:

(* presentations invited to present

(#) presentations not individually invited to present (e.g. large society meeting)

(^) presentation applicable as a CME activity.

A. International:

<u>DATE</u>	<u>TOPIC/TITLE</u>	<u>SPONSORING ORGANIZATION</u>	<u>LOCATION</u>
05/2019	*Autism Spectrum Disorders and IPS	International Individual Placement and Support Learning Community	Denver, Colorado
08/2019	#Optimizing psychotropic drug prescribing – from data to practice	International Association Scientific Study of Intellectual and Developmental Disabilities	Glasgow, Scotland
07/2021	#Psychotropic medications use and side effects of individuals with intellectual and developmental disabilities	International Association Scientific Study of Intellectual and Developmental Disabilities	Virtual (Amsterdam)
08/2022	#Use and Misuse of Medications: The Integrated Mental Health Treatment Guidelines for Prescribers in IDD	International Association Scientific Study of Intellectual and Developmental Disabilities	Virtual (Europe and US)
10/2022	Caring for Individuals with Intellectual and Developmental Disorders: The Integrated Mental	American Academy of Child and Adolescent	Toronto, Canada

	Health Treatment Guidelines for Prescribers	Psychiatry & Canadian Academy of Child and Adolescent Psychiatry	
11/2022	A Deprescribing Intervention for Children Receiving off-label antipsychotics or psychiatric polypharmacy	Australian Deprescribing Network	Virtual (Australia)

B. National:

<u>DATE</u>	<u>TOPIC/TITLE</u>	<u>SPONSORING ORGANIZATION</u>	<u>LOCATION</u>
05/2008	#^Neurodevelopmental Case Formulation	American Psychiatric Association Conference	Washington, D.C.
03/2016	*Through the Looking Glass: Implications of Current Trends in Psychopharmacologic Treatment in People with Intellectual and Developmental Disabilities	The Center for START Services National Conference	Atlanta, Georgia
03/2016	*Psychopharmacology and What Can Help When Nothing Else Works	The Center for START Services National Conference	Atlanta, Georgia
05/2017	*Searching for the Magic Bullet	The Center for START Services National Conference	Rye Brook, New York
05/2017	*Psychopharmacology of Autism Spectrum Disorders	The Center for START Services National Conference	Rye Brook, New York

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05/2018	*^ Evidence Based Medicine: What Do We Really Know about Treating People with IDD and Behavioral Health Challenges?	The Center for START Services National Conference	Boston, Massachusetts
05/2018	*^ The Whole Is Greater Than the Sum of its Parts: Benefits of a Multidisciplinary Approach	The Center for START Services National Conference	Boston, Massachusetts
05/2019	*^ Research Discussion Panel	The Center for START Services National Conference	Washington, D.C.
05/2019	*^Diagnostic Overshadowing of Anxiety in Individuals with Intellectual and Developmental Disability	The Center for START Services National Conference	Washington, D.C.
05/2019	*^Why Don't We Practice What We Preach	The Center for START Services National Conference	Washington, D.C.
10/2019	#^On the Clock: The Power of Competitive Employment for Transition Age Youth with Autism Spectrum Disorder	American Academy of Child and Adolescent Psychiatry	Chicago, Illinois
12/2019	*Individual Placement and Support for Individuals with ASD	Autism Speaks: Though Leadership Conference on Health Equity	Washington, D.C.
08/2020	*The Importance of the Biopsychosocial Formulation for Individuals with Intellectual and Developmental Disability	Center for START Services National Conference	Virtual Meeting
10/2020	#^The Chat: How to Help Youth with Intellectual and Developmental Disorder Transition into Adulthood	American Academy of Child and Adolescent Psychiatry	Virtual Meeting

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10/2020	*The Cultural Formulation Interview for Individuals with Intellectual and Developmental Disabilities	Center for START Services National Conference	Virtual Meeting
08/2021	*Integrated Mental Health Treatment Guidelines for Prescribers in Intellectual and Developmental Disabilities	Mental Health Summit 2021: University Center of Excellence Developmental Disabilities	Virtual Meeting
10/2021	#^The Chat: How to Help Youth with Intellectual and Developmental Disorder Transition into Adulthood	American Academy of Child and Adolescent Psychiatry	Virtual Meeting
10/2021	#^How COVID-19 Impacted the System of Care for Individuals with Intellectual Developmental Disorders (IDD)	American Academy of Child and Adolescent Psychiatry	Virtual Meeting
10/2021	#^Caring for Children with Intellectual Developmental Disorders (IDD) Impacted by Trauma	American Academy of Child and Adolescent Psychiatry	Virtual Meeting
05/2022	#^Shared Decision-Making in Child Psychiatry and Beyond: A Close Look at the Practice, Evidence and Tools	American Psychiatric Association	New Orleans, LA
05/2022	#^Promoting Health Equity for Adults with Intellectual and Developmental Disabilities: The Integrated Mental Health Treatment Guidelines for Prescribers	American Psychiatric Association	New Orleans, LA
05/2022	*The Integrated Mental Health Treatment Guidelines for Prescribers	Center for START Services National Conference	Virtual Meeting

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10/2022	* The Integrated Mental Health Treatment Guidelines for Prescribers in Intellectual and Developmental Disabilities	Duke Autism Speaker Series	Virtual Meeting
11/2022	#Promoting Health Equity for Adults with IDD: Integrated Mental Health Treatment Guidelines for Prescribers in Intellectual and Developmental Disabilities	Association of University Centers on Disabilities	Washington, D.C. (recorded)
01/2023	*^Caring for Children With Intellectual Developmental Disorders (IDDs) Impacted by Trauma	American Academy of Child and Adolescent Psychiatry	Virtual Course: AACAP's Clinical Essentials on Intellectual and Developmental Disabilities in Children and Adolescents
05/2023	*^START Medical Director's	Center for START Services National Conference	Austin, Texas
05/2023	*^DSM-5 TR updates on Neurodevelopmental Disorders	Center for START Services National Conference	Austin, Texas
05/2023	*^Health Equity and IDD	Center for START Services National Conference	Austin, Texas

C. Regional/Local:

<u>DATE</u>	<u>TOPIC/TITLE</u>	<u>SPONSORING ORGANIZATION</u>	<u>LOCATION</u>
2/2008	*Signs and Symptoms of Substance Use and Abuse	West Central Behavioral Health	Claremont, New Hampshire
4/2009	*Pervasive Developmental Disorder in Children	River Valley Community College, Physical Therapy Association Program	Claremont, New Hampshire

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06/2010	*Psychotic Disorder in Children	West Central Behavioral Health	Lebanon, New Hampshire
04/2011	*Bipolar Affective Disorder in Children with Developmental Disabilities	Institute on Disability	Concord, New Hampshire
04/2011	*Fetal Alcohol Effects and Clinical Consequences: Case Conference	Institute on Disability	Concord, New Hampshire
05/2011	*Managing Irritability and Aggression in People with Developmental Disabilities	Community Council	Nashua, New Hampshire
09/2011	*ADHD in Children with Special Needs	Bureau of Developmental Services/ Special Medical Services	Concord, New Hampshire
03/2013	*^Autism Spectrum Disorders: Psychopharmacology Review	Children's Hospital at Dartmouth	Bretton Woods, New Hampshire
06/2013	*^ Grand Rounds: Mental Health Issues in People with Intellectual Disabilities	New Hampshire Hospital	Concord, New Hampshire
01/2014	*^Monitoring of Second Generation Antipsychotics: National Survey of Child and Adolescent Psychiatrists	Dartmouth Psychiatric Research Center	Lebanon, New Hampshire
03/2014	*Supporting the Needs of Children with Autism Spectrum Disorders and their Families	New Hampshire National Association of Social Workers Conference	Concord, New Hampshire
04/2014	*Perspectives on Autism	New Hampshire Children's Trust, Parenting New Hampshire	Manchester, New Hampshire
05/2014	*^Dartmouth Psychiatry Grand Grounds: Monitoring of Second Generation Antipsychotics: A National Survey of Child and	Dartmouth Hitchcock Medical Center	Lebanon, New Hampshire

Adolescent Psychiatrists

10/2014	*Managing Challenging Behavior in Children with Autism Spectrum Disorders	Monarch School	Rochester, New Hampshire
11/2014	*^Grand Rounds: Autism Through the Lifespan	New Hampshire Hospital	Concord, New Hampshire
04/2015	*Autism Diagnosis: Now What?	Lyme Collaborative	Lyme, New Hampshire
04/2018	*^Evidence-based use of Antipsychotics in Children	St. Anselm College	Concord, New Hampshire
12/2018	*^Grand Rounds: Dual Diagnosis: Mental Health Disorders in Individuals with Intellectual Disability	New Hampshire Hospital	Concord, New Hampshire
07/2019	*Dual Diagnosis: Intellectual Disability and Mental Illness Part I	Community Support Network, Inc.	Concord, New Hampshire
08/2019	*Dual Diagnosis: Intellectual Disability and Mental Illness Part II	Community Support Network, Inc.	Concord, New Hampshire
10/2019	*Recognizing Mental Illness in Individuals with IDD	New Hampshire Bureau of Mental Health Services	Concord, NH
02/2020	*Dual Diagnosis: Intellectual Disability and Mental Illness	Developmental Disabilities Nurses of New Hampshire	Concord, NH
06/2021	*Diagnosing Using the DM-ID-2	Community Crossroads Collaborative Care Series	Virtual Training Series
11/2021	*Behavioral and Neurodevelopmental Services	New Hampshire Autism Council	Virtual Meeting
12/2021	*Autism and Aging	Gateways	Virtual Training Series
02/2023	*Systemic Collaboration: What's up, Doc?	Maine Clinical Training Series (Virtual)	Virtual Training Series
03/2023	*Autism Spectrum Disorder: Psychopharmacology 101	26th Annual Conference Northeast Regional Psychiatric Nursing	Manchester, NH

05/2023	* Exploring the Intersection of Mental Health and Intellectual and Developmental Disabilities: Understanding Comorbidities and Improving Care	New Hampshire Office of Public Guardian's	Virtual
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XXII. BIBLIOGRAPHY:

A. Peer Reviewed Publications (students and trainees have a double underline)

Original Articles:

1. Millard H, McLaren JL, Coffey BJ. Lurasidone Treatment in a Child with Autism Spectrum Disorder with Irritability and Aggression. *Journal of Child and Adolescent Psychopharmacology* 2014; Aug;24(6):354-6. doi: 10.1089/cap.2014.2462. PubMed PMID: 25137189; PubMed Central PMCID: PMC4137329.
2. McLaren JL, Brunette MB, McHugo GJ, Drake RE, Daviss WB. Monitoring of Patients on Second-Generation Antipsychotics: A National Survey of Child Psychiatrists. *Psychiatric Services* 2017 Sep 1;68(9):958-961. doi: 10.1176/appi.ps.201500553. Epub 2017 Apr 17. PubMed PMID: 28412899.
3. McLaren JL, Lichteinstein J, Lynch D, Becker D, Drake RE. Individual Placement and Support for People with Autism Spectrum Disorders: A Pilot Program. *Administration and Policy in Mental Health and Mental Health Services Research*. 2017 May;44(3):365-37. doi: 10.1007/s10488-017-0792-3. PubMed PMID: 28176032.
4. Cotes RO, Fernandes NK, McLaren JL, McHugo GJ, Bartels SJ, Brunette MF. Improving Cardiometabolic Monitoring of Children on Antipsychotics. *J Child Adolesc Psychopharmacol*. 2017 Dec; 27 (10): 916-919. doi: 10.1089/cap.2017.0034. Epub 2017 Jun 5. PubMed PMID: 28581341
5. Barnett ER, Trepman AZ, Fuson HA, Aquilano SC, McLaren JL, Woloshin S, Leyenaar JK. Deprescribing psychotropic medications in children: Results of a national qualitative study. *BMJ Quality and Safety*. 2019 Dec 13. PMID: 31836627
6. McEnany EB, Ojugbele O, Doherty JR, McLaren JL, Leyenaar JK. Pediatric Mental Health Boarding. *Pediatrics*, 2020 Oct;146(4):e20201174. doi: 10.1542/peds.2020-1174. Epub 2020 Sep 22. PMID: 32963020.
7. Charlot LR, Doerfler LA, McLaren JL. Psychotropic medications use and side effects of individuals with intellectual and developmental disabilities. *J Intellect Disabil Res*, 2020 Sep 21; doi: 10.1111/jir.12777. Epub 2020 Sep 21. PMID: 32959471
8. Kalb LG, Beasley JB, Caoili A, McLaren JL, Barnhill J. Predictors of Mental Health Crises Among Individuals With Intellectual and Developmental Disabilities Enrolled in the START

- Program. *Psychiatr Serv.* 2020 Dec 18:appips202000301. doi: 10.1176/appi.ps.202000301. Epub ahead of print. PMID: 33334153.
9. **McLaren JL**, Lichtenstein JL, Metcalfe JD, Charlot LR, Drake RE, Beasley JB. Psychotropic Use Among Youths With Intellectual and Developmental Disabilities. *Psychiatr Serv.* pr 22 2021:appips201900465. doi: 10.1176/appi.ps.201900465. Epub ahead of print. PMID: 33882691.
 10. **McLaren JL**, Barnett ER, Acquilano SC, Concepcion Zayas MT, Drake RE, Leyenaar JK. Psychotropic Polypharmacy and Antipsychotics in Children: A Survey of Caregiver's Perspectives. *Community Ment Health J.* 2022 Apr;58(3):512-516. doi: 10.1007/s10597-021-00845-2.
 11. Chien AT, Leyenaar J, Tomaino M, Woloshin S, Leininger L, Barnett ER, **McLaren JL**, Meara E. Difficulty Obtaining Behavioral Health Services for Children: A National Survey of Multiphysician Practices. *Ann Fam Med.* 2022 Jan-Feb;20(1):42-50. doi: 10.1370/afm.2759. PMID: 35074767; PMCID: PMC8786429
 12. Caoili, A., Hecker, M., Klick, S., **McLaren, J.**, Beasley, J., & Barnhill, J.(2022). Integrated mental health treatment guidelines for prescribers in intellectual and developmental disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 1–13. <https://doi.org/10.1111/jppi.12447>IDD-MH PRESCRIBER GUIDELINES11
 13. Arakelyan M, Freyleue S, Avula D, **McLaren JL**, O'Malley AJ, Leyenaar JK. Pediatric Mental Health Hospitalizations at Acute Care Hospitals in the US, 2009-2019. *JAMA.* 2023;329(12):1000-1011. doi:10.1001/jama.2023.1992 PMID: 36976279
 14. Arakelyan M, **McLaren JL**, Leyenaar JK. Pediatric Mental Health Hospitalizations at US Acute Care Hospitals-Reply. *JAMA.* 2023;330(5):474-475. doi:10.1001/jama.2023.9574 PMID: 37526721

Most significant publications: I have been particularly interested in the overuse of antipsychotics and psychotropic medications in children and adolescents (particularly vulnerable children such as those with autism and developmental disabilities) and how prescribers monitor children treated with these regimens. These publications document this problem and provide recommendations on how to reduce antipsychotic use and polypharmacy. I have published the largest national cross-sectional study of the use of psychotropic medications in individuals with developmental disabilities. I have also conducted and published the largest national survey of child and adolescent psychiatrists investigating physician monitoring when prescribing second-generation antipsychotics to children. I led the development of a deprescribing tool, to help clinicians safely reduce and discontinue antipsychotics in children.

- A. **McLaren JL**, Brunette MB, McHugo GJ, Drake RE, Daviss WB. Monitoring of Patients on Second-Generation Antipsychotics: A National Survey of Child

- Psychiatrists. *Psychiatric Services* 2017 Sep 1;68(9):958-961. doi: 10.1176/appi.ps.201500553. Epub 2017 Apr 17. PubMed PMID: 28412899. (peer reviewed)
- B. **McLaren JL**, Barnett ER, Concepcion Zayas MT, Lichtenstein J, Acquilano SC, Schwartz LM, Woloshin S, Drake RE. (2018). Psychotropic medications for highly vulnerable children. *Expert Opin Pharmacother*, Apr 2018; 19(6): 547-560. doi:10.1080/14656566.2018.1445720 (invited/reviewed by editors)
- C. **McLaren JL**, & Lichtenstein JD. The pursuit of the magic pill: the overuse of psychotropic medications in children with intellectual and developmental disabilities in the USA. *Epidemiol Psychiatr Sci*, Oct 24 2018: 1-4. doi:10.1017/s2045796018000604 (invited/reviewed by editors)
- D. **McLaren JL**, Lichtenstein JL, Metcalfe JD, Charlot LR, Drake RE, Beasley JB. Psychotropic Use Among Youths With Intellectual and Developmental Disabilities. *Psychiatr Serv*. pr 22 2021:appips201900465. doi: 10.1176/appi.ps.201900465. Epub ahead of print. PMID: 33882691.

Most significant body of work: My most significant body of work is in program development. The contributions and significance of this work is reflected in my personal statement and section XIV of this CV.

Reviews:

1. **McLaren JL**. An Interview with Amy Wallace M.D. Managing a Family and an Academic Career. *American Journal of Psychiatry Residents' Edition* 2008; 165: A54, 1 (invited/reviewed by editors)
2. **McLaren JL**. The Great Balancing Act: Pregnancy During Residency. *American Journal of Psychiatry Residents' Edition* 2008; 165: A 54, 2. (invited/reviewed by editors)
3. **McLaren JL**. An Interview with Robert Zipursky M.D. Early Interventions in Psychiatry. *American Journal of Psychiatry Residents' Edition* 2009; 166: A18, 3-4. (invited/reviewed by editors)
4. **McLaren JL**. Autism Spectrum Disorders: Importance of Early Diagnosis and Intervention. *American Journal of Psychiatry Residents' Edition* 2009; 166 A18, 7-8. (invited/reviewed by editors)
5. **McLaren JL**, Barnett, ER, Concepcion Zayas, MT, Lichtenstein, J, Acquilano, SC, Schwartz, LM, Woloshin, S, Drake, R. E. (2018). Psychotropic medications for highly vulnerable children. *Expert Opin Pharmacother*, Apr 2018; 19(6): 547-560. doi:10.1080/14656566.2018.1445720 (invited/reviewed by editors)
6. **McLaren JL**, & Lichtenstein JD. The pursuit of the magic pill: the overuse of psychotropic medications in children with intellectual and developmental disabilities in the USA. *Epidemiol Psychiatr Sci*, Oct 24 2018: 1-4. doi:10.1017/s2045796018000604 (invited/reviewed by editors)

7. Leyenaar JK, & McLaren JL. Healthcare Quality for Children and Adolescents with Suicidality Admitted to Acute Care Hospitals in the United States. *J. Hosp. Med* Nov 2018;11;795-796. doi:10.12788/jhm.3092 (invited/reviewed by editors)

Book Chapters:

1. McLaren JL, Donnelly C. "Assessment of Post-Traumatic Stress Disorders." *Pediatric Psychopharmacology – Principles and Practice, Second Edition*. Ed. Martin, A, Scahill, L, Kratochvil, C. New York: Oxford University Press, 2011. 561-569 Print.
2. Hellings JA, Reiersen A, Mao A, Arnold LE, Pearson D, Aman M, Handen B, McLaren, J. "Attention-Deficit Hyperactivity Disorder." *Diagnostic Manual Intellectual Disabilities-2*. Ed. Fletcher, R, Barnhill, J, Cooper, S. New York: NADD Press, 2016. 115-156. Print.
3. Cooray S, Andrews T, Bailey N, Devapriam J, McLaren J, Purandare K, Jaydeokar, Tasse, M, Wijeratne A. "Anxiety Disorders." *Diagnostic Manual Intellectual Disabilities-2*. Ed. Fletcher, R, Barnhill, J, Cooper, S. New York: NADD Press, 2016. 303-328. Print
4. McLaren JL, Lichtenstein J, Bessen S, Baldwin F. "Autism Spectrum and Other Developmental Disorders and ADHD." *Moodiness in ADHD*. Ed. Daviss, W. Springer Nature, 2017. Chapter 9. Print.

B. Other Scholarly Work

1. McLaren JL, Schwartz JC. Concerns with an Ethanol Protocol to Prevent Alcohol Withdrawal Symptoms. *Journal of the American College of Surgeons*. 2007 Jul; 205 (1):190-191. PubMed PMID: 17617352.
2. McLaren JL, Cauble S, Barnett RJ. Aripiprazole Induced Acute Dystonia After Discontinuation of Stimulant Medication. *Journal of Clinical Psychopharmacology*. 2010 Feb;30(1):77-8. doi: 10.1097/JCP.0b013e3181c92eb2. PubMed PMID: 20075654.
3. McLaren, JL. "Depressive Disorders." *Integrated Mental Health Treatment Guidelines for Prescribers in Intellectual and Developmental Disabilities*. Ed. Barnhill, J., Beasley, J, Caoili, A, Hecker, M, Klick, S, 2021. Retrieved from <https://centerforstartservices.org/IDD-MH-Prescribing-Guidelines>.
4. McLaren, JL. "Bipolar and Related Disorders." *Integrated Mental Health Treatment Guidelines for Prescribers in Intellectual and Developmental Disabilities*. Ed. Barnhill, J., Beasley, J, Caoili, A, Hecker, M, Klick, S, 2021. Retrieved from <https://centerforstartservices.org/IDD-MH-Prescribing-Guidelines>.
5. McLaren, JL. "Prescribing in Mental Health Crisis." *Integrated Mental Health Treatment Guidelines for Prescribers in Intellectual and Developmental Disabilities*. Ed. Barnhill, J., Beasley, J, Caoili, A, Hecker, M, Klick, S, 2021. Retrieved from <https://centerforstartservices.org/IDD-MH-Prescribing-Guidelines>.

C. Abstracts:

1. #**McLaren JL**, Brunette M, McHugo G, Daviss W. Metabolic Monitoring of Second Generation Antipsychotics: National Survey of Child Psychiatrists. American Psychiatric Association Meeting. New York, New York 5/2014.
2. #**McLaren JL**, Brunette M, McHugo G, Daviss W. Monitoring of Second Generation Antipsychotics: National Survey of Child Psychiatrists. Institute on Psychiatric Services. San Francisco, California 10/2014
3. #Haskins AJ, Botch, T, Garcia J, McLaren, J, Robertson C. Measuring Naturalistic Attention in Complex, Real-World Environments in Autism. INSAR, Virtual 5/2021
4. #McLaren J. 25.5 How COVID-19 Impacted the System of Care for Individuals with Intellectual Developmental Disorders (IDD). *J Am Acad Child Adolesc Psychiatry*. 2021;60(10):S38-S39. doi:10.1016/j.jaac.2021.07.170
5. #McLaren J. 67.4 Caring for Children with Intellectual Developmental Disorders (IDD) Impacted by Trauma. *J Am Acad Child Adolesc Psychiatry*. 2021;60(10):S99-S100. doi:10.1016/j.jaac.2021.07.417
6. Scull, S.M., Marschall, K.P., Plotnik, L., Stark, A., Thorp, K., McLaren, J.L., & Lichtenstein, J.D. FG Syndrome in adulthood: a case report. Poster be presented at the National Academy of Neuropsychology 42nd Annual Conference, October 12-15, 2022, Denver, CO, USA.
7. #**McLaren J**. Caring for Individuals with Intellectual and Developmental Disorders: The Integrated Mental Health Treatment Guidelines for Prescribers *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 61, Issue 10, S66
8. #**McLaren, J.**, Hendren, R., Koth, K. Successfully Navigating the Often Uncharted Seas of the System of Care for Individuals with IDD: Strategies for Child and Adolescent Psychiatrists.

JONATHAN D. LICHTENSTEIN, PsyD, MBA

CURRICULUM VITAE

9/15/2023

JONATHAN DANIEL LICHTENSTEIN, PsyD, MBA

OFFICE ADDRESS: HB 7750, Department of Psychiatry

EMAIL:

I. EDUCATION:

<u>Dates</u>	<u>Institution</u>	<u>Degree</u>
June 2005	Hampshire College, Amherst, MA	Bachelor of Arts, German Studies
May 2012	Widener University, Chester, PA	Master of Business Administration
June 2012	Widener University, Chester, PA	Doctor of Psychology

PRE-DOCTORAL TRAINING:

<u>Dates</u>	<u>Institution</u>	<u>Specialty</u>
2007-2008	Norristown State Hospital, Norristown, PA	Practicum Student
2008-2009	Neuropsychology and Behavioral Health, Newark, DE & Media, PA	Practicum Student
2009-2010	Montgomery School & Center for Psychological Services, Chester Springs, PA & Paoli, PA	Practicum Student
2010-2012	The Institute for Graduate Clinical Psychology, Chester, PA	Neuropsychology Intern

II. POST-DOCTORAL TRAINING:

<u>Dates</u>	<u>Institution</u>	<u>Specialty</u>
2012-2013	Sports Concussion Center of New Jersey, Lawrenceville, NJ	Neuropsychology Post-Doctoral Resident
2013-2014	Geisel School of Medicine at Dartmouth, Hanover, NH	Pediatric Neuropsychology Post-Doctoral Fellow

III. ACADEMIC APPOINTMENTS:

<u>Dates</u>	<u>Institution</u>	<u>Title</u>
2012-2017	Widener University, Chester, PA	Adjunct Professor of Clinical Psychology
2014-2016	Geisel School of Medicine at Dartmouth	Instructor in Psychiatry
2014-present	Antioch University-New England, Keene, NH	Adjunct Professor of Clinical Psychology

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2016-present	Geisel School of Medicine at Dartmouth	Assistant Professor of Psychiatry
2017-present	Geisel School of Medicine at Dartmouth	Assistant Professor of The Dartmouth Institute
2017-present	Geisel School of Medicine at Dartmouth	Assistant Professor of Pediatrics

IV. PROFESSIONAL DEVELOPMENT ACTIVITIES

<u>Dates</u>	<u>Sponsoring Institution</u>	<u>Title</u>	<u>Credits</u>
May 2014	Collaborative Institutional Training Initiative	Good Clinical Practice	1.00
June 2014	Dartmouth-Hitchcock	Developmental Disabilities Education Series	3.00
June 2014	American Academy of Clinical Neuropsychology	Supervision in Pediatric Neuropsychology: Ethical, Practical, and Structural Issues	3.00
January 2015	Collaborative Institutional Training Initiative	Responsible Conduct of Research	1.00
February 2015	International Neuropsychological Society	INS 43 rd Annual Meeting	5.00
May 2015	Brain Injury Association of New Hampshire	BIANH 32 nd Annual Conference	5.00
July 2015	Committee on Institutional Cooperation	Big-Ten/Ivy League TBI Research Summit	5.00
April 2016	Genesis Continuing Education Group	Ethical Principles of Psychologists and Code of Conduct	1.00
May 2016	Ce4Less.com	Suicide Assessment and Treatment	3.00
May 2016	Dartmouth-Hitchcock	Faculty Development Session	1.00
July 2016	The Big-Ten Conference	Big-Ten/Ivy League TBI Research Summit	5.00
December 2016	ImPACT Applications, Inc.	ImPACT Training Workshops	3.00
May 2017	Dartmouth-Hitchcock	Positive Behavioral Intervention and Supports for Children and Youth with Neurodevelopmental Disabilities	5.00
July 2017	The Big-Ten Conference	Big-Ten/Ivy League TBI Research Summit	5.00
August 2017	Collaborative Institutional Training Initiative	Human Research, Social/Behavioral Research	1.00
September 2017	Dartmouth-Hitchcock	Safety Behaviors for Error Prevention Training	2.75
September 2017	Dartmouth-Hitchcock	Current Concepts in Sports Concussion	2.75

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May 2018	42 nd Williamsburg TBI Conference	Ethics in Inter-disciplinary Care	1.50
May 2018	CE4Less.com	Ethics & Boundary Issues	3.00
July 2018	The Big-Ten Conference	Big-Ten/Ivy League TBI Research Summit	5.00
July 2019	The Big-Ten Conference	Big-Ten/Ivy League TBI Research Summit	5.00
Spring 2021	New Hampshire Listens	Race and Equity Series	6.00
March 2021	Massachusetts Neuropsychology Society	Rehabilitation from COVID-19 in Adults	2.00
April 2021	American Academy of Pediatric Neuropsychology	7 th Annual Conference	17.50
Summer 2021	Dartmouth-Hitchcock	Leading at D-HH	20.00
Fall 2021	Dartmouth-Hitchcock	Psychiatry Grand Rounds	13.00
Fall 2021	Dartmouth-Hitchcock	Pediatric Grand Rounds	10.00
Spring 2022	Dartmouth-Hitchcock	Psychiatry Grand Rounds	15.00
Fall 2022	Dartmouth-Hitchcock	Pediatric Grand Rounds	10.00
Spring 2023	Dartmouth-Hitchcock	Psychiatry Grand Rounds	15.00
Summer 2023	University of Michigan	Ivy League – Big Ten Symposium	10.50

V. DARTMOUTH INSTITUTIONAL LEADERSHIP ROLES:

<u>Dates</u>	<u>Institution</u>	<u>Title</u>
2014-present	Geisel School of Medicine at Dartmouth	Director, Pediatric Neuropsychology
2014-present	Dartmouth-Hitchcock Medical Center	Multidisciplinary Concussion Working Group
2014-present	Dartmouth-Hitchcock Medical Center	Behavioral and Neurodevelopmental Services (BANDS)
2014-present	Dartmouth-Hitchcock Medical Center	Brain Imaging Laboratory, Executive Committee
2018-present	Dartmouth-Hitchcock Medical Center	Director, Sports Neuropsychology
2020-present	Dartmouth-Hitchcock Medical Center	Director, Neuropsychology

VI. LICENSURE AND CERTIFICATION:

<u>Dates</u>	<u>Licensure/Certification</u>
2014-present	NH Psychology License #1320
2014-present	Credentialed ImPACT Consultant ImPACT Applications, Inc. Pittsburgh, PA
2020-present	VT Psychologist – Doctorate 048.0134218

VII. HOSPITAL APPOINTMENTS:

<u>Dates</u>	<u>Institution</u>	<u>Title</u>
2014-present	Dartmouth-Hitchcock Medical Center Lebanon, NH	Director, Neuropsychology
2014-2020	New Hampshire Hospital Concord, NH	Director, Pediatric Neuropsychology

VIII. OTHER PROFESSIONAL POSITIONS:

<u>Dates</u>	<u>Institution</u>	<u>Title</u>
2010-2012	The Center for Psychological Services Paoli, PA & Ardmore, PA	Psychological Associate
2014-2016	Manchester Monarchs Hockey Club Manchester, NH	Team Neuropsychologist
2015-2017	Burke Mountain Academy Burke, VT	Concussion Management Consultant
2014-present	Dartmouth College Hanover, NH	Team Neuropsychologist Dartmouth Athletics
2014-present	St. Anselm's College Manchester, NH	Concussion Management Consultant
2014-present	Pinkerton Academy Derry, NH	Concussion Management Consultant
2014-present	Salem High School Salem, NH	Concussion Management Consultant
2014-present	Proctor Academy Andover, NH	Concussion Management Consultant
2014-present	Brewster Academy Wolfeboro, NH	Concussion Management Consultant
2014-2020	Belmont High School Belmont, NH	Concussion Management Consultant
2014-2020	Cardigan Mountain School Canaan, NH	Concussion Management Consultant
2014-2020	Dover High School Dover, NH	Concussion Management Consultant
2014-present	Hanover High School Hanover, NH	Concussion Management Consultant
2014-2020	Hartford Middle and High School Hartford, VT	Concussion Management Consultant
2014-2020	John Stark Regional High School Weare, NH	Concussion Management Consultant
2014-2020	Kearsarge Regional High School Sutton, NH	Concussion Management Consultant
2014-2020	Keene High School Keene, NH	Concussion Management Consultant
2014-present	Kennett Middle School Conway, NH	Concussion Management Consultant
2014-present	Josiah Bartlett Middle School Bartlett, NH	Concussion Management Consultant
2014-present	Kennett High School Conway, NH	Concussion Management Consultant

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2014-2020	Kingswood Middle School Wolfboro, NH	Concussion Management Consultant
2014-2020	Kingswood High School Wolfboro, NH	Concussion Management Consultant
2017-2021	Lebanon High School Lebanon, NH	Concussion Management Consultant
2014-present	Londonderry High School Londonderry, NH	Concussion Management Consultant
2014-2021	New Hampton School New Hampton, NH	Concussion Management Consultant
2014-present	Newport Middle and High School Newport, NH	Concussion Management Consultant
2014-present	Tilton School Tilton, NH	Concussion Management Consultant
2014-present	Trinity High School Manchester, NH	Concussion Management Consultant
2016-present	White Mountains Regional High School Whitefield, NH	Concussion Management Consultant
2016-2020	Kearsarge Regional Middle School Sutton, NH	Concussion Management Consultant
2018-2021	Bow School District Bow, NH	Concussion Management Consultant
2019-present	Nashua High School, North & South Nashua, NH	Concussion Management Consultant
2020-2021	New England College, Henniker, NH	Concussion Management Consultant
2021-present	Moultonborough Academy, Moultonborough, NH	Concussion Management Consultant
2022-present	Inter-Lakes High School, Meredith, NH	Concussion Management Consultant
2022-present	Milford Middle School, Milford, NH	Concussion Management Consultant
2022-present	Milford High School, Milford, NH	Concussion Management Consultant

IX. TEACHING ACTIVITIES:

A. UNDERGRADUATE EDUCATION

<u>Dates</u>	<u>Institution</u>	<u>Course</u>	<u>Student's Name</u>
2018	Dartmouth College Hanover, NH	PSYC 88: Independent Research	Kieffer Christianson

B. GRADUATE EDUCATION

Not applicable.

C. UNDERGRADUATE MEDICAL EDUCATION

Not applicable.

D. GRADUATE MEDICAL EDUCATION

Inclusive of instruction of residents and fellows during clinical practice

<u>Dates</u>	<u>Institution</u>	<u>Course Title</u>	<u>Role</u>	<u>Hours/Year</u>
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JONATHAN D. LICHTENSTEIN, PsyD, MBA

2014-2020	New Hampshire Hospital	Supervision (fellows)	Supervisor	200
2014-present	Dartmouth-Hitchcock	Supervision (fellows)	Supervisor	720
2014-present	Dartmouth-Hitchcock	Supervision (practicum students)	Supervisor	96
2014-present	Dartmouth-Hitchcock	Neuropsychology Seminar & Case Conference	Co-Organizer	45
2014-present	Dartmouth-Hitchcock	PGY II/III Resident & Fellow Lectures	Presenter	4
2019-present	Geisel School of Medicine at Dartmouth	SBM Psychiatry Course	Lecturer	1
2023	Dartmouth Health	Emergency Medicine Residency	Lecturer	1

E. OTHER CLINICAL EDUCATION

Not applicable.

X. ADVISING/MENTORING:

A. UNDERGRADUATE STUDENTS

<u>Dates</u>	<u>Student's Name</u>	<u>Program</u>
2016	Kelsie Atwater	Colgate University
2017	Allison Green	Dartmouth College
2018	Sonia Rowley	Dartmouth College
2018-2019	Alissa Cole	University of Maryland
2018	Ellie Pomer	Ithaca College
2018	Annie Farley	Dartmouth College
2018-2020	Hannah Haile	Dartmouth College
2019	Rebecca Russell	Dartmouth College
2020-2021	Katherine Packard	Dartmouth College
2020-2021	Christin Ealer	Dartmouth College
2020-2021	Caitlin Bowers	Dartmouth College
2021-2022	Sydney Fortner	Dartmouth College
2022	Lana Sabbagh	Dartmouth College
2023	Julia Mahairas	Authentic Science Research Program

B. GRADUATE STUDENTS

<u>Dates</u>	<u>Student's Name</u>	<u>Program</u>	<u>Degree</u>
2013-2014	Courtney Condiracci	Antioch University	Psy.D.
2014-2015	Jennifer Amato	Antioch University	Psy.D.
2014-2015	Rachel Roberts	Antioch University	Psy.D.
2014-2015	Joanna Peters	Ferkauf Graduate School of Psychology	Psy.D.
2015-2016	Katherine Gorman	Antioch University	Psy.D.
2015-2016	Courtney Condiracci	Antioch University	Psy.D.
2015-2016	Katie Osborn	Florida School of Professional Psychology	Psy.D.

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2016	Kyla Donnelly	The Dartmouth Institute	Ph.D.
2016-2017	Jacqueline Gilbert	Antioch University	Psy.D.
2016-2017	Jennifer Amato	Antioch University	Psy.D.
2017-2018	Zachary Merz	St. Louis University	Ph.D.
2017-2018	Sloane Sheldon	Ferkauf Graduate School of Psychology	Ph.D.
2017-2018	Melanie Sklar	Antioch University	Psy.D.
2018-2019	Katelyn Gettens	University of Connecticut	Ph.D.
2019-2020	Sadie Collagan	Antioch University	Psy.D.
2019-2020	Jennifer Mayette	Antioch University	Psy.D.
2020-2021	Sara Scull	Antioch University	Psy.D.
2020-2021	Kelsea Marschall	Antioch University	Psy.D.
2020-2021	Tiffany Andersen	Eastern Michigan University	Ph.D.
2021-2023	Phoebe Lewis	Antioch University	Psy.D.
2021-2023	Marilyn Musterait	Antioch University	Psy.D.
2022-present	Kelsea Marschall	Antioch University	Psy.D.
2022-present	Molly O'Reilly	Antioch University	Psy.D.
2022-2023	Erin McLean	Hofstra University	Ph.D.
2022-2023	Ryan Thompson	Palo Alto University	Ph.D.

C. NON-DEGREE PROGRAM STUDENTS

<u>Dates</u>	<u>Student's Name</u>	<u>Institution</u>	<u>Program</u>
2020-present	Amanda St. Ivany	Dartmouth-Hitchcock	NIH - LRP

D. MEDICAL STUDENTS

<u>Dates</u>	<u>Student's Name</u>	<u>Program</u>	<u>Degree</u>
2016	Michael Sun	Geisel School of Medicine	M.D.
2017	Erin D'Agostino	Geisel School of Medicine	M.D.
2017-2018	Damien Lazar	Tufts Medical School	M.D.

E. RESIDENT/FELLOWS

<u>Dates</u>	<u>Student's Name</u>	<u>Program</u>	<u>Degree</u>
2014-2016	Stephanie Towns	Neuropsychology	Psy.D.
2014-2016	Maurissa Abecassis	Neuropsychology	Ph.D.
2015-2016	Aimee Beaton	Pediatrics	M.D.
2015	Samuel McWilliams	Pediatrics	M.D.
2015-2017	Jeremy Carnasin	Neuropsychology	Ph.D.
2015-2017	Nichole Miller	Neuropsychology	Ph.D.
2015-2017	Katherine Shea	Child Psychiatry	M.D.
2015-2017	Larry Mitnaul	Child Psychiatry	M.D.
2015-2017	Shazia Savul	Child Psychiatry	M.D.
2015-2017	Christine Miller	Child Psychiatry	M.D.
2015-2017	Paul Bryant	Child Psychiatry	M.D.
2015-2017	Heather Shacket	Child Psychiatry	M.D.
2016	Sydney Hartman	Pediatrics	M.D.
2016	Jennifer Lapin	Pediatrics	M.D.
2016	Sam Ogden	Pediatrics	M.D.

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2016-2018	Judith Fernando	Child Psychiatry	M.D.
2016-2018	Kish Gosai	Child Psychiatry	M.D.
2016-2018	John Ryder	Child Psychiatry	M.D.
2016-2018	Antra Bami	Child Psychiatry	M.D.
2016-2018	Jami Halpern	Neuropsychology	Psy.D.
2016-2018	George Lin	Neuropsychology	Ph.D.
2016-2018	Irving Arevalo	Neuropsychology	Ph.D.
2017	Christina Mamolea	Pediatrics	M.D.
2017	Angela Doswell	Pediatrics	M.D.
2017	Zachary Newton	Pediatrics	M.D.
2017	Muhammad Zain-ul-abideen	Pediatrics	M.D.
2017	Carrie Schulmeister	Pediatrics	M.D.
2017-2018	Emile Hasan	Psychiatry	M.D.
2017-2019	Sirin Tapan	Child Psychiatry	M.D.
2017-2019	Rejini Thomas	Child Psychiatry	M.D.
2017-2019	Andrea Jackson	Neuropsychology	Ph.D.
2017-2019	Catherine Williams	Neuropsychology	Ph.D.
2018	Joel Sarmiento	Pediatrics	M.D.
2018	Ashleigh Rushing	Pediatrics	M.D.
2018	Jennifer Lapin	Pediatrics	M.D.
2019-present	Joel Peterson	Child Psychiatry	M.D.
2019-present	Daniel Bigman	Child Psychiatry	M.D.
2020-present	Dinesh Sangroula	Child Psychiatry	M.D.
2020	Christine Oh	Child Psychiatry	M.D.
2020-present	Omar Shah	Child Psychiatry	M.D.
2020-present	Sarah Vailingham	Child Psychiatry	M.D.
2020-present	Linda Gao	Child Psychiatry	M.D.
2021-present	Rebecca John	Child Psychiatry	D.O.
2021-present	Katherine Han	Child Psychiatry	M.D.
2021-present	Sarah Slabaugh	Child Psychiatry	M.D.
2022-present	Mo Jasser	Child Psychiatry	D.O.
2022-present	Mitchell Cunningham	Child Psychiatry	D.O.
2022-present	Asmita Panday	Child Psychiatry	M.D.
2023-present	Alexander Buell	Child Psychiatry	M.D.
2023-present	Joshua Prickel	Child Psychiatry	M.D.

F. JUNIOR FACULTY

<u>Dates</u>	<u>Faculty Name</u>	<u>Position</u>	<u>Degree</u>
2020-present	Jennifer Amato	Assistant Professor	Psy.D.
2021-present	Grant Moncrief	Assistant Professor	Psy.D.
2022-present	Anna Graefe	Assistant Professor	Ph.D.

G. ADDITIONAL INFORMATION

Not applicable.

**XI. RESEARCH TEACHING/MENTORING:
(primary mentor)**

A. UNDERGRADUATE STUDENTS

JONATHAN D. LICHTENSTEIN, PsyD, MBA

<u>Dates</u>	<u>Student's Name</u>	<u>Program</u>	<u>Degree</u>
2016	Kelsey Atwater	St. Lawrence University	B.A.
2017-2018	Kieffer Christianson	Dartmouth College, Independent Study	B.A.
2018	Sonia Rowley	Dartmouth College, UGAR Research Grant	B.A.
2018-2019	Hannah Haile	Dartmouth College	B.A.
2020-2021	Katherine Packard	Dartmouth College, Presidential Scholar	B.A.
2020-2021	Caitlin Bowers	Dartmouth College	B.A.
2021	Katherine Packard	Dartmouth College, UGAR Research Grant	B.A.
2021-2022	Christin Ealer	Dartmouth College	B.A.
2021-2022	Sydney Fortner	Dartmouth College, UGAR Research Grant	B.A.
2022-present	Sydney Fortner	Dartmouth College, Presidential Scholar	B.A.
2022-2023	Lana Sabbagh	Dartmouth College	B.A.
2023-2024	Julia Mahairas	Authentic Science Research Program	H.S. diploma

B. GRADUATE STUDENTS

<u>Dates</u>	<u>Student's Name</u>	<u>Program</u>	<u>Degree</u>
2014-2015	Katherine Murphy	Widener University, Dissertation	Psy.D.
2015-2016	Jill Fleischer	Widener University, Dissertation	Psy.D.
2016-2018	Courtney Condiracci	Antioch University, Dissertation	Psy.D.
2017-2018	Jennifer Amato	Antioch University, Dissertation	Psy.D.
2020-2021	Tiffany Andersen	Eastern Michigan University, Dissertation	Ph.D.
2021-2022	Suraj Patel	The Dartmouth Institute	MPH
2021-2022	Adi Suresh	The Dartmouth Institute	MPH
2021-2022	Rohan Muchintala	The Dartmouth Institute	MPH
2022-2023	Rebecca Weber	The Dartmouth Institute	MPH
2022-2023	Chelsey Recendez	The Dartmouth Institute	MPH

C. MEDICAL STUDENTS

<u>Dates</u>	<u>Student's Name</u>	<u>Program</u>	<u>Degree</u>
2021-2023	Kathleen Walsh	Geisel School of Medicine	M.D.
2022-present	Frida Velcani	Geisel School of Medicine	M.D.

D. RESIDENT/FELLOWS/RESEARCH ASSOCIATES

<u>Dates</u>	<u>Student's Name</u>	<u>Program</u>	<u>Degree</u>
2014-2016	Kate Linnea	Pediatric Neuropsychology	Ph.D.

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2014-2016	Lauren Baird	Pediatric Neuropsychology	Psy.D.
2015-2017	Amy Schmid	Pediatric Neuropsychology	Ph.D.
2016-2018	Emilie Chamard	Pediatric Neuropsychology	Ph.D.
2016-2018	Fern Baldwin	Pediatric Neuropsychology	Ph.D.
2017-2019	Hope Nissirios	Pediatric Neuropsychology	Psy.D.
2018-2020	Jennifer Amato	Pediatric Neuropsychology	Psy.D.
2018-2020	Jess Liu	Pediatric Neuropsychology & Sports Neuropsychology	Psy.D.
2019-2021	Erica Pollock	Pediatric Neuropsychology	Ph.D.
2020-present	Emily Holding	Pediatric Neuropsychology	Ph.D.
2020-2022	Kelsey Grodner	Pediatric Neuropsychology	Psy.D.
2020-2022	Janelle Eloi	Sports Neuropsychology	Psy.D.
2020-2023	Mark Roberts	Neurology	M.D.
2021-2023	Kathleen Barros	Pediatric Neuropsychology	Ph.D.
2022-2023	Stephen Aita	Clinical Neuropsychology	Ph.D.
2023-present	Jared Hammond	Clinical Neuropsychology	Psy.D.
2023-present	Toni Curry	Pediatric Neuropsychology	Ph.D.
2023-present	Erin McLean	Pediatric Neuropsychology	Ph.D.

E. FACULTY

<u>Dates</u>	<u>Faculty's Name</u>	<u>Program</u>
2020-present	Jennifer Amato	Pediatric Neuropsychology

XII. COMMUNITY SERVICE, EDUCATION, AND ENGAGEMENT

Not applicable.

XIII. RESEARCH FUNDING

A. CURRENT SUPPORT

RO1HD0095277 (PI: Buckey) 2023-2024 Effort: 5%
NIH/NICHD NCE

“Novel Pediatric Neurocognitive Screening Using Central Auditory Tests”

This research project proposes to evaluate the performance of central auditory tests as a measure of neurocognitive performance, behavior, and literacy in a cross-sectional study focusing on HIV+ children.
Role: Neuropsychologist, Co-I.

Charles M. Vallee Foundation (PI: Parsonnet) 2023-2024 Effort: 10%
Support Groups for Patients with Post-Acute COVID-19 Syndrome

This project plans to establish a network of support groups for patients living with PACS.
Role: Neuropsychologist, Co-I.

B. PAST SUPPORT

RO1HD0095277 (PI: Buckey) 2018-2023 Effort: 15%
NIH/NICHD \$3,729,980

“Novel Pediatric Neurocognitive Screening Using Central Auditory Tests”

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This research project proposes to evaluate the performance of central auditory tests as a measure of neurocognitive performance, behavior, and literacy in a cross-sectional study focusing on HIV+ children.
Role: Neuropsychologist, Co-I.

NCCC Developmental Funds (Co-PIs: Lyons, Lichtenstein) 2021-2022 Effort: 5%

Norris-Cotton Cancer Center \$49,998

“Optimizing Employment Outcomes Among Rural Cancer Survivors: Initiation of a Community-Engaged Research Program”

This translational research project will characterize work-related distress among cancer survivors, elicit stakeholder perceived challenges to employment optimization, and develop implementation strategies to maximize employment outcomes for cancer survivors.

Role: Co-PI.

Levy Health Care Delivery Incubator 2022-2023 Effort: 20%

“The PACS Partnership: Bringing the D-H Promise to Post-Acute COVID Syndrome Care”

This project aims to develop a model of community-based care, including peer-to-peer support, informed by a registry-enabled learning health system.

Role: Co-I.

Munck-Pfefferkorn Grant 2021-2022 Effort: 2%

“Detecting COVID-19 Central Nervous System Dysfunction Using Central Auditory Tests”

This study aims to determine whether adults with cognitive fatigue (brain fog) after a COVID-19 infection have difficulty with the brain’s ability to process sound.

Role: Co-I.

Gary Tucker Junior Investigator Award 2019-2020 Effort: 10%

(PI: Lichtenstein)

DHMC/Department of Psychiatry \$40,000

“Auditory Biomarkers for Diagnosis and Monitoring in Sports-Related Concussion”

This research project proposes to evaluate the performance of auditory processing tests as a measure of brain health in athletes with and without sports-related concussions.

Role: PI

Gary Tucker Junior Investigator Award 2018-2019 Effort: 10%

(PI: Lichtenstein)

DHMC/Department of Psychiatry \$40,000

“Auditory Biomarkers for Diagnosis and Monitoring in Sports-Related Concussion”

This research project proposes to evaluate the performance of auditory processing tests as a measure of brain health in athletes with and without sports-related concussions.

Role: PI

DK066174 (PIs: Munoz, Furth, Warady, & Schwartz) 2014-2018 Effort: In kind

NIH/NIDDK \$1,670,687

“CKiD”

The goal of this multi-center project is to understand the cognitive profile in children with chronic kidney disease. Participants of all pediatric ages were followed over 4 years to determine changes in their cognitive functioning over time.

Role: Neuropsychologist

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90TBGG008-01-02 (PI: Lichtenstein) 2014-2018 Effort: 26%
ACL \$968,991

"Concussion Chalk Talk"

The goal of this demonstration project is to change the culture around concussions in New Hampshire schools by providing education, creating team-based management, and providing neuropsychological oversight.

Role: Program Director, PI.

Hitchcock Pilot Grant (PI: Linnea) 2016-2018 Effort: In kind
Hitchcock Foundation \$30,000

"Understanding Neurocognitive Skills in the Context of Social Functioning: A Prospective Study of Pediatric Cancer Survivors."

The goal of this pilot project is to establish the theory that problems in social performance in children with cancer histories is due to executive dysfunction.

Role: Neuropsychologist, Co-PI.

C. PENDING SUPPORT

RO1 (Co-PIs: Buckey, Kraus) 2021-2026 Effort: 15%
NSF

"Cortico-subcortical interactions underlying sentence recognition in noise: structure, function, and injury"

This research project proposes to evaluate the mechanisms of sentence-in-noise recognition and determine how those mechanisms and their interactions are disrupted by concussion.

Role: Co-Investigator, Key Personnel.

R01 (PI: McGarry) 2023-2028 Effort: 15%
NIH/NINDS

"In vivo imaging of the mechanical integrity of the skull-brain interface in traumatic brain injury"

This project will lead to a new diagnostic tool to identify high-risk subjects for future brain injury and provide powerful new information for managing risk in these populations, as well as providing patient specific properties for the next generation of advanced computational TBI models.

Role: Co-Investigator, Key Personnel

R21 (Co-PIs: Lichtenstein, Niemczak) 2023-2028 Effort: 25%
NIH/NIDCD

This project will study concussions using cognitively challenging auditory tasks, with deployable equipment, and innovative predictive methods to evaluate athletes at crucial stages of concussion management.

Role: Co-Principal Investigator

Large Grant Program (PI: Bretzin) 2024-2026 Effort: 15%
NOCSAE

This project focuses on head impact exposure (HIE) in collegiate women's rugby. The study will develop a protocol to effectively measure HIE incidence and at-risk exposure time to characterize mechanisms and frequency of HIE, and compare HIE rates between women's varsity and club rugby.

Role: Co-Investigator

XIV. PROGRAM DEVELOPMENT

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Sports Concussion Clinic, DHMC
 Pediatric Neuropsychology Program expansion, DHMC
 Pediatric Neuropsychology Didactics Series, DHMC
 Several Multi-Disciplinary Clinics, DHMC
 Multi-Disciplinary Concussion Group, DHMC
 Behavior and Neurodevelopmental Services (BANDS), DHMC
 Brain Research Network, DHMC
 Sports Neuropsychology Program, DHMC
 Post-Acute COVID-19 Syndrome Clinic, DHMC

XV. ENTREPRENEURIAL ACTIVITIES

Not applicable.

XVI. MAJOR COMMITTEE ASSIGNMENTS

National/International

<u>Dates</u>	<u>Committee</u>	<u>Role</u>	<u>Institution</u>
2014-present	Protocol Working Group	Member	Big-Ten/Ivy League Research Collaboration
2014-present	Assessment Working Group	Member	Big-Ten/Ivy League Research Collaboration
2019-present	SNAPP Committee	Founding Member	Sports Neuropsychology Society
2022-present	Education Committee	Member; Subcommittee Head	Sports Neuropsychology Society

Regional

<u>Dates</u>	<u>Committee</u>	<u>Role</u>	<u>Institution</u>
2019-2023	Board of Directors	Member	Brain Injury Association of New Hampshire
2021-2022	Planning Committee	Member	New Hampshire Team Up for Sports Safety
2023	Board of Directors	President	Brain Injury Association of New Hampshire

Institutional

<u>Dates</u>	<u>Committee</u>	<u>Role</u>	<u>Institution</u>
2014-present	Multi-Disciplinary Concussion Group	Member	Dartmouth-Hitchcock
2015-present	Behavior and Neurodevelopmental Services Group	Member	Dartmouth-Hitchcock
2016-2017	Child Psychologist Search Committee	Member	Dartmouth-Hitchcock

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2019	Adult Neuropsychologist Search Committee	Member	Dartmouth-Hitchcock
2020-present	Department of Psychiatry Emergency Management Team	Member	Dartmouth-Hitchcock
2020-present	Psychiatry Space Committee	Member	Dartmouth-Hitchcock
2020-present	Clinical Leadership Group, Dept of Psychiatry	Member	Dartmouth-Hitchcock
2020-present	Diversity, Equity, & Inclusion Committee, Dept of Psychiatry	Member, Subcommittee Co-Leader	Dartmouth-Hitchcock
2020	Adult Neuropsychologist Search Committee	Chair	Dartmouth-Hitchcock
2021-present	5D Executive Meeting Group	Member	Dartmouth-Hitchcock
2021-present	Post-Acute COVID-19 Syndrome Clinic	Member	Dartmouth-Hitchcock
2021	ECHO Project: PACS	Member/Panelist/Presenter	Dartmouth-Hitchcock
2021	AIRS Advisory Group	Member	Dartmouth-Hitchcock
2021	PACS Case Conference	Founder	Dartmouth-Hitchcock
2022	Psychiatry PPEC	Vice Chair	Dartmouth Health
2023	Better Lab	Founder, Director	Dartmouth Health

XVII. MEMBERSHIPS, OFFICE AND COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES

<u>Dates</u>	<u>Society</u>	<u>Role</u>
2012-present	American Psychological Association	Member
2012-2015	American Academy of Clinical Neuropsychology	Member
2014-present	International Neuropsychological Society	Member
2014-present	Sports Neuropsychology Society	Member
2020-present	American Academy of Pediatric Neuropsychology	Member

XVIII. INSTITUTIONAL CENTER OR PROGRAM AFFILIATIONS

Not applicable.

XIX. EDITORIAL BOARDS

<u>Dates</u>	<u>Role</u>	<u>Board Name</u>
2018	Guest Editor, "Performance Validity Assessment in Children"	The Journal of Pediatric Neuropsychology
2022-present	Editorial Board Member	Child Neuropsychology: the official pediatric journal of the AACN

XX. JOURNAL REFEREE ACTIVITY

<u>Dates</u>	<u>Journal Name</u>
2014-present	Child Neuropsychology
2014-present	Developmental Neuropsychology
2015-present	The Clinical Neuropsychologist
2016-present	Archives of Clinical Neuropsychology
2017-present	The Journal of the International Neuropsychological Society
2020-present	Brain Injury

XXI. AWARDS AND HONORS

<u>Date</u>	<u>Award Name</u>
2012	Excellence in Empirical Dissertation Award

XXII. INVITED PRESENTATIONS

A. International

<u>Dates</u>	<u>Topic/Title</u>	<u>Sponsoring Organization</u>	<u>Location</u>
March 2017 #	Development of a Curriculum for Concussion Management Training in Schools	World Congress on Brain Injury	New Orleans, LA

B. National

<u>Dates</u>	<u>Topic/Title</u>	<u>Sponsoring Organization</u>	<u>Location</u>
August 2021	Psychiatric Sequelae II: Fatigue & Brain Fog	PACS ECHO Dartmouth- Hitchcock	Virtual
July 2019 * ^	Knowledge Competencies for Concussion Management: Theory, Training, and Practice	Big-Ten/Ivy League TBI Research Collaboration	Rosemont, IL
May 2018 * ^	Multimodal Assessment of People with Intellectual and Developmental Disabilities (IDD) and Mental Health Disorders	The Center for Start Services	Boston, MA
May 2018 #	Concussion Chalk Talk: Improving School-based Concussion Management Through Culture Change	Virginia Commonwealth University	Williamsburg, VA
April 2017 * ^ Keynote Address	Dazed and Confused: Concussion on Campus	University of Pennsylvania	Philadelphia, PA

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July 2017 *	Teach Your Children Well: Systematic Review of SRC in Youth	Big-Ten/Ivy League TBI Research Collaboration	Rosemont, IL
July 2017 *	Neuropsychology: Translating Research to Practice	Big-Ten/Ivy League TBI Research Collaboration	Rosemont, IL
July 2016 *	Ivy League: An Example of Addressing Player Safety	Big-Ten/Ivy League TBI Research Collaboration	Philadelphia, PA

C. Regional/Institutional

<u>Dates</u>	<u>Topic/Title</u>	<u>Sponsoring Organization</u>	<u>Location</u>
September 2023*	Time Will Tell: TBI, Older Adults, and Aging	Brain Injury Association of New Hampshire	Zoom
April 2022 *	School-based Concussion Management	Brain Injury Association of New Hampshire	Zoom
December 2022 *	Sports Neuropsychology at Dartmouth	Dartmouth-Health Grand Rounds	DHMC
October 2022 * ^	TBI in Childhood: Conceptualizing Social and Behavioral Challenges	Maine CDC	Zoom
April 2022 * ^	Meeting Them Where They're At: Concussion Management at School	Brain Injury Association of New Hampshire	Zoom
April 2021	Chronic Traumatic Encephalopathy	White River Junction VA	White River Junction, VT (online)
February 2021 * ^	Getting Emotional About Concussion	Dartmouth College Sports Medicine	Hanover, NH (online)
February 2021 * ^	Head Games: Post-Concussion Syndrome in Adolescents	New Hampshire School Nurses Association	Lebanon, NH (online)
January 2021 * ^	Return to Learn after Concussion: What's New?	New Hampshire School Nurses Association	Lebanon, NH (online)
November 2020 ^	Getting Emotional About Concussions	Safe Sports Network	Manchester, NH (online)
May 2020 * ^	Psychology and Concussion	Department of Pediatrics, DHMC	Lebanon, NH (online)
April 2020 * ^	Concussion Management: Guidance for School and Home	Department of Pediatrics, DHMC	Lebanon, NH (online)
November 2019 * ^	School-based Concussion Management	Vermont School Nurses Association	Quechee, VT

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January 2019 ^	Concussion 101	Pediatrics, Dartmouth-Hitchcock Manchester	Manchester, NH
November 2018 * ^	Return to Learn After Concussion	St. Anselm's College	Manchester, NH
September 2017 ^	Neuropsychological Evaluation and Return to Learn	Dartmouth-Hitchcock	Lebanon, NH
September 2017 ^	Chronic Traumatic Encephalopathy	Dartmouth-Hitchcock	Lebanon, NH
August 2017 * ^	Pediatric Neuropsychology	Brain Injury Association of New Hampshire	Concord, NH
November 2016 * ^	Return to Play after Concussion: The Basics	Department of Pediatrics, DHMC	Lebanon, NH
October 2016 * ^	Neuropsychological Evaluations: Who, What, and How	Brain Injury Association of Vermont	Burlington, VT
September 2016 * ^ Grand Rounds	Should I Stay or Should I Go: The Return to School Conundrum in Concussion Management	Department of Pediatrics, DHMC	Lebanon, NH
March 2016 * ^	Return to Learn After Concussion	Dartmouth-Hitchcock	Lebanon, NH
December 2015 * ^	Getting Emotional About Concussion	SERESC	Bedford, NH
November 2015 * ^	Returning to the Classroom Post-Concussion	New Hampshire Association for Health, Physical Education, Recreation, & Dance	Waterville Valley, NH
November 2015 * ^	Back to School: Returning to Academics Post-Concussion	St. Anselm's College	Manchester, NH
September 2015 *	Returning to the Classroom Post-Concussion	Londonderry High School	Londonderry, NH
August 2015 * ^	Getting Emotional About Concussion	St. Anselm's College	Manchester, NH
May 2015 * ^	The X's and O's of Concussion Management	Brain Injury Association of New Hampshire	Concord, NH
March 2015 * ^	We're All in This Together: The Dos and Don't of School-based Concussion Management	St. Anselm's College	Manchester, NH
November 2014 * ^	Getting Emotional About Concussion: Affective Functioning Post-Injury	SERESC	Bedford, NH
June 2014 * ^	Return to Play and Return to Academics Protocols Following Concussion	Northern New England Athletic Training Association	Portsmouth, NH

March 2014 ^	Heads Up! Let's Talk about Sports Concussion	Hanover/Dresden School District	Hanover, NH
March 2012	Sports Concussion Management and the Student Athlete	Princeton Day School	Princeton, NJ

XXIII. BIBLIOGRAPHY

A. Peer-reviewed publications in print or other media

1. Most significant publications (3-5):

1. **Lichtenstein, J.D.**, Amato, J.T., Holding, E.Z., Grodner, K.D., Pollock, E.P., Marschall, K.P., & Scull, S. (2021). How we work now: preliminary review of a pediatric neuropsychology hybrid model in the era of Covid-19 and beyond. *Archives of Clinical Neuropsychology*, acab041. Advance online publication. <https://doi.org/10.1093/arclin/acab041>.
2. **Lichtenstein, J.D.**, Erdodi, L., & Linnea, K. (2017). Introducing a forced-choice recognition task to the California Verbal Learning Test – Children's Version. *Child Neuropsychology*, 23(3), 284-299. Doi: 10.1080/09297049.2015.1135422.
3. Erdodi, L.A., & **Lichtenstein, J.D.** (2017). Invalid before impaired: an emerging paradox of embedded validity indicators. *The Clinical Neuropsychologist*, 31(6-7), 1029-1046.
4. **Lichtenstein, J.D.**, Linnea, K., & Maerlender, A.C. (2017). Patterns of referral in high school concussion management programs: a pilot study of consultants from different disciplines. *Applied Neuropsychology: Child*. doi: 10.1080/21622965.2017.1340158. Epub ahead of print.
5. **Lichtenstein, J.D.**, Moser, R.S., & Schatz, P. (2014). Age and test setting affect the prevalence of invalid baseline scores on neurocognitive testing. *American Journal of Sports Medicine*, 42(2), 479-84.

2. Other publications (excluding any listed in part 1)

a. Original articles:

1. Forcino, R.C., Sivan Rotenberg, S., Morrissette, K.J., Godzik, C.M., **Lichtenstein, J.D.**, Schiffelbein, J.E., Stevens, C.J., Sundar, V., Brucker, D.L., Connolly, D., Keysor, J., Lyons, K.D. (2023). Exploring acceptability of employment interventions to support people living with cancer: A qualitative study of cancer survivors, healthcare providers, and employers. *JMIR Formative Research*, 7:e47263.
2. Bonacina, S. Niemczak, C., **Lichtenstein, J.D.**, Magohe, A., Fellows, A., Nicol, T., Massawe, E., Buckey, J.C., & Kraus, N. (2023). Pre-literacy assessment in children living with HIV in Tanzania: comparison to results from children living without HIV in Tanzania and the US. *AIDS*, advance online publication.
3. Lyons, K.D., Forcino, R.C., Rotenberg, S., Schiffelbein, J.E., Morrissette, K.J., Godzik, C.M., & **Lichtenstein, J.D.** (2022). "The last thing you have to worry about:" A thematic analysis of employment challenges faced by cancer survivors. *International Journal of Environmental Research and Public Health*.
4. **Lichtenstein, J.D.**, Niemczak, C., Bowers, C., Fellows, A., Magohe, A., Ealer, C.E., Massawe, E., Moshi, N., & Buckey, J.C. (2022). Nonverbal neurocognitive assessment during the COVID-19 pandemic: the effect of personal protective equipment. *Archives of Clinical Neuropsychology*.
5. Forcino, R., **Lichtenstein, J.D.**, Rotenberg, S., Godzik, C.M., Schiffelbein, J.E., Morrissette, K., & Lyons, K.D. (2022). Work-and school-related distress among patients with cancer: a single-site retrospective chart review. *Journal of Psychosocial Oncology*.

6. **Lichtenstein, J., Bowers, C.,** Amato, J., Niemczak, C., Fellows, A., Magohe, A., Haile, H., White-Schwoch, T., Kraus, N., Massawe, E., Moshi, N., & Buckley, J. (2022). Nonverbal cognitive assessment of children in Tanzania with and without HIV. *Child Neuropsychology: a journal on normal and abnormal development in childhood and adolescence*, 1–13. Advance online publication. <https://doi.org/10.1080/09297049.2021.1957809>
7. Merz, Z. C., **Lichtenstein, J. D.,** & Lace, J. W. (2022). Methodological considerations of assessing meaningful/reliable change in computerized neurocognitive testing following sport-related concussion. *Applied neuropsychology. Child*, 11(4), 725–733. PMID: 34293970
8. Niemczak, C.*, **Lichtenstein, J.D.*,** Magohe, A.*, Amato, J.T., Fellows, A.M., Gui, J., Huang, M., Rieke, C.C., Massawe, E., Boivin, M., Moshi, N., & Buckley, J.C. (2021). The relationship between central auditory tests and neurocognitive domains in adults living with HIV. *Frontiers in Neuroscience*. *denotes shared first authorship
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13. **Eloi, J.,** Lee, J., **Pollock, E.,** Towns, S., Holcomb, M., Tayim, F., Tocco, C., Hirst, R., **Lichtenstein, J.D.,** and Roth, R.M. (2021). Boston Naming Test: Lose the Noose. *Archives of Clinical Neuropsychology*.
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 35. Defina, P.A., Moser, R.S., Glenn, M., Lichtenstein, J.D., & Fellus, J. (2013). Alzheimer's disease clinical and research update for health care practitioners. *Journal of Aging Research*, vol. 2013. Article ID 207178, 9 pages.

a. Reviews:

Not applicable.

b. Books/book chapters/monographs:

1. Erdodi, L.A. & Lichtenstein, J.D. (2021). Information Processing Speed Tests as Performance Validity Tests. In Boone, K.B. (Ed.). *Assessment of Feigned Cognitive Impairment: A Neuropsychological Perspective, Second Edition*. Guilford Press: New York.
2. Maerlender, A.C., Lichtenstein, J.D., & Parent-Nichols, J. (2018). *Concussion Competencies: A Framework for School-based Concussion Management*. Syron Press: New York.
3. McLaren, J.L., Lichtenstein, J.D., Bessen, S.Y., & Baldwin, F. (2017). Autism Spectrum and Other Developmental Disorders and ADHD. In Daviss, W.B. (Ed.). *Moodiness in ADHD: A Clinician's Guide*. Springer International Publishing.
4. Lajiness O'Neil, R., Erdodi, L., & Lichtenstein, J.D. (2017). Traumatic Brain Injury. In Kauffman, J.M. & Hallahan, D.P. (Eds.). *Handbook of Special Education, Second Edition*. Routledge: New York.

B. Other scholarly work in print or other media

1. Editorially-reviewed publications (e.g., Op-Ed pieces, Letters to the Editor)

Lichtenstein, J.D. (2017, October 9). CTE: Sorting out facts from frenzy. *New Hampshire Union Leader*. Retrieved from:
<http://www.unionleader.com/apps/pbcs.dll/article?AID=/20171010/NEWS12/171019965/1009/NEWS12>

2. Print resources (e.g., workshops)
3. Electronic resources (e.g., MOOCs, educational websites, modules, videos, virtual patients)
4. Others (define)

CNN's *The Lead with Jake Tapper*. Interviewed as part of "Robot helps football players avoid concussions." Retrieved from: <https://www.cnn.com/videos/us/2015/09/18/robot-football-players-concussions-orig.cnn>

C. Abstracts: Include both oral, exhibit and poster presentations

1. Scull, S.M., Marschall, K.P., Plotnik, L., Stark, A., Thorp, K., McLaren, J.L., & Lichtenstein, J.D. FG Syndrome in adulthood: a case report. Poster to be presented at the National Academy of Neuropsychology 42nd Annual Conference, October 12-15, 2022, Denver, CO, USA.
2. Holding, E.Z., Lichtenstein, J.D., Grodner, K., Amato, J., Fellows, A., Magohe, A., Niemczak, C., Masswe, E., Moshi, N., Palumbo, P., & Buckey, J. Emotional and behavioral functioning of children in Tanzania with and without HIV. Poster presented at the 50th Annual Conference of the International Neuropsychological Society, February 1-5, 2022.
3. Grodner, K.D., Holding, E.Z., Scull, S.M., Marschall, K.P., Pollock, E.N., Amato, J.T., & Lichtenstein, J.D. Closing the gap: Increasing access to feedback in pediatric neuropsychology through tele-neuropsychology. Poster to be presented at the 50th Annual Conference of the International Neuropsychological Society, February 1-5, 2022.

4. Roberts, M., & Lichtenstein, J.D. The Effect of Test Setting Upon Test-Retest Reliability of ImPACT Baseline Tests in High School Athletes. Poster presented at American Academy of Neurology Sports Concussion Conference, July 30-31, 2021.
5. Liu, S.S., Silverman, D.H., Lichtenstein, J.D., Eloi, J., Flashman, L.A., & Seltzer, M.A. Alterations in Regional Distribution of Cerebral Amyloid Plaques following Head Trauma in Former College Athletes: Relationship to Long-Term Symptom. Poster presented at Society of Nuclear Medicine and Molecular Imaging Annual Meeting, June 12-15, 2021, Washington DC.
6. Bowers, C., Lichtenstein, J.D. ...Buckey, J.C. Assessing Cognition in HIV+ and HIV- Children in Tanzania: A Nonverbal Approach. Poster to be presented at the 49th Annual Conference of the International Neuropsychological Society, February 2-5, 2021, San Diego, CA.
7. Holding, E.Z. ...Lichtenstein, J.D. Executive Functioning and Working Memory: Exploring the Associations among Parent Report and Individual Performance Measures. Poster to be presented at the 49th Annual Conference of the International Neuropsychological Society, February 2-5, 2021, San Diego, CA.
8. Amato, J., Lichtenstein, J.D. ...Buckey, J.C. Hearing in Noise as a Marker of Brain Health in HIV+ Adolescents. Poster presented at the 48th Annual Conference of the International Neuropsychological Society, February 5-8, 2020, Denver, CO.
9. Liu, J.R., & Lichtenstein, J.D. Cognitive Variation in Microdeletions on 8q22.2: A Case Report. Poster presented at the 48th Annual Conference of the International Neuropsychological Society, February 5-8, 2020, Denver, CO.
10. Lichtenstein, J.D., & Schmid, A. Is That a Tip on Your Tongue? Phonemic Cueing and Age on the Boston Naming Test in Children. Poster presented to the 47th Annual Conference of the International Neuropsychological Society, February 20-23, 2019, New York, NY.
11. Lichtenstein, J.D., Schmid, A., Cole, A., Nissirios, E.H., & Baldwin, F.S. No More Nooses: Replacing the Boston Naming Test in Pediatric Neuropsychological Assessment. Poster to be presented 47th Annual Conference of the International Neuropsychological Society, February 20-23, 2019, New York, NY.
12. Nissirios, E.H., Baldwin, F.S., Maerlender, A.C., & Lichtenstein, J.D. How'd We Do? Results of a Brief Satisfaction Survey Following Outpatient Pediatric Neuropsychological Evaluation. Poster presented to the 38th Annual Conference of the National Academy of Neuropsychology, October 17-20, 2018, New Orleans, LA.
13. Maerlender, A., Lichtenstein, J., Parent-Nichols, J., Sibson, K., & Reisher, P. Development of a Curriculum for Concussion Management Training in Schools. Oral presentation presented at the 12th World Congress on Brain Injury, March 29-April 1, 2017, New Orleans, LA.
14. Lazar, D.J., Lichtenstein, J.D., & Tybor, D.J. A Retrospective Study of Concussions in Ultimate Frisbee: A First Step Towards Documenting Lifetime Prevalence. Oral presentation at the 58th Annual National Student Research Forum, Galveston, TX: April 20, 2017.
15. Schmid, A., Lichtenstein, J., Atwater, K., & Linnea, K. Acceptability of a Return-to-Learn Program for Concussed High School Students. Poster presented at the 45th Annual Meeting of the International Neuropsychological Society, February 1-4, 2017, New Orleans, LA.
16. Schmid, A., Lichtenstein, J., Atwater, K., & Linnea, K. Validation of a Teacher Questionnaire to Assess Concussed Students' Recovery. Poster presented at the 45th Annual Meeting of the International Neuropsychological Society, February 1-4, 2017, New Orleans, LA.
17. Lichtenstein, J.D., & Lazar, D. Prevalence Rates of Concussion in Ultimate Frisbee: Preliminary Findings of the Concussion in Ultimate Frisbee Survey (CUFS). Poster presented at: 44th Annual Meeting of the International Neuropsychological Society, February 3-6, 2016, Boston, MA.
18. Schmid, A., Linnea, K., & Lichtenstein, J.D. An Examination of WAIS-IV Digit Span Sequencing in a Clinical Sample. Poster presented at: 44th Annual Meeting of the International Neuropsychological Society, February 3-6, 2016, Boston, MA.
19. Linnea, K., Donnelly, K.Z., Grant, D.A., & Lichtenstein, J.D. The Effects of a Yoga and Mindfulness Intervention on Executive Functioning in Traumatic Brain Injury. Poster presented

- at: 44th Annual Meeting of the International Neuropsychological Society, February 3-6, 2016, Boston, MA.
20. Ulbricht, M., Holcomb, M., **Lichtenstein, J.D.**, & Erdodi, L. Performance Differences for Children on Repeat Administrations of a Sustained Attention and Inhibitory Control Task. Poster presented at: 63rd Annual Meeting of the Southeastern Psychological Association, Atlanta, GA.
 21. Rai, J.K., Erdodi, L.A., **Lichtenstein, J.D.**, Mazur-Mosiewicz, A., Holcomb, M., & Flaro, L. Investigating the Signal Detection Performance of the Trail Making Test as an Embedded Validity Indicator in Adolescents: Can Adult Cutoffs be Extended to Younger Examinees? Poster presented at: 35th Annual Meeting of the National Academy of Neuropsychology, November 4-7, 2015, Austin, TX.
 22. Rai, J.K., Erdodi, L.A., **Lichtenstein, J.D.**, & Flaro, L. Wisconsin Card Sorting Test Embedded Validity Indicators Developed for Adults Can Be Extended to Children Clinically Referred for Neuropsychological Assessment. Poster presented at: 13th Annual Conference of the American Academy of Clinical Neuropsychology, June 17-20, 2015, San Francisco, CA.
 23. **Lichtenstein, J.**, Erdodi, L., & Holcomb, M. Introducing a Forced Choice Recognition Task to the CVLT-C (FCR-Child): Preliminary Findings. Poster presented at: 43rd Annual Meeting of the International Neuropsychological Society, 2015 February 3-7, Denver, CO.
 24. Erdodi, L., Pelletier, C., Tyson, B., **Lichtenstein, J.**, Holcomb, M., Condiracci, C., & Roth, R. Embedded validity indicators in Conners' Continuous Performance Test, Second Edition (CPT-II) discriminate valid from invalid profiles more accurately during the repeat administration in a psychiatric sample. Poster presented at: 34th Annual Conference of the National Academy of Neuropsychology, 2014 November 12-15, Fajardo, Puerto Rico.
 25. **Lichtenstein, J.D.**, Holcomb, M.J., Erdodi, L.A., Maerlender, A.C., Condiracci, C., Roth, R.M., & Pelletier, C. Reliable digit vs. spatial span in a clinical pediatric sample: A visual alternative? Poster presented at: 12th Annual Conference of the American Academy of Clinical Neuropsychology, 2014 June 25-28, New York, NY.
 26. Condiracci, C., Holcomb, M.J., Maerlender, A.C., **Lichtenstein, J.D.**, Erdodi, L.A., & Pelletier, C. The Global Assessment of School Functioning Scale (GASF): A measure of cognition, executive functioning, and behavior. Poster presented at: 12th Annual Conference of the American Academy of Clinical Neuropsychology, 2014 June 25-28, New York, NY.
 27. Pelletier, C., Erdodi, L.A., Holcomb, M.J., **Lichtenstein, J.D.**, & Condiracci, C. Repeating Conners' CPT-II within a test battery increases sensitivity to attention deficit in children. Poster presented at: 12th Annual Conference of the American Academy of Clinical Neuropsychology, 2014 June 25-28, New York, NY.
 28. **Lichtenstein, J.D.**, Moser, R.S., Schatz, P., & Glatts, C. Frequency of invalid ImPACT baselines in a private practice setting: the implications of age. Poster presented at: 11th Annual Conference of the American Academy of Clinical Neuropsychology, 2013 June 19-22, Chicago, IL.
 29. **Lichtenstein, J.D.**, Lazar, M.F., Goldberg, K.B., Adams-Deutsch, Z., & Fleischer, J.M. The relationship between gender and questionable validity of ImPACT baseline scores in college athletes. Poster presented at: 31st Annual Conference of the National Academy of Neuropsychology, 2011 November 16-19, Marco Island, FL.
 30. **Lichtenstein, J.D.**, Fleischer, J.M., Lazar, M.F., & Goldberg, K.B. Rates of questionably valid ImPACT baseline scores in college athletes. Poster presented at: 31st Annual Conference of the National Academy of Neuropsychology, 2011 November 16-19, Marco Island, FL.
 31. **Lichtenstein, J.D.**, Lazar, M.F., Goldberg, K.B., Adams-Deutsch, Z., & Fleischer, J.M. The relationship between history of concussion and questionable validity of ImPACT baseline scores in college athletes. Poster presented at: 31st Annual Conference of the National Academy of Neuropsychology, 2011 November 16-19, Marco Island, FL.

NH Department of Health and Human Services

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.

Job descriptions not required for vacant positions.

Contractor Name: Dartmouth Hitchcock

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Jonathan Ballard	Medical Director	\$ 347,782.00	\$ 347,782.00
Samantha Morin	Lead Psychologist	\$ 152,847.00	\$ 152,847.00
Arun Krishnan	Child Psychiatrist	\$ 167,445.00	\$ 167,445.00
Summer Fall	Licensed Clinician	\$ 101,608.00	\$ 101,608.00
Eric St. Onge	Licensed Clinician	\$ 109,429.00	\$ 109,429.00
Mary Brunette	Medical Director	\$ 162,452.00	\$ 324,904.00
Nancy Nowell	EBP Program Director	\$ 117,645.00	\$ 117,645.00
Kathryn McDonnell	EBP Trainer	\$ 103,979.00	\$ 103,979.00
Gary Moak	Medical Director	\$ 41,117.00	\$ 164,469.00
Jennifer McLaren	Medical Director	\$ 200,620.80	\$ 334,368.00
Jonathan Lichtenstein	Pediatric Neuropsychologist	\$ 15,152.60	\$ 151,526.00



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER

Lori A. Weaver
Commissioner

Morissa S. Hena
Deputy Commissioner

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June 13, 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, Office of the Commissioner, to enter into a **Sole Source** amendment to an existing contract with Mary Hitchcock Memorial Hospital (VC#177160), Lebanon, New Hampshire, to continue the work of evaluating the transformed crisis system, New Hampshire Rapid Response, and increase clinical staff at the Sununu Youth Service Center (SYSC), by increasing the price limitation by \$614,928 from \$9,109,658 to \$9,724,586 with no change to the contract completion date of June 30, 2025, effective upon Governor and Council approval. 53% Federal Funds, 47% General Funds. The original contract was approved by Governor and Council on March 23, 2022, item #10.

Funds are available in the following accounts for State Fiscal Years 2024 and 2025, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because MOP 150 requires all amendments to agreements previously approved as sole source to be identified as sole source. This amendment will accomplish two separate deliverables from the Contractor including the completion of an evaluation of the statewide Rapid Response system and an increase in the number of licensed clinicians available to support the residents of the Sununu Youth Services Center (SYSC).

The first purpose of this request is to utilize one-time American Rescue Plan (ARPA) Mental Health Block Grant funds to continue the evaluation of the statewide Rapid Response crisis system. The Contractor will continue to provide recommendations for continuous quality improvement and support the development of the final pillar of the Crisis Now model (Somewhere to Go). Additionally, the Contractor will also finalize data-driven dashboards that could not be completed on the original timetable. The Contractor has worked closely over the past year to validate all data points and has begun mapping the data to produce internal and external dashboards. The Contractor will continue providing system improvement recommendations and technical assistance. Lastly, the Contractor will issue a final report inclusive of final internal and external data dashboards and ongoing quality oversight tools, processes, and recommendations.

The second purpose of this amendment is to provide four (4) licensed clinicians to enhance mental health support and ensure timely and continuous coverage for residents of the Sununu Youth Services Center (SYSC). Comprehensive mental health services at SYSC focus on stabilization, mitigation of risk, and preparing youth for a successful return to the community.

Approximately 40,000 individuals were served by the New Hampshire Rapid Response crisis system during State Fiscal Year 2023 and approximately 10 to 20 youth per month receive mental health services at SYSC.

The Department will monitor contracted services by reviewing recommendations for improvements and sustainability of the rapid response crisis system and by communicating with SYSC around the implementation of additional clinical support and the resulting increases in stability and support of the youth served.

Should the Governor and Council not authorize this request, the Department will have limited ability to continue to evaluate the rapid response crisis system, thereby delaying the implementation of improvement programs.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number #93.958, FAIN #B09SM085371.

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

Respectfully submitted,



Lori A. Weaver
Commissioner

Fiscal Details

SS-2022-OCOM-02-CLINI-01-A01

05-95-95-950010-50000000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, COMMISSIONER'S OFFICE, OFFICE OF THE COMMISSIONER, COMMISSIONER'S OFFICE

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	102-500731	Contracts for Prog Svc	95063303	\$148,811	\$0	\$148,811
2023	102-500731	Contracts for Prog Svc	95063303	\$459,358	\$0	\$459,358
			Subtotal	\$608,169	\$0	\$608,169

05-95-47-470010-79370000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, DIVISION OF MEDICAID SERVICES, OFFICE OF MEDICAID SERVICES, MEDICAID ADMINISTRATION

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2024	102-500731	Contracts for Prog Svc	47000021	\$472,670	\$0	\$472,670
2025	102-500731	Contracts for Prog Svc	47000021	\$486,381	\$0	\$486,381
			Subtotal	\$959,051	\$0	\$959,051

05-95-42-421510-66430000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: HUMAN SERVICES, SUNUNU YOUTH SERVICE CENTER, SYSC HB2 91:327

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	101-506224	Medical Payments to Providers	42151501	\$279,985	\$0	\$279,985
2023	101-506224	Medical Payments to Providers	42151501	\$864,807	\$0	\$864,807
2024	101-506224	Medical Payments to Providers	42151501	\$890,406	\$0	\$890,406
2025	101-506224	Medical Payments to Providers	42151501	\$916,773	\$289,928	\$1,206,701
			Subtotal	\$2,951,971	\$289,928	\$3,241,899

05-95-92-922010-41170000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, CMH PROGRAM SUPPORT

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
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2022	102-500731	Contracts for Prog Svc	92204117	\$199,947	\$0	\$199,947
2023	102-500731	Contracts for Prog Svc	92204117	\$616,422	\$0	\$616,422
2024	102-500731	Contracts for Prog Svc	92204117	\$634,191	\$0	\$634,191
2025	102-500731	Contracts for Prog Svc	92204117	\$652,492	\$0	\$652,492
			Subtotal	\$2,103,052	\$0	\$2,103,052

**05-95-92-922010-4120000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:
BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH BLOCK
GRANT**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	102-500731	Contracts for Prog Svc	92254120	\$97,114	\$0	\$97,114
2023	102-500731	Contracts for Prog Svc	92254120	\$286,437	\$0	\$286,437
2024	102-500731	Contracts for Prog Svc	92254120	\$207,564	\$50,000	\$257,564
2025	102-500731	Contracts for Prog Svc	92254120	\$84,041	\$275,000	\$359,041
			Subtotal	\$675,156	\$325,000	\$1,000,156

**05-95-48-481010-78720000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:
DLTSS-ELDERLY&ADULT SVCS, GRANTS FOR SOCIAL SVC PROG, ADM ON AGING**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	540-500382	Social Services Contract	48130305	\$13,420	\$0	\$13,420
2023	540-500382	Social Services Contract	48130305	\$41,461	\$0	\$41,461
2024	540-500382	Social Services Contract	48130305	\$42,696	\$0	\$42,696
2025	540-500382	Social Services Contract	48130305	\$43,968	\$0	\$43,968
			Subtotal	\$141,545	\$0	\$141,545

**05-95-93-930010-51910000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS:
DLTSS-DEVELOPMENTAL SVCS, DIV OF DEVELOPMENTAL SERVICES, SPECIAL MEDICAL
SERVICES**

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	561-500911	Specialty Clinics	93001000	\$30,000	\$0	\$30,000
2023	561-500911	Specialty Clinics	93001000	\$30,000	\$0	\$30,000
2024	561-500911	Specialty Clinics	93001000	\$30,000	\$0	\$30,000
2025	561-500911	Specialty Clinics	93001000	\$30,000	\$0	\$30,000

			Subtotal	\$120,000	\$0	\$120,000
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05-95-93-930010-51910000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DLTSS-DEVELOPMENTAL SVCS, DIV OF DEVELOPMENTAL SERVICES, PROGRAM SUPPORT

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	561-500911	Specialty Clinics	93005947	\$74,788	\$0	\$74,788
2023	561-500911	Specialty Clinics	93005947	\$293,514	\$0	\$293,514
2024	561-500911	Specialty Clinics	93005947	\$302,938	\$0	\$302,938
2025	561-500911	Specialty Clinics	93005947	\$312,645	\$0	\$312,645
			Subtotal	\$983,885	\$0	\$983,885

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES, SABG ADDITIONAL

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	102-500731	Contracts for Prog Svc	92055902	\$77,876	\$0	\$77,876
2023	102-500731	Contracts for Prog Svc	92055902	\$231,038	\$0	\$231,038
2024	102-500731	Contracts for Prog Svc	92055902	\$173,875	\$0	\$173,875
2025	102-500731	Contracts for Prog Svc	92055902	\$84,040	\$0	\$84,040
			Subtotal	\$566,829	\$0	\$566,829
			Total	\$9,109,658	\$614,928	\$9,724,586

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

This Amendment to the Clinical and Administrative Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Mary Hitchcock Memorial Hospital ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 23, 2022 (Item #10), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$9,724,586
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
Robert W. Moore, Director
3. Modify Exhibit B, Scope of Services, Section 1.7.5.1, to read:
 - 1.7.5.1 The Contractor shall provide four (4) licensed Clinicians to provide clinical support and services to SYSC residents in accordance with SYSC policies and protocols. Two (2) of the licensed clinicians shall work Monday through Friday approximately 9:00am to 5:00pm. One (1) of the licensed clinicians shall work Monday through Friday second shift, approximately 12:00pm to 8:00pm. One (1) of the licensed clinicians shall work Friday through Monday, approximately 10:00am to 8:00pm. Services shall include, but are not limited to:
 - 1.7.5.1.1 Individual, group and family therapy;
 - 1.7.5.1.2 Watch assessments;
 - 1.7.5.1.3 Crisis intervention and/or support and processing; and
 - 1.7.5.1.4 Development of youth treatment plans.
4. Modify Exhibit B, Scope of Services, Section 1.7.5.2, to read:
 - 1.7.5.2 The Contractor shall ensure on-call service coverage by either the Staff Psychologist or Clinicians, Monday through Friday from 5:00 p.m. to 7:00 a.m. and weekends.
5. Modify Exhibit B, Scope of Services, Section 1.7.5.5, to read:
 - 1.7.5.5 The Clinicians shall prepare parole and court reports and participate in hearings as necessary.
6. Modify Exhibit B, Scope of Services; Section 1.8.5 title, to read:
 - 1.8.5 Crisis System Transformation Evaluation (Phase 1: Sections 1.8.5.1 – 1.8.5.5 and Phase II: 1.8.5.6 – 1.8.5.7)
7. Modify Exhibit B, Scope of Services; Section 1.8.5.3 title, with no change to the rest of the section, to read:
 - 1.8.5.3 The Contractors must work with the Department to evaluate and inform the

transformation of NH's crisis system by:

8. Modify Exhibit B, Scope of Services; Section 1.8.5.3 title, with no change to the rest of the section, to read:
 - 1.8.5.4 The Contractors must work with the Department to evaluate and inform the transformation of NH's crisis system by:
9. Modify Exhibit B, Scope of Services; Section 1.8.5.3 title, with no change to the rest of the section, to read:
 - 1.8.5.5 The Contractors must work with the Department to evaluate and inform the transformation of NH's crisis system by:
10. Modify Exhibit B, Scope of Services; Section 1.8.5.6 title, with no change to the rest of the section, to read:
 - 1.8.5.6. The Contractors must work with the Department to support, refine, and guide sustainability of the transformation of NH's crisis system by:
11. Modify Exhibit B, Scope of Services; Section 1.8.5.7, to read:
 - 1.8.5.7. In collaboration with the Department, the Contractor must prepare a public report regarding efficacy and outcomes of the crisis system transformation. The final report shall include, but is not limited to:
 - 1.8.5.7.1. Findings from both quantitative and qualitative data collected at various time points;
 - 1.8.5.7.2. Summary of needed adaptations, if applicable, with rationale and recommendations;
 - 1.8.5.7.3. Summary of any identified crisis system gaps that became evident throughout the analysis;
 - 1.8.5.7.4. Evaluation findings regarding the "fit" of the crisis model to rural settings, staffing capacity, and funding and other resources necessary to meet current and anticipated future needs; and
 - 1.8.5.7.5. Recommendations for crisis system sustainability.
 - 1.8.5.7.6. The final internal and external data dashboards, final quality oversight tools, and processes and recommendations for ongoing oversight and next steps.
12. Modify Exhibit B, Scope of Services; Section 1.8.5.8, to read:
 - 1.8.5.8. Reserved
13. Modify Exhibit C, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 30% Federal Funds from:
 - 1.1.1. The Centers for Medicare & Medicaid Services (CMS), Assistance Listing Number (ALN) #93.778, FAIN# 2405NH5ADM;
 - 1.1.2. Health Resources and Services Administration (HRSA), Maternal and Child Health Block Grant, ALN #93.994, FAIN# B0452939;
 - 1.1.3. Administration on Aging, Title III-B Social Services, ALN #93.044, FAIN# 2401NHOASS;

DS
EJM

1.1.4. Substance Abuse & Mental Health Services Administration (SAMHSA), Community Mental Health Block Grant, ALN #93.958, FAIN # B09SM085371; and

1.1.5. SAMHSA, Substance Abuse Block Grant ARPA, ALN #93.959, FAIN# 1B08TI083955.

1.2. 70% General funds.

14. Modify Exhibit C-2, Budget Sheet, by replacing it in its entirety with Exhibit C-2, Budget Sheet, Amendment #1 which is attached hereto and incorporated by reference herein.

15. Modify Exhibit C-5, Budget Sheet, by replacing it in its entirety with Exhibit C-5, Budget Sheet, Amendment #1 which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

6/10/2024
Date

DocuSigned by:
Katja S. Fox
E00006040C63443
Name: Katja S. Fox
Title: Director

Mary Hitchcock Memorial Hospital

6/9/2024
Date

DocuSigned by:
Edward J. Merrens, MD, MHCDS
BAC31CECA0CC438
Name: Edward J. Merrens, MD, MHCDS
Title: chief clinical officer

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

OFFICE OF THE ATTORNEY GENERAL

6/10/2024
Date

DocuSigned by:
Robyn Guarino
748734844044160
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services				
Contractor Name: <i>Mary Hitchcock Memorial Hospital</i>				
Clinical and Administrative Services - Service Area				
Budget Request for: <i>83 Behavioral Health</i>				
Budget Period: <i>SFY22 through SFY25</i>				
Indirect Cost Rate (if applicable) <i>15.00%</i>				
Line Item	Program Cost - Funded by DHHS - SFY 22	Program Cost - Funded by DHHS - SFY 23	Program Cost - Funded by DHHS - SFY 24	Program Cost - Funded by DHHS - SFY 25
1. Salary & Wages	\$188,531	\$582,560	\$800,037	\$805,388
2. Fringe Benefits	\$51,601	\$159,448	\$184,229	\$230,419
3. Consultants	\$0	\$0	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0	\$0
5.(e) Supplies - Office	\$0	\$0	\$0	\$0
6. Travel	\$333	\$1,000	\$1,000	\$1,500
7. Software	\$0	\$0	\$0	\$0
8. (a) Other - Marketing/Communications	\$0	\$0	\$0	\$0
8. (b) Other - Education and Training	\$3,000	\$9,000	\$9,000	\$12,000
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
9. Subrecipient Contracts	\$0	\$0	\$0	\$0
Total Direct Costs	\$243,465	\$752,008	\$774,206	\$1,049,305
Total Indirect Costs	\$38,520	\$112,801	\$116,140	\$157,396
Subtotals	\$270,985	\$864,807	\$890,406	\$1,206,701
TOTAL				\$1,206,701

New Hampshire Department of Health and Human Services				
Contractor Name: <i>Mary Hitchcock Memorial Hospital</i>				
Clinical and Administrative Services - Service Area				
Budget Request for: <i>#3 Behavioral Health</i>				
Budget Period: <i>SFY22 through SFY25</i>				
Indirect Cost Rate (if applicable) 15.00%				
Line Item	Program Cost - Funded by DHHS - SFY 22	Program Cost - Funded by DHHS - SFY 23	Program Cost - Funded by DHHS - SFY 24	Program Cost - Funded by DHHS - SFY 25
1. Salary & Wages	\$11,294	\$34,900	\$23,965	\$13,569
2. Fringe Benefits	\$3,888	\$12,005	\$8,243	\$4,437
3. Consultants	\$0	\$0	\$21,740	\$118,276
4. Equipment	\$0	\$0	\$0	\$0
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.				
5.(a) Supplies - Educational	\$0	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0	\$0
5.(e) Supplies - Office	\$0	\$0	\$0	\$0
6. Travel	\$0	\$0	\$0	\$0
7. Software	\$0	\$0	\$0	\$0
8.(a) Other - Marketing/Communications	\$0	\$0	\$0	\$0
8.(b) Other - Education and Training	\$0	\$0	\$0	\$0
8.(c) Other - Other (specify below)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
8. Subrecipient Contracts	\$92,970	\$264,632	\$182,185	\$118,276
Total Direct Costs	\$108,150	\$311,437	\$238,133	\$254,558
Total Indirect Costs	\$16,222	\$46,716	\$31,670	\$20,442
Subtotals	\$124,372	\$358,153	\$269,803	\$275,000
			TOTAL	\$1,028,328

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**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE COMMISSIONER**

**Lori A. Sbiblette
Commissioner**

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 1-800-852-3345 Ext. 9200
Fax: 603-271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

**Lori A. Weaver
Deputy Commissioner**

February 18, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of the Commissioner, to enter into a **Sole Source** contract with Mary Hitchcock Memorial Hospital (VC#177160), Lebanon, New Hampshire, in the amount of \$9,109,658 to provide clinical and administrative services to meet the specialized health and related clinical and administrative needs of New Hampshire residents, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval, through June 30, 2025. 28% Federal Funds. 72% General Funds.

This request represents one (1) of three (3) corresponding requests with Mary Hitchcock Memorial Hospital for the following services: 1) Clinical and Administrative Services; 2) Psychiatric and Medical Services; and 3) Neuropsychology Services. This request is contingent upon Governor and Council approval of all three (3) requests.

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Years 2024 and 2025, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See Fiscal Detail Sheet Attached

EXPLANATION

The Department currently has an agreement with the Mary Hitchcock Memorial Hospital, which was competitively bid in 2016, to provide physician, clinical, and administrative services in seven (7) service areas: New Hampshire Hospital; Glenciff Home; Medicaid; Children, Youth, and Families; Behavioral Health; Elderly and Adult Services; and Developmental Services. The existing agreement includes an option to renew services through June 30, 2025. However, House Bill 2, of the 2021 Regular Legislative Session, appropriated \$30 million to the Department for the purpose of constructing a 24-bed forensic psychiatric hospital. Consequently, the Department needed to reassess the existing contracted services to incorporate the new clinical needs arising from the planned New Hampshire Forensic Hospital and released competitive bids for 1) Psychiatric and Medical Services and 2) Neuropsychology Services.

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

The following table outlines the Department's reprourement strategy, which includes three (3) distinct actions. The Department will terminate the current agreement upon approval of the contracts specified in the table. As noted below, the neuropsychology, psychiatric, and medical services components of the existing contract have been bid out to incorporate the new forensic psychiatric hospital needs rather than incorporating them into an existing agreement. The purpose of this Sole Source request is to enter into a new contract to continue the other five (5) service areas that are not being reprocured and would have been continued under the existing agreement. The Contractor is uniquely experienced and qualified to provide the complex array of clinical and administrative services to the Department in these five (5) service areas. These services enable the Department to meet a wide range of specialized health and clinical needs of New Hampshire residents.

Reprocurement Strategy		
Description of Service Area	Procurement	DHHS Areas Served
Clinical and Administrative Services	New Sole Source	Medicaid Children, Youth, and Families Behavioral Health Elderly and Adult Services Developmental Services
Psychiatric and Medical Services	RFP issued July 2021	NHH Glenciff Forensic Hospital*
Neuropsychology	RFP issued November 2021	NHH Forensic Hospital*
* The Department anticipates the Forensic Hospital will open in State Fiscal Year 2024.		

Approval of this request will allow the Contractor to continue to work with the Department to apply principles of managed care for clinical treatment, educational and training programs. The Contractor will continue to provide the Department with a Chief Medical Officer, who plays an integral role in providing medical oversight of the State's publicly funded health insurance programs, informing key policy decisions, and shaping administrative planning strategies to enhance the operating efficiency of Medicaid and Children's Health Insurance Program (CHIP) and related healthcare initiatives across the state. In addition, the Contractor will identify and address medical research issues relative to the Department mission under RSA 135-C.

The Contractor will develop strategic clinical relationships with physicians as well as partnerships with academic institutions and deferral agencies, with a focus on quality improvement and the implementation of federal health care reforms to support the Department's responsibility to administer the Medicaid medical assistance program.

The Contractor will provide psychiatric services to youth served by the Department that include treatment planning; clinical consultations; assessments to treatment coordinators; program development at the Sununu Youth Services Center and fosters improved interagency

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

collaboration between Juvenile Justice Services, area mental health agencies and New Hampshire Hospital to enhance mental health services of adjudicated youth. The Contractor will also provide the personnel needed to help the Department achieve positive outcomes for individuals serviced by the behavioral health program; coordinate long-term care support services and to direct resources where they are needed most; and provide psychiatric and services and expert guidance and training to the Department's developmental services staff.

The Department will monitor contracted services by requiring the Contractor to:

- Identify performance metrics and monitoring processes, in collaboration with the Department;
- Develop a Quality Assurance and Monitoring Plan and report on progress toward goals;
- Review staff performance annually; and
- Adhere to certification guidelines.

As referenced in Exhibit A of the attached agreement, the parties have the option to extend the agreement for up 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, the Department will be severely limited in its ability to provide essential services in the service areas identified above, thereby putting many of the State's most vulnerable residents at risk.

Area served: Statewide

Source of Federal Funds: Catalog of Federal Assistance (CFDA) #93.778, CFDA #93.994, CFDA #93.004, CFDA #93.958 and CFDA #93.959.

Respectfully submitted,



Lori A. Shibinette
Commissioner

Fiscal Detail Sheet
SS-2022-OCOM-02-CLINI-01
Clinical and Administrative Services

05-95-95-950010-50000000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, COMMISSIONER'S OFFICE, OFFICE OF THE COMMISSIONER, COMMISSIONER'S OFFICE

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	95063303	\$148,811
2023	102-500731	Contracts for Prog Svc	95063303	\$459,358
2024				\$ 0
2025				\$ 0
			<i>Subtotal</i>	\$608,169

05-95-47-470010-79370000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, DIVISION OF MEDICAID SERVICES, OFC OF MEDICAID SERVICES, MEDICAID ADMINISTRATION

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022				\$ 0
2023				\$ 0
2024	102-500731	Contracts for Prog Svc	47000021	\$ 472,670
2025	102-500731	Contracts for Prog Svc	47000021	\$ 486,381
			<i>Subtotal</i>	\$959,051

05-95-42-421510-66430000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: HUMAN SERVICES, SUNUNU YOUTH SERVICE CENTER, SYSC HB2 91:327

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	101-506224	Medical Payments to Providers	42151501	\$279,985
2023	101-506224	Medical Payments to Providers	42151501	\$864,807
2024	101-506224	Medical Payments to Providers	42151501	\$890,406
2025	101-506224	Medical Payments to Providers	42151501	\$916,773
			<i>Subtotal</i>	\$2,951,971

**Fiscal Detail Sheet
 SS-2022-OCOM-02-CLINI-01
 Clinical and Administrative Services**

**05-95-92-922010-41170000 HEALTH AND SOCIAL SERVICES HEALTH AND HUMAN SVCS,
 HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVIC, CMH PROGRAM
 SUPPORT**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	92204117	\$199,947
2023	102-500731	Contracts for Prog Svc	92204117	\$616,422
2024	102-500731	Contracts for Prog Svc	92204117	\$634,191
2025	102-500731	Contracts for Prog Svc	92204117	\$652,492
			<i>Subtotal</i>	\$2,103,052

**05-95-92-922010-41200000 HEALTH AND SOCIAL SERVICES HEALTH AND HUMAN SVCS,
 HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVIC, MENTAL
 HEALTH BLOCK GRANT.**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	92254120	\$97,114
2023	102-500731	Contracts for Prog Svc	92254120	\$286,437
2024	102-500731	Contracts for Prog Svc	92254120	\$207,564
2025	102-500731	Contracts for Prog Svc	92254120	\$84,041
			<i>Subtotal</i>	\$675,156

**05-95-48-481010-78720000 HEALTH AND SOCIAL SERVICES HEALTH AND HUMAN SVCS,
 HHS: DLTSS-ELDERLY&ADULT SVCS, GRANTS FOR SOCIAL SVC PROG, ADM ON AGING**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	540-500382	Social Svc Contracts	48130305	\$13,420
2023	540-500382	Social Svc Contracts	48130305	\$41,461
2024	540-500382	Social Svc Contracts	48130305	\$42,696
2025	540-500382	Social Svc Contracts	48130305	\$43,968
			<i>Subtotal</i>	\$141,545

Fiscal Detail Sheet
SS-2022-OCOM-02-CLINI-01
Clinical and Administrative Services

05-95-93-930010-51910000 HEALTH AND SOCIAL SERVICES HEALTH AND HUMAN SVCS, HHS: DLTSS-DEVELOPMENTAL SVCS, DIV OF DEVELOPMENTAL SVCS, SPECIAL MEDICAL SERVICES

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	561-500911	Specialty Clinics	93001000	\$30,000
2023	561-500911	Specialty Clinics	93001000	\$30,000
2024	561-500911	Specialty Clinics	93001000	\$30,000
2025	561-500911	Specialty Clinics	93001000	\$30,000
			<i>Subtotal</i>	\$120,000

05-95-93-930010-59470000 HEALTH AND SOCIAL SERVICES HEALTH AND HUMAN SVCS, HHS: DLTSS-DEVELOPMENTAL SVCS, DIV OF DEVELOPMENTAL SVCS, PROGRAM SUPPORT

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	93005947	\$74,788
2023	102-500731	Contracts for Prog Svc	93005947	\$293,514
2024	102-500731	Contracts for Prog Svc	93005947	\$302,938
2025	102-500731	Contracts for Prog Svc	93005947	\$312,645
			<i>Subtotal</i>	\$983,885

05-95-92-920610-19810000 HEALTH AND SOCIAL SERVICES HEALTH AND HUMAN SVCS, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SVCS, SABG ADDITIONAL

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prog Svc	92059502	\$77,876
2023	102-500731	Contracts for Prog Svc	92059502	\$231,038
2024	102-500731	Contracts for Prog Svc	92059502	\$173,875
2025	102-500731	Contracts for Prog Svc	92059502	\$84,040
			<i>Subtotal</i>	\$566,829
			TOTAL	\$9,109,658

Subject: Clinical and Administrative Services (SS-2022-OCOM-02-CLINI-01)

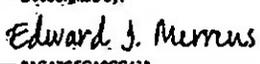
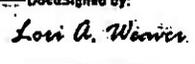
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mary Hitchcock Memorial Hospital		1.4 Contractor Address One Medical Center Drive Lebanon, New Hampshire 03756	
1.5 Contractor Phone Number (603) 650-5000	1.6 Account Number 05-95-92-922010-4117 05-95-92-922010-4120 05-95-92-920510-1981 05-95-42-421510-6643 05-95-95-950010-5000 05-95-93-930010-5191 05-95-93-930010-5947 05-95-48-481010-7872 05-95-47-470010-7937	1.7 Completion Date June 30, 2025	1.8 Price Limitation \$9,109,658
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by:  Date: 3/2/2022		1.12 Name and Title of Contractor Signatory Edward J. Merrins Chief Clinical Officer	
1.13 State Agency Signature DocuSigned by:  Date: 3/2/2022		1.14 Name and Title of State Agency Signatory Lori A. Weaver Deputy Commissioner	
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: <i>Talhimina Rakhmatova</i>	On: 3/2/2022
1.17 Approval by the Governor and Executive Council (if applicable)	
G&C Item number:	G&C Meeting Date:

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

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

9. TERMINATION.

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

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

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

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

**New Hampshire Department of Health and Human Services
Clinical and Administrative Services**

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

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

3.3. The parties may extend the Agreement for up 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 7, Personnel, is amended by modifying subparagraphs 7.1 and 7.2 to read:

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

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

1.3. Paragraph 9, Termination, is amended by modifying subparagraph 9.2 to read:

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 thirty (30) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached Exhibit B. In addition, at the State's discretion, the Contractor shall, within thirty (30) days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

**New Hampshire Department of Health and Human Services
Clinical and Administrative Services**

EXHIBIT A

- 1.4. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:
- 12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.
- 1.5. Paragraph 14, Insurance, is amended by modifying subsection 14.1.2 to delete the text in its entirety and replace it to read:
- 14.1.2. Professional liability insurance in the amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate.
- 1.6. Paragraph 14, Insurance, is amended by modifying subparagraph 14.2 to read:
- 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 or registered to conduct business in the State of New Hampshire.
- 1.7. Paragraph 17, Amendment, is amended by adding subparagraph 17.1, to read:
- 17.1 In the event the State wishes to change the location(s) in which the services are performed by the Contractor hereunder, in whole or in part, the State shall provide Contractor with reasonable advance written notice of the same. Thereafter, the parties shall meet in good faith in order to mutually agree upon possible adjustments to the terms and conditions, if required, which shall be documented in the form of an amendment to this Agreement in accordance with paragraph 17.

**New Hampshire Department of Health and Human Services
Clinical and Administrative Services**

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall provide clinical and administrative services to the Department of Health and Human Services (the "Department") and various populations served by the Department in all five (5) Service Areas identified below and as described herein:

- 1.1.1.** Service Area #1 – Medicaid
- 1.1.2.** Service Area #2 – Children, Youth and Families
- 1.1.3.** Service Area #3 – Behavioral Health
- 1.1.4.** Service Area #4 – Elderly and Adult Services
- 1.1.5.** Service Area #5 – Developmental Services

1.2. For the purposes of this agreement, all references to days shall mean business days, unless otherwise specified.

1.3. For the purposes of this Solicitation, one (1) full-time equivalent (FTE) is equal to one (1) full-time employee who works forty (40) hours per week.

1.4. The Contractor shall provide all services described herein for the full term of the contract.

1.5. General Requirements Applicable to All Service Areas

1.5.1. The Contractor shall deliver the services to the Service Areas in Subsection 1.1 as described in this Exhibit B, Scope of Services, by providing qualified personnel, and as otherwise necessary, to fulfill the requirements described herein.

1.5.2. The Contractor shall work with the Department to continue to develop and refine an integrated mental health care system applying principles of managed care for clinical treatment, educational and training programs, and related research.

1.5.3. The Contractor shall work with the Department to jointly maintain and develop an applied research and evaluation capacity, the general purpose of which shall be to identify and address medical research issues relative to the Department mission under RSA 135-C. The activities shall be directed at enhancing applied research resources, capacities and activities within the State mental health services system and implementing a program of applied research relative to that system.

1.5.4. All personnel provided by the Contractor under this contract shall be employees or consultants of the Contractor. No personnel provided by the Contractor under this contract shall be considered an employee of the State of New Hampshire.

**New Hampshire Department of Health and Human Services
Clinical and Administrative Services**

EXHIBIT B

- 1.5.5. In the event of a healthcare system emergency, including but not limited to a local epidemic, pandemic, facility closures, or mass-quarantine in which additional staffing or resources are required due to a surge of individuals requiring services under this Agreement, the total number of psychiatrists or other medical providers provided by the Contractor may be adjusted to include up to three (3) full-time staff positions and one part-time staff position to serve any or all of the five (5) Service Areas.
- 1.5.6. The Department shall identify one (1) primary designee for each Service Area. The designee will serve as the primary point of contact, oversee the services provided, and provide required approvals as described herein for each Service Area.

1.6. Specific Service Requirements – Service Area #1 – Medicaid

1.6.1. Chief Medical Officer

- 1.6.1.1. The Contractor shall provide one (1) Full-Time Equivalent (FTE) physician to serve as the Department's Chief Medical Officer.
- 1.6.1.2. The Chief Medical Officer shall plan and direct all aspects of the Department's medical policies and programs to ensure the provision of integrated primary care services to individuals eligible for the Medicaid program, in collaboration with the Department designee.
- 1.6.1.3. The Chief Medical Officer shall:
- 1.6.1.3.1. Possess a medical degree (MD or DO);
 - 1.6.1.3.2. Maintain an unrestricted license as a physician by the New Hampshire Board of Medicine;
 - 1.6.1.3.3. Possess a graduate degree in public health or health care administration with demonstrated experience in public health or healthcare administration systems development;
 - 1.6.1.3.4. Have a minimum of five (5) years of experience in a position of clinical leadership for a major public sector program, government authority or other organization involved in the delivery of public Medicaid services;
 - 1.6.1.3.5. Have work experience in managed care settings focused on improved health outcomes;
 - 1.6.1.3.6. Have fellowship and/or work experience in research in health services, outcomes and/or policy, as well as the ability to work collaboratively with team members and the provider community;

**New Hampshire Department of Health and Human Services
Clinical and Administrative Services**

EXHIBIT B

- 1.6.1.3.7. Demonstrate strong verbal and written communication skills;
 - 1.6.1.3.8. Work collaboratively with Medicaid staff to achieve program goals in an efficient and timely manner;
 - 1.6.1.3.9. Have Board certification in either Family Medicine, Preventive Medicine/Community Health, Internal Medicine, Pediatrics, or Obstetrics and Gynecology, and with a strong working knowledge of primary care medicine;
 - 1.6.1.3.10. Possess expertise in the regulations governing the federal Title XIX Medicaid and Title XXI Medicaid and CHIP programs and how those programs are administered in New Hampshire;
 - 1.6.1.3.11. Possess expertise in clinical, policy, or outcomes research; and
 - 1.6.1.3.12. Have work experience in project management, grant writing, contract management, and program evaluation.
- 1.6.1.4. The responsibilities of the Chief Medical Officer shall include, but are not limited to, the following:
- 1.6.1.4.1. Developing strategic clinical relationships with physicians and public/private partnerships with academic institutions and federal agencies with a focus on quality improvement and the implementation of federal health care reforms;
 - 1.6.1.4.2. Overseeing the development of the clinical content in marketing and educational materials and ensures all clinical programs are in compliance with state and federal regulations;
 - 1.6.1.4.3. Participating in the writing of research publications to support clinical service offerings;
 - 1.6.1.4.4. Providing medical oversight of the State's publicly funded health insurance programs, advising on key policy decisions, and shaping administrative planning strategies to enhance the operating efficiency of Medicaid and Children's Health Insurance Program (CHIP) and related healthcare initiatives across the state;

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

- 1.6.1.4.5. In collaboration with the Department designee, directing the day-to-day operations of the Department program area responsible for clinical programs, benefit management, and quality improvement activities.
- 1.6.1.4.6. Serving as chief clinical liaison to other state program units, insurance providers, and professional organizations;
- 1.6.1.4.7. Serving as the clinical authority in reviewing and determining requests for covered and uncovered medical services and pharmacy services;
- 1.6.1.4.8. Participating in the development of procedural reimbursement policy;
- 1.6.1.4.9. Promoting and ensuring effective and efficient utilization of facilities and services using quality improvement methodologies.
- 1.6.1.4.10. Overseeing the development of a formal quality assurance and quality improvement function within the NH Medicaid program;
- 1.6.1.4.11. Identifying new developments and emerging trends in clinical practices and research that would have an impact on medical policy and/or costs, and recommending options and courses of action;
- 1.6.1.4.12. Advising on the implementation of federal health care reforms, as needed, including providing leadership in the planning, Medicaid program response, development of health care delivery systems, clinical quality initiatives, and related policy issues;
- 1.6.1.4.13. Representing the Department at meetings and other events and serving as the Department designee for any committees, boards, and commissions, as requested by the Department;
- 1.6.1.4.14. Analyzing proposed and new federal legislation related to benefits management and recommending options and courses of action;
- 1.6.1.4.15. Maintaining and enforcing policies, procedures, administrative rules, and State plan provisions that govern Medicaid medical benefits;
- 1.6.1.4.16. Overseeing the implementation of contracted services, maintaining working relationships with contractors,

**New Hampshire Department of Health and Human Services
Clinical and Administrative Services**

EXHIBIT B

- managing contractor deliverables and services, and measuring contractor performance; and
- 1.6.1.4.17. Regularly attending Medicaid Management Team meetings.
- 1.6.1.5. The Chief Medical Officer shall assist the Department with managing the operations of the clinical and benefits management functions within the Medicaid program. This may include providing input to the Department and making recommendations on staffing needs, performance standards and other matters applicable to Department staff.
- 1.6.1.6. The Chief Medical Officer shall provide executive team office coverage as needed and requested by the Department designee.
- 1.6.1.7. The Chief Medical Officer shall maintain a professional calendar electronically, in a format subject to Department approval, and make the calendar available to the Department designee as necessary. The Contractor shall ensure the calendar is kept up to date and includes appropriate information, including, but not limited to, approved leave time, conferences, and trainings.
- 1.6.1.8. The Contractor shall ensure any out-of-state travel for conferences and/or trainings for the Chief Medical Officer is subject to the prior approval of the Department designee.
- 1.6.1.9. The Chief Medical Officer's primary workspace shall be located in Concord, New Hampshire, in a Department-designated facility. The Department shall provide office space, furniture, a computer with access to Department shared network drives as necessary, the usual and customary office supplies, a mobile phone for business use, and administrative and clerical support. The Contractor shall ensure the Chief Medical Officer utilizes Department-provided information and technology resources consistent with applicable State policies.
- 1.6.1.10. The Contractor shall ensure the Chief Medical Officer is subject to the Contractor's normal and customary employee benefits and policies, including leave provisions for a senior executive level position. The Chief Medical Officer shall provide timely, prior notification to the Department designee of any leave time taken. Absences due to vacation and continuing education shall be planned in advance, in consideration of the business needs of the Medicaid program. The Contractor shall ensure appropriate coverage for any clinical and/or operational responsibilities or tasks that need oversight while the Chief Medical Officer is on leave.

**New Hampshire Department of Health and Human Services
Clinical and Administrative Services**

EXHIBIT B

1.7. Specific Service Requirements – Service Area #2 – Children, Youth and Families

1.7.1. Staff Psychologist

1.7.1.1. The Contractor shall provide one (1) FTE Staff Psychologist who is a faculty member and/or employee of the Contractor, to provide the services described herein to the programs within the Children, Youth and Families service area.

1.7.1.2. The Contractor shall work directly with the Department designee for the Sununu Youth Services Center (SYSC) and ensure the Staff Psychologist:

1.7.1.2.1. Provides treatment planning oversight, clinical consultations, case reviews, and assessments to treatment coordinators and Juvenile Probation and Parole Officers;

1.7.1.2.2. Documents the number of treatment team meetings and clinical consultations attended annually with multi-disciplinary team members at SYSC;

1.7.1.2.3. Provides program development at SYSC, using a resiliency-building framework, and implements Evidence-Based Practices (EBP) to include interpersonal problem-solving skills, trauma-focused cognitive behavioral therapy, and dialectical behavioral therapy;

1.7.1.2.4. Documents specific types and numbers of evidence-based treatment interventions implemented annually at SYSC;

1.7.1.2.5. Oversees implementation of research initiatives on the effectiveness and outcomes of services and programs within and for Juvenile Justice Services (JJS);

1.7.1.2.6. Fosters improved interagency collaboration between JJS services, Community Mental Health Centers (CMHCs), and New Hampshire Hospital (NHH) and/or Hampstead Hospital to enhance mental health services for adjudicated youths, and to improve transitional processes between residential and community-based programs for court-involved youths; and

1.7.1.2.7. Documents the number of youths consulted on annually by Juvenile Probation and Parole Officers and interagency collaborative teams.

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- 1.7.1.3. The Contractor shall ensure the Staff Psychologist meets the following qualifications:
- 1.7.1.3.1. Possesses a Doctor of Philosophy (Ph.D.) or Doctor of Psychology (Psy.D.) degree from a college or university accredited by the American Psychological Association.
 - 1.7.1.3.2. Experience and interest in both child psychology and criminal justice;
 - 1.7.1.3.3. Certification by NH Board of Psychologists.
 - 1.7.1.3.4. Maintains an unrestricted license to practice Psychology
 - 1.7.1.3.5. Possesses at least five (5) years of experience in community mental health, criminal justice, or similar training.
- 1.7.1.4. The Staff Psychologist will maintain a professional calendar electronically, in a format subject to Department approval, and make the calendar available to the Department designee as necessary. The Contractor shall ensure the calendar is kept up to date and includes appropriate information, including, but not limited to, approved leave time, conferences, and trainings.
- 1.7.1.5. The Contractor shall ensure the Staff Psychologist provided under this contract is subject to the Contractor's normal and customary employee benefits and policies, including leave provisions for a senior executive level position. The Staff Psychologist shall provide prior, timely notification to the designated Department representative of any leave time taken. Absences due to vacation and/or continuing education shall be planned in advanced in consideration of the business needs of the Department. The Contractor shall ensure appropriate coverage for any clinical and/or operational responsibilities or tasks that need oversight while the Staff Psychologist is on-leave.
- 1.7.1.6. The Contractor shall ensure that any out-of-state travel for conferences and/or trainings for the Staff Psychologist is subject to the prior approval of the Department designee.
- 1.7.1.7. The Staff Psychologist's primary workspace shall be located in Manchester, New Hampshire, in a Department-designated facility. The Department shall provide office space, furniture, a computer with access to Department shared network drives, as necessary, the usual and customary office supplies, a mobile phone for business use and administrative and clerical support.

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The Contractor shall ensure the Staff Psychologist utilizes Department-provided information and technology resources consistent with applicable State policies.

1.7.2. Staff Psychiatrist

1.7.2.1. The Contractor shall provide one (1) part-time (.25 FTE) Staff Psychiatrist who is a faculty member and/or employee of the Contractor to provide psychiatric services to programs within the Children, Youth and Families service area for a minimum of ten (10) hours per week.

1.7.2.2. The Staff Psychiatrist's responsibilities shall include, but are not limited to:

1.7.2.2.1. Providing medical and psychiatric services at SYSC.

1.7.2.2.2. Documenting the number of comprehensive psychiatric evaluations and units of psychiatric services provided annually in direct care to youths in SYSC and the Juvenile Justice System.

1.7.2.2.3. Providing clinical supervision and teaching child psychiatry residents and fellows at SYSC.

1.7.2.2.4. Providing supervision and teaching interns, residents, and fellows at SYSC.

1.7.2.3. The Contractor shall ensure the Staff Psychiatrist meets the following qualifications:

1.7.2.3.1. Possesses a medical degree (MD or DO);

1.7.2.3.2. Specializes in child psychiatry with an interest in criminal justice;

1.7.2.3.3. Completed both an ACGME approved residency program in psychiatry and a two (2) year ACGME approved fellowship in child/adolescent psychiatry;

1.7.2.3.4. Board certified by the American Board of Psychiatry and Neurology in Psychiatry;

1.7.2.3.5. Maintains an unrestricted license as a physician by the New Hampshire Board of Medicine; and

1.7.2.3.6. Possesses post-fellowship experience in public sector psychiatry, community mental health, criminal justice, or similar training.

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1.7.3. Psychiatric Consultant

1.7.3.1. The Contractor shall provide one (1) part-time (.25 FTE) Psychiatric Consultant to provide psychiatric consultation services to programs within the Children, Youth and Families service area for a minimum of ten (10) hours per week.

1.7.3.2. The Psychiatric Consultant shall provide consultation to the Department on psychotropic medication prescriptions for youth who are in out-of-home care at a location other than SYSC. Consultation typically includes a review of the psychotropic medication prescriptions for identified youth and peer-to-peer consultation with prescribers to help ensure the appropriate utilization of psychotropic medications.

1.7.3.3. The Contractor shall ensure the Psychiatric Consultant meets the following qualifications:

1.7.3.3.1. Has clinical experience in addiction treatment and criminal justice.

1.7.3.3.2. Has completed a fellowship training and/or board certification in Child Psychiatry.

1.7.4. Sununu Youth Services Center (SYSC) – Medical Doctor

1.7.4.1. The Contractor shall provide one (1) Medical Doctor to perform medical rounds to address and follow up on resident medical concerns or ailment for one (1) hour per day on Monday, Wednesday, and Friday each week, not to exceed three (3) hours per week. The Contractor shall maintain an on-call rotation to address and manage emergent situations and provide aid to Registered Nursing (RN) staff, as requested by the Department.

1.7.4.2. The Contractor shall ensure that admissions and readmission physical assessments are completed within three (3) business days of resident arrival.

1.7.4.3. The Medical Doctor shall prescribe medication and/or perform other medical procedures for residents as needed, including but not limited to:

1.7.4.3.1. X-rays.

1.7.4.3.2. Laboratory work.

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1.7.4.4. The Medical Doctor shall make service referrals for residents as needed to other providers, including but not limited to:

1.7.4.4.1. SYSC Staff Dentist.

1.7.4.4.2. SYSC Psychiatrist.

1.7.4.4.3. External medical providers.

1.7.4.5. The Medical Doctor shall ensure all medications for residents are ordered and received prior to any upcoming furlough or discharge of residents from SYSC.

1.7.5. Sununu Youth Services Center – Clinicians

1.7.5.1. The Contractor shall provide two (2) licensed Clinicians to provide clinical support and services to SYSC residents in accordance with SYSC policies and protocols. Services shall include, but are not limited to:

1.7.5.1.1. Individual, group and family therapy;

1.7.5.1.2. Watch assessments;

1.7.5.1.3. Crisis intervention and/or support and processing; and

1.7.5.1.4. Development of youth treatment plans.

1.7.5.2. The Contractor shall ensure Clinicians are available to provide on-call services Monday through Friday from 5:00 p.m. to 7:00 a.m. and weekends.

1.7.5.3. The Clinicians shall complete the On-Call Coverage Report and submit a copy to the SYSC supervisor by the following business day.

1.7.5.4. The Clinicians shall conduct clinical assessments and screenings, including but not limited to:

1.7.5.4.1. Initial watch assessment, including PREA interviews and suicide screenings.

1.7.5.4.2. Full psychosocial assessment, including a clinical interview and information gathering about the youth, their history, and family history.

1.7.5.4.3. Mental health screening.

1.7.5.4.4. Substance use screening.

1.7.5.4.5. Trauma screening.

1.7.5.5. The Clinicians shall conduct Child and Adolescent Needs and Strengths Assessment and prepare parole and court reports and participate in hearings as necessary.

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- 1.7.5.6. The Contractor shall ensure Clinicians complete all necessary documentation.
- 1.7.5.7. The Clinicians shall attend all required meetings to support the clinical work of the facility, including but not limited to:
 - 1.7.5.7.1. Monthly Treatment Plan Meetings.
 - 1.7.5.7.2. Twice weekly case reviews.
 - 1.7.5.7.3. Bi-weekly clinical team meetings.
 - 1.7.5.7.4. Monthly youth clinical ranking meetings.
 - 1.7.5.7.5. Monthly staff meetings.
 - 1.7.5.7.6. Weekly individual supervision.
 - 1.7.5.7.7. Various consultation meetings.
- 1.7.5.8. The Clinicians shall schedule and facilitate youth trust meetings, as requested by the Department.

1.8. Specific Service Requirements – Service Area #3 – Behavioral Health

1.8.1. Medical Director

- 1.8.1.1. The Contractor shall provide one part-time (.50 FTE) Medical Director to provide the services described herein to the Behavioral Health service area.
- 1.8.1.2. The Contractor shall ensure the Medical Director is present on-site at a Department-designated location for twenty (20) hours per week. The Medical Director shall be available via telephone, email, and in person by appointment.
- 1.8.1.3. The Medical Director shall, in collaboration with the Department, be responsible for the following:
 - 1.8.1.3.1. Meeting weekly with the Department designee;
 - 1.8.1.3.2. Addressing Behavioral Health clinical issues;
 - 1.8.1.3.3. Reviewing and informing Behavioral Health policy issues;
 - 1.8.1.3.4. Enhancing housing support capacity planning;
 - 1.8.1.3.5. Reviewing and informing Medicaid and state rule issues;
 - 1.8.1.3.6. Assisting in developing telemedicine capacity;
 - 1.8.1.3.7. Utilizing electronic medical records, as needed;
 - 1.8.1.3.8. Coordinating care between NHH and CMHCs;

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- 1.8.1.3.9. Overseeing and consulting on implementation of Evidence Based Practices;
- 1.8.1.3.10. Developing funding and reimbursement strategies;
- 1.8.1.3.11. Reviewing and informing the sustainability of behavior change programs; and
- 1.8.1.3.12. Assessing the needs of patients in NHH and Transitional Housing Services who might be served in the community.
- 1.8.1.4. The Medical Director shall attend meetings with the Department's Behavioral staff and various community stakeholder groups, including, but not limited to the Community Behavioral Health Association and the Disabilities Rights Center, to communicate, develop support for, and gather input on Behavioral Health initiatives; and
- 1.8.1.5. The Medical Director shall serve as the Lead Manager for the ProHealth integration grant, working in collaboration with the Department and identified programs, to implement grant deliverables.
- 1.8.1.6. The Medical Director shall oversee quality assurance and quality improvement functions including, but not limited to:
 - 1.8.1.6.1. Monitoring the effectiveness of the Department's Behavioral Health contracted services to enhance cost effectiveness and promote positive health outcomes for service recipients; and
 - 1.8.1.6.2. Developing research-based outcome measures and quality oversight models for community mental health services in collaboration with the Department.
- 1.8.1.7. The Medical Director shall be responsible for the following:
 - 1.8.1.7.1. Participating on departmental and legislative committees, as required by the Department, which may include, but are not limited to, the Mental Health Commission, the Mental Health Council, the Drug Utilization and Review Board, and the Department Institutional Review Board;
 - 1.8.1.7.2. Providing expert review and consultation to inform and support legislation that will affect individuals and families affected by severe and persistent mental illness to ensure the implications and outcomes are in the best interest of this population;

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- 1.8.1.7.3. Serving as secretary for the Mental Health Council and ensuring that the work of the council supports the goals of the Department;
- 1.8.1.7.4. Attending regular case conferences and sentinel event reviews. Analyze challenging clinical cases or events and recommend improvements in policy or services to address problem areas;
- 1.8.1.7.5. Attending monthly Institutional Review Board meetings, review research protocols as needed each month to ensure safety of Department research participants;
- 1.8.1.7.6. Participating on several Behavioral Health System Transformation Workgroups, including the Evidence Based Practices Steering Committee, Programmatic Workgroup, and Quality Assurance Group;
- 1.8.1.7.7. Coordinating and meeting with Department leadership as required by the Department;
- 1.8.1.7.8. Conducting meetings monthly, or at a frequency as otherwise requested by the Department, to coordinate efforts between the Department and CMHCs to address Behavioral Health issues and initiatives that include, but are not limited to:
 - 1.8.1.7.8.1. Medical/treatment issues related to both hospital and outpatient care of people with serious mental illness and to consult on other relevant issues or concerns, including, but not limited to, preferred drug list issues.
 - 1.8.1.7.8.2. Providing Consultation and Technical Assistance.
 - 1.8.1.7.8.3. Coordination with NHH admissions and treatment.
 - 1.8.1.7.8.4. Medicaid interruption during institutionalization.
 - 1.8.1.7.8.5. Enhancement of community housing supports.
 - 1.8.1.7.8.6. Use of information technology.
 - 1.8.1.7.8.7. Administrative Issues.

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- 1.8.1.7.8.8. Use and implementation of evidence, implementation of Evidence Based Practices.
- 1.8.1.7.8.9. Integration of mental and physical health care.
- 1.8.1.7.8.10. Smoking cessation.
- 1.8.1.7.9. Coordinating local, state and national agendas regarding public mental health care, electronic health records, health information exchange, education and training for CMHC prescribers regarding evidence-based use of antipsychotic medications and monitoring for cardio metabolic side effects.
- 1.8.1.7.10. Monitoring the effectiveness of the preferred drug list in enhancing cost effective and safe psychotropic medication prescribing in New Hampshire, including, but not limited to, engaging in ongoing discussions with CMHC leaders regarding the Preferred Drug List and direct education and training for CMHC prescribers regarding evidence-based use of antipsychotic medications and monitoring for cardio metabolic side effects;
- 1.8.1.7.11. Communicating regularly with and providing clinical consultation, including but, not limited to, potential site visits, conference calls, and written reports, to Behavioral Health management staff regarding current and challenging clinical issues, including, but not limited to, conditional discharges, Medicaid consumer cases, and suicide monitoring;
- 1.8.1.7.12. Collaborating with other Department staff, including, but not limited to, Medical Directors, on a regular basis to monitor medical care and related patient care issues throughout New Hampshire, including, but not limited to, drug choice for the Preferred Drug List, performance and impact of the Preferred Drug List on clinical care, Medicaid interruption during hospitalization and incarceration, integration of medical, mental health, and substance abuse services, and enhancement of addiction treatment capacity;
- 1.8.1.7.13. Providing oversight of and implementing evidence-based practices, including, but not limited to, the Medicaid Program for Community Mental Health

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Services practices and practices specifically required in accordance with the Community Mental Health Agreement.

1.8.1.7.14. Supporting the expansion and development of new programs informed by evidenced-based and emerging best practices to fill gaps in the mental health continuum of care.

1.8.1.8. The Contractor shall ensure the Medical Director meets the following qualifications:

1.8.1.8.1. Possesses a medical degree (MD or DO);

1.8.1.8.2. Board Certified by the American Board of Psychiatry and Neurology in Psychiatry;

1.8.1.8.3. Maintains an unrestricted license as a physician by the New Hampshire Board of Medicine; and

1.8.1.8.4. Has at least five (5) years of experience in public mental health and services for people with mental illness.

1.8.2. Evidence-Based Practices (EBP) Training and Consultation

1.8.2.1. The Contractor shall provide part-time Trainers and/or Consultants, equal to (2) FTEs in total, to provide EBP Training and Consultation Services as described herein to sustain and continuously improve the quality of EBP in the Community Mental Health system as follows:

1.8.2.1.1. **Illness Management and Recovery (IMR):** The Contractor shall develop, in collaboration with the Department, and conduct training for CMH staff on IMR and/or Enhanced IMR (E-IMR) in specific topic areas, subject to Department approval. The Contractor shall conduct IMR/E-IMR training sessions as follows:

1.8.2.1.1.1. Two (2) trainings of no less than fifteen (15) hours each training, presented in two (2) full-day or four (4) half-day training sessions, for new IMR/E-IMR practitioners, to fulfill the specifications described in He-M 426 to provide IMR/E-IMR services. The capacity for each training event shall be no fewer than ten (10) participants and no more than forty (40) participants, depending on the availability of the training space;

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1.8.2.1.1.2. No fewer than eight (8) hours of training, presented in one (1) or two (2) training sessions, for supervisors of and/or experienced IMR/E-IMR staff that shall fulfill the specifications in He-M 426 for ongoing providers of IMR/E-IMR services. The content shall include information on supporting the learning of IMR skills for colleagues and improving the quality and outcomes of IMR/E-IMR services through practice-specific supervision. The capacity for this training event shall be no fewer than ten (10) participants and no more than twenty (20) participants.

1.8.2.1.2. **Individual Placement and Support Supported Employment (IPS-SE):** The Contractor shall develop, in collaboration with the Department, and conduct training for CMH staff on IPS-SE services in specific topic areas, subject to Department approval. The Contractor shall conduct IPS-SE training sessions as follows:

1.8.2.1.2.1. Two (2) trainings of no less than fifteen (15) hours each training, presented in two (2) full-day or four (4) half-day training sessions, for new IPS-SE practitioners to fulfill the specifications described in He-M 426 to provide evidence based SE services. The capacity for each training shall be no fewer than ten (10) participants and no more than forty (40) participants.

1.8.2.1.2.2. No fewer than eight (8) hours of training, presented in one (1) or two (2) training sessions for experienced IPS-SE practitioners. The combination of attending these two events shall fulfill the specifications described in He-M 426 for ongoing providers of IPS-SE services. This training will focus on job development strategies used with community partners and employers. The capacity for each of these training events shall be no fewer than ten (10) participants and no more than thirty (30) participants.

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1.8.2.1.2.3. No fewer than eight (8) hours of training, presented in one (1) or two (2) training sessions for experienced IPS-SE practitioners and IPS-SE supervisors and/or experienced IPS-SE staff. The combination of attending these two events shall fulfill the specifications described in He-M 426 for ongoing providers of evidence based SE services. The content shall include information on developing and improving collaboration with the New Hampshire Department of Vocational Rehabilitation and other important community partners in providing effective IPS-SE services. The capacity for each of these training events shall be no fewer than ten (10) participants and no more than twenty (20) participants.

1.8.2.1.3. **Assertive Community Treatment Teams (ACT):** The Contractor shall develop, in collaboration with the Department, ACT services training for CMH staff on specific topic areas, subject to Department approval. The Contractor shall conduct ACT trainings as follows:

1.8.2.1.3.1. Two (2) trainings of no less than fifteen (15) hours each training, presented in two (2) full-day or four (4) half-day training sessions, for new ACT practitioners to fulfill the specifications described in He-M 426 to provide IPS-SE services. The capacity for each training shall be no fewer than ten (10) participants and no more than forty (40) participants.

1.8.2.1.3.2. No fewer than eight (8) hours of training, presented in one (1) or two (2) training sessions for experienced ACT practitioners. The combination of attending the two (2) events shall fulfill the specifications described in He-M 426 for ongoing providers of ACT services. This training will focus on working with individuals with co-occurring substance use disorders. The capacity for each training shall be no fewer than ten (10) participants and no more than forty (40) participants.

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- 1.8.2.1.3.3. No fewer than eight (8) hours of training, presented in one (1) or two (2) training sessions for experienced ACT practitioners and ACT supervisors. The combination of attending the two (2) events shall fulfill the specifications described in He-M 426 for ongoing providers of ACT services. The capacity for each training shall be no fewer than ten (10) participants and no more than twenty (20) participants.
- 1.8.2.1.4. **Consultation to CMH Program Leadership and Workforce Development:** The Contractor shall provide agency-based consultations to all CMH programs as designated by the Department designee to assist agencies in sustaining and providing continuous quality improvement for IMR/E-IMR, ACT and IPS-SE services. The Contractor shall ensure that CMH program leadership has access to consultations at their agencies after they have received the written documentation of the findings of each fidelity assessment described in Subparagraph 1.9.2.7, and at the Department's request. Consultations shall include the development of ideas, strategies and interventions that each individual CMH program may utilize to most effectively sustain and improve IMR, ACT and IPS-SE services.
- 1.8.2.1.4.1. In cases where CMH programs would benefit from specific agency-based workforce development interventions from the Contractor's staff, the Contractor shall provide such further interventions upon mutual agreement of the Department designee, the Contractor, and CMH program leadership.
- 1.8.2.1.4.2. Such interventions shall be targeted and focused and customized to improving designated fidelity areas that are identified as a result of agency-based post fidelity consultations.
- 1.8.2.1.5. **NH Behavioral Health Service Area Consultations and Collaboration:** The Contractor shall assist with sustaining and improving the quality of IMR/E-IMR,

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ACT and IPS-SE services in the NH Community Mental Health system by providing consultation services to the Department and CMHCs, as identified by the Department, including but not limited to, consulting on, in collaboration with the Department designee, emerging best practices, evidence-based practices, and practice innovations to support overall system implementation and to inform the design and/or transformation of services.

1.8.2.2. The Contractor shall provide staff or other qualified professionals, subject to the approval by the Department, necessary to provide additional education, training, technical assistance, and consultation to Department and CMH providers, including but not limited to, training the CMH workforce to improve the quality of IMR/E-IMR, IPS-SE, and ACT services. The Contractor shall:

1.8.2.2.1. Provide education and training to CMH staff identified by the Department. The Contractor shall provide a total of eighteen (18) days of training, but schedules and requirements for each EBP as outlined below may be adjusted upon mutual agreement between the Department and Contractor in order to meet the needs of the CHM staff.

1.8.2.2.2. Ensure that the training and education is provided in central locations and in a manner that best facilitates the learning of key skills and strategies that are necessary to provide IMR/E-IMR, IPS-SE, and ACT in ways that support the most effective outcomes for consumers at each of the CMHCs. The training shall be designed to fulfill the specifications described in He-M 426 for CMHC programs of EBPs in NH.

1.8.2.2.3. Ensure each training event includes, at a minimum:

1.8.2.2.3.1. Invitations provided to CMHC staff before the training event;

1.8.2.2.3.2. A description of who should attend the training;

1.8.2.2.3.3. Outcomes for participants attending the training;

1.8.2.2.3.4. Sufficient time to provide instruction and practice for skills;

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- 1.8.2.2.3.5. Content designed to improve the fidelity of the practice at CMHCs;
 - 1.8.2.2.3.6. Documentation of all participants attending the training; and
 - 1.8.2.2.3.7. Certificates of attendance for all participants completing the training.
- 1.8.2.3. The Contractor shall prepare research information, specific ideas, interventions, feedback, data and strategies, as collaboratively agreed upon by the Department designee and the Contractor.
- 1.8.2.4. The Contractor's attendance at other events as collaboratively agreed upon by the Department designee and the Contractor for the purposes of sustaining and improving the quality of IMR/E-IMR, ACT, and IPS-SE.
- 1.8.2.5. **Evidence Based Practices Fidelity Assessments:** The Contractor shall conduct fidelity assessments to determine organizational faithfulness to the principles of ACT and evidence based SE practices for all CMH programs, as requested by the Department. The Contractor shall:
- 1.8.2.5.1. Conduct fidelity assessments for the purpose of monitoring the implementation of ACT and IPS-SE and for providing information about the capacity, strengths and areas in need of improvement in providing the practice at the designated CMH programs.
 - 1.8.2.5.2. Develop, in collaboration with the Department designee, a specific schedule designating specific time periods for each CMH program, ACT and IPS-SE fidelity assessment and/or related consultations(s). The schedule shall be subject to the advanced approval of the Department designee.
 - 1.8.2.5.3. Ensure that each fidelity assessment includes, at a minimum:
 - 1.8.2.5.3.1. Written instructions to the CMH program regarding preparation for fidelity assessments that includes necessary observations, interviews, data access/documents and other activities for the assessment.
 - 1.8.2.5.3.2. A specific written assessment schedule developed jointly by the Contractor and the CMH program.

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- 1.8.2.5.3.3. Sufficient time to assess and evaluate the CMH program's delivery of ACT or IPS-SE.
 - 1.8.2.5.3.4. A debriefing at the end of the assessment to review themes from the review with CMH program leadership.
 - 1.8.2.5.3.5. A written fidelity assessment report to include findings, rationale/observations, scoring, identified strengths, identified areas of improvement with recommendations provided to CMH leadership and the Department no later than four weeks following the assessment visit.
- 1.8.2.6. The Contractor shall provide one (1) full-time position (1.0 FTE) to provide training, consultation and technical assistance to community mental health and substance use disorder treatment contracting organizations on:
- 1.8.2.6.1. Organizational change and workflows to support treatment of co-occurring disorders for organization leaders and team leaders, including hiring, treatment program structures, supervision practices, EMR changes, and other organizational structures and practices;
 - 1.8.2.6.2. Identification and diagnosis of substance use disorders in people with mental health disorders from both clinical and systems perspectives;
 - 1.8.2.6.3. Identification and diagnosis of mental health disorders in people with substance use disorders (SUD) from both clinical and systems perspectives;
 - 1.8.2.6.4. Evidence-based practice treatment for co-occurring disorders including:
 - 1.8.2.6.4.1. Motivational interviewing for behavior change;
 - 1.8.2.6.4.2. Cognitive and behavioral treatment for SUD;
 - 1.8.2.6.4.3. Incorporating SUD treatment into Assertive Community Treatment;
 - 1.8.2.6.4.4. Cognitive and behavioral treatment for PTSD and depressive disorders in people with SUD;

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- 1.8.2.6.4.5. Medication assisted treatment for SUD including alcohol, opioid, and tobacco use disorders;
- 1.8.2.6.4.6. Medication treatment for PTSD and depressive disorder in people with SUD;
- 1.8.2.6.4.7. Six (6) months of weekly group consultation/case supervision to support treatment skills following evidence-based practice treatment for co-occurring disorders training; and
- 1.8.2.6.4.8. Use of digital interventions in conjunction with EBPs to extend and enhance treatment
- 1.8.2.6.5. The position will work with the Department to engage contracting organizations in order to tailor training content, schedule training, engage trainees and assess outcomes of training, consultation and technical assistance;
- 1.8.2.6.6. The position will develop training materials and provide the to the Department to post and distribute;
- 1.8.2.6.7. The position will conduct satisfaction surveys with trainees and continuously improve training, consultation, and technical assistance;
- 1.8.2.6.8. The position will work with current EBP Trainers and Consultants and Department staff to collaborate and coordinate activities.

1.8.3. Behavioral Health Policy Institute (BHPI)

- 1.8.3.1. The Contractor shall provide a part-time (.10 FTE) Behavioral Health Policy Institute Consultant. Under the direction of the Department designee and the Behavioral Health Medical Director, the Behavioral Health Policy Institute Consultant shall:
 - 1.8.3.1.1. Conduct analyses of Medicaid claims, as requested by the Department, to address policy issues and questions under consideration from the Behavioral Health program.
 - 1.8.3.1.2. Participate in regular meetings with the Department designee and/or the Behavioral Health Medical Director to review analyses and associated policy implications.

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1.8.4. Committee for the Protection of Human Services (CPHS)

- 1.8.4.1. The Contractor shall provide one (1) part-time (.15 FTE) Support Staff/Co-Chair and one (1) part-time (.50 FTE) Research Assistant to support the Committee for the Protection of Human Services.
- 1.8.4.2. Responsibilities of the Contractor staff shall include, but are not limited to:
- 1.8.4.2.1. Attending and fully participating in CPHS full committee meetings (once per month);
 - 1.8.4.2.2. Conducting expedited reviews as requested by the CPHS Administrator;
 - 1.8.4.2.3. Providing consultation, support, and guidance to the CPHS Administrator, Chairperson, and Committee members regarding the interpretation of federal regulations and human subject protections, including, but not limited to, pre-reviewing materials, reviewing requirements for exempt and expedited determinations, and reviewing significant adverse event reports;
 - 1.8.4.2.4. Serving on the Consent Form Template and Forms sub-committees, or other sub-committees, as requested by the CPHS Chairperson; and
 - 1.8.4.2.5. Serving as the Co-Vice Chair to the CPHS.
 - 1.8.4.2.6. Revision of the aforementioned deliverables may be done by mutual agreement of the Contractor and the Department designee. The availability of additional federal funds to support the implementation of additional EBP may also necessitate a renegotiation of priorities outlined in this deliverables plan, and a reallocation of the Contractor's time in order to assist with the construction of federal grant applications. Changes agreed upon may be subject to Governor and Executive Council approval.
- 1.8.4.3. The Contractor shall provide research, scientific and human subject expertise to the CPHS for the purpose of sustaining and supporting oversight of research funded by federal agencies and other non-state sources and conducted in New Hampshire Department-funded programs that serve people with mental

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illness, developmental disabilities and substance abuse or dependence disorders, in fulfillment of NH RSA 171-A:19-a.

1.8.5. Crisis System Transformation Evaluation

1.8.5.1. The Contractor shall provide consultation and technical assistance to review, advise on, and support successful implementation of NH's behavioral health crisis system (Rapid Response).

1.8.5.2. The Contractor shall provide consultation and technical assistance to evaluate NH's behavioral health crisis system (Rapid Response) transformation and impact.

1.8.5.3. The Contractor shall work with the Department in months 0-3 to evaluate and inform the initial transformation of NH's crisis system by:

1.8.5.3.1. Developing a process to review the initial crisis transformation data, which is intended to determine if, and to what extent, the target CMHCs have converted services from hospital-based emergency services to community-based mobile crisis services.

1.8.5.3.2. Identifying available data sources for evaluation of the system transformation, including emergency department waitlists, Designated Receiving Facility (DRF) census data, and Rapid Response system data.

1.8.5.3.3. Identifying key leaders and stakeholders involved in crisis system transformation and conducting semi-structured interviews to identify important contextual variables across the different CMHCs, as well as potential barriers and facilitators to crisis system transformation.

1.8.5.3.4. Developing a comprehensive evaluation plan that outlines measures and methods for collecting process and outcome data, with particular focus on collecting process / implementation data in the first six months to guide roll-out of the Rapid Response system at the second cohort of clinics.

1.8.5.4. The Contractor shall work with the Department in months 0-6 to evaluate and inform the initial transformation of NH's crisis system by:

1.8.5.4.1. Analyzing quantitative and qualitative data to make quality improvement recommendations for the Rapid Response system. Activities shall include:

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- 1.8.5.4.1.1. Reviewing comprehensive data regarding initial Rapid Response implementation;
- 1.8.5.4.1.2. Gathering community provider, stakeholder, and user input about their experience and opportunities for process and/or system improvements; and
- 1.8.5.4.1.3. Issuing an initial report of findings and recommendations to the Department.
- 1.8.5.4.2. Developing a process or system, such as a data dashboard, to compile and review crisis system data over time, including but not limited to the emergency department waitlist, Designated Receiving Facility (DRF) census data, and initial Rapid Response system data to determine if, and to what extent, the Rapid Response system has changed utilization trends for inpatient hospitalization and/or crisis apartment utilization.
- 1.8.5.4.3. Providing consultation and technical assistance regarding findings and recommendations that may include:
 - 1.8.5.4.3.1. Consultation to improve implementation per fidelity to the current Rapid Response model;
 - 1.8.5.4.3.2. Adaptation of the Rapid Response crisis system for NH's environments, specifically rural regions; and
 - 1.8.5.4.3.3. Consultation to expand the stabilization component of the Rapid Response model that will be sustainable and accessible statewide. Models such as crisis apartments, in-home stabilization services, and additional stationary crisis centers all need to be explored as potential solutions.
- 1.8.5.4.4. Developing a plan for any needed adaptations of the NH Rapid response crisis model based on national research, data review, stakeholder, and provider input.
- 1.8.5.5. The Contractor shall work with the Department in months 6-12 to evaluate and guide the transformation of NH's crisis system by:

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- 1.8.5.5.1. Providing technical assistance to the CMHCs to adapt services based on recommendations outlined in the above plan;
 - 1.8.5.5.2. Refining the longitudinal evaluation plan to track and analyze data to assess crisis system changes, reach, and effectiveness over time, including the baseline year before and after the changes;
 - 1.8.5.5.3. Developing a crisis system quality review tool for ongoing quality monitoring of the community-based Rapid Response crisis teams;
 - 1.8.5.5.4. Consulting on a set of standardized data dashboards the Department can use on a quarterly and annual basis to monitor the quality, reach, and effectiveness of NH's Rapid Response crisis system; and
 - 1.8.5.5.5. Consulting on a set of data reports, including extracts from the internal dashboards, that the Department should develop for public reporting in order to communicate effectiveness of the system, overall system trends, and specific data points for tracking the implementation of the crisis system transformation.
- 1.8.5.6. The Contractor shall work with the Department in months 12-24 to support, refine, and guide sustainability of the transformation of NH's crisis system by:
- 1.8.5.6.1. Collecting and comparing clinic-level qualitative and quantitative data to explore what is working well, where (i.e., CMHCs) and for whom (e.g., types of crises, patient backgrounds), to inform implementation adjustments to scale successes and strengthen sustainability across all centers;
 - 1.8.5.6.2. Providing data-informed technical assistance to centers to support successful implementation and ensure fidelity to the model;
 - 1.8.5.6.3. Providing technical assistance to the Department to refine dashboards and reporting tools based on feedback from key stakeholders and the public;
 - 1.8.5.6.4. Providing technical assistance to the Department regarding utilization of the crisis system quality review tool; and

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- 1.8.5.6.5. Consulting with the Department on ongoing quality improvement, needed adaptations to the selected crisis model, and data reporting.
- 1.8.5.7. In collaboration with the Department, the Contractor shall prepare a public report regarding efficacy and outcomes of the crisis system transformation. The final report shall include, but is not limited to:
 - 1.8.5.7.1. Findings from both quantitative and qualitative data collected at various time points;
 - 1.8.5.7.2. Summary of needed adaptations, if applicable, with rationale and recommendations;
 - 1.8.5.7.3. Summary of any identified crisis system gaps that became evident throughout the analysis; and
- 1.8.5.8. Evaluation findings regarding the "fit" of the crisis system model to rural settings, staffing capacity, and funding and other resources necessary to meet current and anticipated future needs.
- 1.8.6. **Time Studies** – The Contractor shall perform regular time studies in accordance with the Centers for Medicare and Medicaid Services (CMS) and Department Medicaid Cost Allocation procedures to document activities relating directly to the administration of the Medicaid program and to draw down federal matching revenues. The Contractor shall provide any such time studies in a format approved by the Department.
- 1.9. **Specific Service Requirements – Service Area #4 – Elderly and Adult Services**
 - 1.9.1. **Medical Director**
 - 1.9.1.1. The Contractor shall provide one (1) part-time (.125 FTE) Medical Director to provide consultation services to the Elderly and Adult Services service area. The Medical Director shall:
 - 1.9.1.1.1. Provide consultation and direction for the Elderly and Adult Services clinical components to policies and procedures, forms and administrative rules;
 - 1.9.1.1.2. Serve as a technical advisor for wellness and prevention initiatives to improve the lives of individuals served by Elderly and Adult Services service area;
 - 1.9.1.1.3. Perform medical consultation, clinical oversight and authority, and provide and guide education instruction within the Elderly and Adult Services service area;

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- 1.9.1.1.4. Provide guidance and consultation regarding new developments and emerging trends in clinical practice, research and best practices that would have an impact on service development, service delivery and clinical policy and practice;
 - 1.9.1.1.5. As requested by the Department, participate in the quality initiative, Sentinel Event Reviews and other case consultation and case reviews, as requested by the Department; and
 - 1.9.1.1.6. Meet bi-monthly with Department designee to review initiatives and check in on consultation services.
- 1.9.1.2. The Contractor shall ensure the Medical Director meets the following qualifications:
- 1.9.1.2.1. Possesses a medical degree (MD or DO);
 - 1.9.1.2.2. Maintains board certification in Gerontology or Preventive Medicine/Community Health;
 - 1.9.1.2.3. Possesses expertise in clinical, policy or outcomes research; and
 - 1.9.1.2.4. Possesses expertise in the regulations governing the federal Title XIX Medicaid program, including requirements for the operation of waiver and State Plan services, and Title XX, the Social Service Block Program and services provided under the Older Americans Act.

1.10. Specific Service Requirements – Service Area #5 – Developmental Services

1.10.1. Medical Director

- 1.10.1.1. The Contractor shall provide one (1) part-time (.40 FTE) Medical Director to provide psychiatric consultation services to the Developmental Services service area sixteen (16) hours per week. The Medical Director shall:
 - 1.10.1.1.1. Provide services in response to referrals from the ten (10) Area Agencies and the Department's Bureau for Family Centered Services (BFCS). Referrals shall be prioritized over all other duties and may include performing evaluations, consultations and medication reviews. Reports and recommendations must be shared with the referring entity.

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- 1.10.1.1.2. Based on He-M 1201, serve as chairperson for and facilitate meetings for the Developmental Services Medication Committee, and provide expert opinion and leadership to ensure the Committee functions effectively.
- 1.10.1.1.3. Assist the Department's Developmental Services staff in addressing medical issues related to quality assurance activities or Sentinel Event Reviews.
- 1.10.1.1.4. Provide educational training to the Department's Developmental Services staff, Area Agencies, subcontracted agencies and other stakeholders as identified and directed by the Department.
- 1.10.1.1.5. Provide additional expertise and support to improve New Hampshire's developmental services system, as directed by the Department.
- 1.10.1.1.6. Submit encounter documentation and data as requested by the Department.
- 1.10.1.2. The Contractor shall ensure the Medical Director meets the following qualifications:
 - 1.10.1.2.1. Possesses a medical degree (MD or DO);
 - 1.10.1.2.2. Maintains board certification in Child and Adult Psychiatry; and
 - 1.10.1.2.3. Possesses expertise and experience in developmental disability, including Autism Spectrum Disorders.
- 1.10.2. **Developmental Services Interdisciplinary Clinic Team**
 - 1.10.2.1. The Contractor shall provide the following part-time positions for the children and adults Developmental Services Interdisciplinary Clinic Team:
 - 1.10.2.1.1. Child Psychiatrist - 0.1 FTE
 - 1.10.2.1.2. Psychiatrist - 0.1 FTE
 - 1.10.2.1.3. Neuropsychologist - 0.1 FTE
 - 1.10.2.1.4. Neuropsychology Fellow - 0.15 FTE
 - 1.10.2.1.5. Neurologist - 0.05 FTE
 - 1.10.2.1.6. Primary Care Physician - 0.05 FTE
 - 1.10.2.1.7. Occupational Therapist - 0.05 FTE
 - 1.10.2.1.8. Administrative Support - 0.05 FTE

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1.10.2.2. The Interdisciplinary Clinic Team members' responsibilities are as follows:

1.10.2.2.1. **Psychiatrist (Child Psychiatrist):** The Psychiatrist shall serve as the Clinic Director, coordinating the team and/or providers involved in the Clinic. The Psychiatrist shall conduct a comprehensive psychiatric examination, including reviewing clients' psychiatric treatment and medical history. The Psychiatrist shall make recommendations as part of the comprehensive report regarding evidence based treatment for optimal care for each client.

1.10.2.2.2. **Neuropsychologist:** The Neuropsychologist will review all clients' psychiatric medical records, neuropsychological testing and behavioral incidents. The Neuropsychologist shall document recommendations as part of the comprehensive report. The Neuropsychologist shall supervise the Neuropsychology Fellow and oversee the documentation of historical information regarding the client.

1.10.2.2.3. **Neuropsychology Fellow:** The Neuropsychology Fellow shall review clients' medical and psychiatric records, neuropsychological testing, behavioral incidents and document pertinent historical information regarding each person as part of the comprehensive report.

1.10.2.2.4. **Neurologist:** The Neurologist shall review clients' medical records, conduct a physical examinations, and document findings and recommendations as part of the comprehensive report.

1.10.2.2.5. **Primary Care Physician:** The Primary Care Physician shall review past medical records, conduct a physical examination, and document findings and recommendations as part of the comprehensive report.

1.10.2.2.6. **Occupational Therapist:** The Occupational Therapist shall review past medical records, conduct an occupational therapy evaluation, document findings and recommendations as part of the comprehensive report; and

1.10.2.2.7. **Administrative Support Staff:** The Administrative Support Staff shall schedule appointments, review

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received documents and checklists of requested documents, copy records for providers and fax completed reports. In addition, Administrative Support Staff will support the Developmental Services Medical Director.

1.10.2.3. The Contractor shall:

1.10.2.3.1. Ensure the Interdisciplinary Clinic Team accepts children and adults referred from the Area Agencies;

1.10.2.3.2. Prioritize clients based on the most immediate need and critical situation;

1.10.2.3.3. Provide high quality interdisciplinary evaluations to children and adults with developmental disabilities and acquired brain injuries:

1.10.2.3.4. Develop one (1) comprehensive report for each client that includes, but is not limited to:

1.10.2.3.4.1. A comprehensive understanding of each client with a focus on a biological, psychological, social and/or environmental approach and the interaction of these factors as they relate to the clients' strengths, skills, and interests.

1.10.2.3.4.2. Recommendations that can be utilized by the Systemic, Therapeutic, Assessment, Resources, and Treatment (START) Coordinators, Area Agencies, service providers and medical providers to provide the best quality of care for each person.

1.10.2.3.5. Serve as the point of access to a team of expert providers which will reduce each client's number of medical appointments and reduce each client's need to travel to multiple appointments.

1.10.2.3.6. Convene the Interdisciplinary Clinic Team one (1) time per month and conduct a face-to-face or remote appointment with two (2) clients per month, for a total of twenty-four (24) clients per year.

1.10.2.3.6.1. Interdisciplinary clinic team meetings and client appointments shall take place by telehealth or in person at DHMC in Lebanon, as determined clinically appropriate and

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necessary by the Interdisciplinary Clinic Team.

1.10.2.3.6.2. The Contractor's Interdisciplinary Clinic Team shall review all previous records of each client prior to each client appointment. The Interdisciplinary Clinic Team shall meet with the client and the client's team of caregivers as part of the evaluation to obtain history and/or concerns and to examine the client.

1.10.2.3.6.3. After meeting and examining the client, the Interdisciplinary Clinic Team will meet to discuss recommendations.

1.10.2.3.6.4. The Interdisciplinary Clinic Team shall draft a comprehensive report regarding the visit and recommendations. The report shall be made available within fifteen (15) business days from the date of the last meeting of the Interdisciplinary Clinic Team.

1.10.2.3.7. Have the client, or the client's authorized representative, sign a release form identifying the parties to whom the Contractor may distribute the comprehensive reports.

1.10.2.3.8. Submit encounter documentation as directed by the Department.

1.11. General Staffing Requirements applicable to all Service Areas and personnel provided under the Agreement

1.11.1. The Contractor shall recruit and retain qualified individuals for the staffing needs as specified, and as otherwise necessary, to fulfill the requirements as described in this Exhibit B, Scope of Services, Section 1. Statement of Work.

1.11.2. All personnel provided under this Contract shall be subject to Department approval prior to the Contractor notifying candidates of assignment and/or hire to fulfill a specified staffing role. The Department shall inform the Contractor of its applicable designee for this purpose per position or service area. The Department designee, at their discretion, shall be entitled to interview any such candidate. The Contractor shall facilitate coordinating such interviews upon the Department designee's request.

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1.11.3. The Department at its sole discretion may rescind, either permanently or temporarily, its approval of any Contractor personnel providing any services under this contract for any of the following reasons:

- 1.11.3.1. Suspension, revocation or other loss of a required license, certification or other contractual requirement to perform such services under the contract;
- 1.11.3.2. Providing unsatisfactory service based on malfeasance, misfeasance, insubordination or failure to satisfactorily provide required services;
- 1.11.3.3. Arrest or conviction of any felony, misdemeanor, or drug or alcohol related offense;
- 1.11.3.4. Abolition of the role due to a change in organizational structure, lack of sufficient funds or like reasons; or
- 1.11.3.5. Any other reason that includes, but is not limited to, misconduct, violation of Department policy, or violation of state or federal laws and regulations pertaining to the applicable Department service area, or a determination that the individual presents a risk to the health and safety of any staff member or any individual served by the Department.

1.11.4. In the event of such rescission:

- 1.11.4.1. The Department shall provide the Contractor with reasonable advance notice to the extent possible and the applicable reason. No additional payments will be paid by the State for any staff removed from duty by the Department for any reason;
- 1.11.4.2. The Contractor's applicable staff member shall be prohibited from providing services under the Agreement for the period of time that the Department exercises this right;
- 1.11.4.3. The Contractor shall provide replacement personnel who shall meet all of the applicable requirements under this contract including, but not limited to, being subject to the Department approval specified in 1.11.2;
- 1.11.4.4. The Contractor shall be responsible for providing transition services to the applicable Department service area to avoid interruption of services and administrative responsibilities at no additional cost to the Department; and
- 1.11.4.5. The Department will inform the Contractor of the anticipated duration for which approval will remain rescinded. If the duration of a temporarily rescinded approval is greater than five (5) calendar days, the Contractor shall furnish within ten (10)

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business days replacement Contractor staff who shall meet all of the requirements for the applicable position under the contract. The Contractor shall be responsible for providing, at no additional cost to the Department, transition services to NHH to avoid service interruption.

- 1.11.4.6. It shall be at the Contractor's sole discretion whether to initiate any internal personnel actions against its employee(s). However, nothing herein shall prohibit the Contractor from seeking information from the Department regarding the Department's decision, unless such information is otherwise restricted from disclosure by the Department based on internal Department policies or rules, State of New Hampshire personnel policies, rules, collective bargaining agreements, or other state or federal laws.
- 1.11.5. The Contractor shall ensure, prior to providing the applicable services to the applicable Department service area or facility, all required licenses, certifications, privileges or other specified minimum qualifications are met for all Contractor staff, and where applicable, are maintained throughout the provision of services for the full term of the contract. The Contractor shall provide the applicable Department designee with a copy of all such documents. The Contractor acknowledges and agrees that the Department shall not be held financially liable for any fees or costs for any licenses, certifications or renewal of same, nor for any fees or costs incurred for providing copies of said licenses or certifications.
- 1.11.6. Work schedules for Contractor staff provided under this Agreement may be modified as needed to meet the requirements described herein, subject to the approval of the appropriate Department designee.
- 1.11.7. The Contractor shall ensure all staff provided under this Agreement are subject to the Contractor's normal and customary employee benefits and policies, including leave provisions. In addition to any required approvals by the Contractor for its employees, Contractor staff providing services under this Agreement shall provide timely, prior notification to the applicable Department designee for any anticipated leave time, including, but not limited to, vacation and continuing education leave time.
- 1.11.8. The Contractor shall ensure all staffing positions provided under this Agreement are continuously filled or in active recruitment.
- 1.11.9. The Contractor will automatically reduce invoices for payment by the appropriate amount immediately upon a position becoming vacant.
- 1.11.10. All personnel provided by the Contractor shall be subject to the identified criminal background, registry, screening and medical examinations, as specified in the table below, for the applicable Service Area to which the

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individual is assigned contractual service responsibilities. The Contractor shall ensure the successful completion of these requirements for each individual assigned by the Contractor to perform contractual services prior to commencing work and shall ensure that such requirements are kept up to date as required. The Department shall receive copies of all documentation prior to the commencement of services and shall not be responsible for any costs incurred in obtaining the documentation described in the table below:

Service Area	Required Background, Registry, Screening, and Medical Examinations
1 Medicaid Program	Criminal Background, BEAS State Registry, DCYF Central Registry
2 Children, Youth & Families	Criminal Background, DCYF Central Registry, TB Testing
3 Behavioral Health	Criminal Background, BEAS State Registry, DCYF Central Registry
4 Elderly and Adult Services	Criminal Background, BEAS State Registry
5 Developmental Services	Criminal Background, BEAS State Registry, DCYF Central Registry

1.11.11. The Contractor shall ensure the criminal background, registry, screening and medical examinations above are kept current as required and in accordance with the Department's confidentiality policy; the Department receives copies of all required documentation prior to the commencement of services; and the Department will not be responsible for any costs incurred in obtaining the documentation.

1.11.12. The Contractor shall not utilize any personnel including Subcontractors, to fulfill any obligations of this contract, who have been convicted of any crime of dishonesty, including but not limited to criminal fraud, or otherwise convicted of any felony or misdemeanor offense for which incarceration for up to one (1) year is an authorized penalty. The Contractor will initiate a criminal background check re-investigation of all personnel provided under this contract every five (5) years. The five (5) year period will be based on the date of the last criminal background check conducted by the Contractor or its agents.

1.11.13. State Owned Devices, Systems and Network Usage

1.11.13.1. Personnel provided by the Contractor under this Agreement shall use a state-issued device, including, not limited to computers,

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tablets or mobile telephones, in fulfilling the requirements of this contract. The Contractor shall ensure all personnel provided under this Agreement:

- 1.11.13.1.1. Use the information that they have permission to access solely for conducting official state business. All other use or access is strictly forbidden including, but not limited, to personal or other private and non-State use, and that at no time shall Contractor workforce or agents access or attempt to access information without having the express authority of the Department to do so;
- 1.11.13.1.2. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;
- 1.11.13.1.3. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the state. At all times the Contractor must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the State. Only equipment or software owned, licensed, or being evaluated by the State can be used by the Contractor. Non-standard software shall not be installed on any equipment unless authorized by the Department's Information Security Office;
- 1.11.13.1.4. Agree that email and other electronic communication messages created, sent, and received on a state-issued email system are the property of the State of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "state-funded email systems." The Contractor understands and agrees that use of email shall follow Department and State standard policies; and
- 1.11.13.1.5. The Internet and/or Intranet is to be used for access to and distribution of information in direct support of the business of the State of New Hampshire according to policy. At no time should the Internet be used for personal use.

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2. Exhibits Incorporated

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

3. Reporting Requirements for All Service Areas

- 3.1. The Contractor shall provide the Department with detailed personnel listings for all staff performing services in each Service Area under the Agreement on an annual basis for each State Fiscal Year, or more frequently as required by the Department, to ensure the accuracy of information contained therein and proper cost allocation. The listings will include information for each Service Area that includes, but is not limited to staff names, titles and personnel costs (including salary costs, fringe benefit costs, and indirect rates). The listings will be in a format as determined and approved by the Department.

4. Performance Measures and Monitoring

4.1. Service Area #1 – Chief Medical Officer – Medicaid

- 4.1.1. Within forty-five (45) days of the contract effective date of the Chief Medical Officer, and annually thereafter, the Contractor and the Department designee, in consultation with the Chief Medical Officer, shall develop a list of performance metrics based upon the deliverables, functions and responsibilities of the Chief Medical Officer. The performance metrics shall be approved by the Department designee prior to being effective. Performance measures and monitoring tools may include, but are not limited to:
 - 4.1.1.1. Attendance records of Medicaid Management Team meetings; and
 - 4.1.1.2. A checklist of core duties and expectations, as described in Subsection 1.6, with feedback solicited the Department.
- 4.1.2. The Department designee and Chief Medical Officer shall meet quarterly, or on a frequency as otherwise determined by the Department, to review these performance metrics and associated data. These meetings shall be documented with written progress notes by the Department designee.

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- 4.1.3. The Contractor shall ensure the services provided by the Chief Medical Officer are satisfactory to the Department. The Contractor shall, no less than annually and more frequently as requested by the Department, provide an evaluation tool that is based on the mutually agreed upon performance metrics for the previous year to solicit input from the Department regarding the Chief Medical Officer's performance in providing of services under the Agreement.
- 4.1.4. In the event that the Chief Medical Officer's performance requires improvement, as determined by the Contractor and/or the Department, the Contractor shall develop and submit a proposed corrective action plan to the Department for review and approval.
- 4.1.5. The Department designee, the Contractor, and the Chief Medical Officer shall establish goals annually for the upcoming year will be established at the time of the Contractor's evaluation of the Chief Medical Officer. In the event that the Chief Medical Officer position is vacated and refilled, the evaluation tool shall be completed at six (6) months and at one (1) year of employment, and annually thereafter on the contract anniversary date.

4.2. Service Area #2 – Staff Psychologist – Children, Youth and Families

- 4.2.1. Within forty-five (45) days of the assignment of the Staff Psychologist, and annually thereafter, the Contractor and the Department designee, in consultation with the Staff Psychologist, shall develop a list of performance metrics based upon the deliverables, functions and responsibilities of the Staff Psychologist, including, but not limited to, clinical documentation monitoring. The performance metrics shall be approved by the Department designee prior to being effective. The Department designee and Staff Psychologist shall meet quarterly, or on a frequency as otherwise determined by the Department, to review these performance metrics. These meetings shall be documented with written progress notes by the Department designee.
- 4.2.2. The Contractor shall ensure the services provided by the Staff Psychologist are satisfactory to the Department. The Contractor shall, no less than annually and more frequently as requested by the Department, provide an evaluation tool that is based on the mutually agreed upon performance metrics for the previous year to solicit input from the Department regarding the Staff Psychologist's performance in providing of services under the Agreement.
- 4.2.3. In the event that the Staff Psychologist's performance requires improvement, as determined by the Contractor and/or the Department, the Contractor shall develop and submit a proposed corrective action plan to the Department for review and approval.

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4.2.4. The Department designee, the Contractor, and the Staff Psychologist shall establish goals annually for the upcoming year will be established at the time of the Contractor's evaluation of the Staff Psychologist. In the event that the Staff Psychologist position is vacated and refilled, the evaluation tool shall be completed at six (6) months and at one (1) year of employment, and annually thereafter on the contract anniversary date.

4.3. Service Area #2 – Staff Psychiatrist – Children, Youth and Families

4.3.1. Within forty-five (45) days of the assignment of the Staff Psychiatrist, and annually thereafter, the Contractor and the Department designee, in consultation with the Staff Psychiatrist, shall develop a list of performance metrics based upon the deliverables, functions and responsibilities of the Staff Psychiatrist. Performance metrics and monitoring may include, but are not limited to:

4.3.1.1. Regular checks of the Staff Psychiatrist's electronic calendar to ensure proposed leave time, conferences, and trainings are recorded appropriately;

4.3.1.2. Clinical documentation monitoring to ensure timeliness and completeness standards are being met as established by Children, Youth, and Families;

4.3.1.3. Counts of activities, including, but not limited to, the number of treatment team meetings and clinical consultations provided, types and numbers of EBP provided, number of teaching and supervision contacts with interns, residents, and fellows at SYSC; and

4.3.1.4. Feedback collected in a checklist to assess effectiveness in establishing interagency collaboration between JJS, CMHCs, and NHH.

4.3.2. Performance metrics shall be approved by the Department designee prior to being effective. The Department designee and Staff Psychiatrist shall meet quarterly, or on a frequency as otherwise determined by the Department, to review these performance metrics. These meetings shall be documented with written progress notes by the Department designee.

4.3.3. The Contractor shall ensure the services provided by the Staff Psychiatrist are satisfactory to the Department. The Contractor shall, no less than annually and more frequently as requested by the Department, provide an evaluation tool that is based on the mutually agreed upon performance metrics for the previous year to solicit input from the Department regarding the Staff Psychiatrist's performance in providing of services under the Agreement.

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4.3.4. In the event that the Staff Psychiatrist's performance requires improvement, as determined by the Contractor and/or the Department, the Contractor shall develop and submit a proposed corrective action plan to the Department for review and approval.

4.3.5. The Department designee, the Contractor, and the Staff Psychiatrist shall establish goals annually for the upcoming year will be established at the time of the Contractor's evaluation of the Staff Psychiatrist. In the event that the Staff Psychiatrist position is vacated and refilled, the evaluation tool shall be completed at six (6) months and at one (1) year of employment, and annually thereafter on the contract anniversary date.

4.4. Service Areas #3 Behavioral Health, #4 Elderly and Adult Services and #5 Developmental Services

4.4.1. Upon Department request, the Contractor shall identify performance metrics, develop performance goals, establish monitoring processes and engage in collaborative performance evaluation processes for Service Areas 3, 4 and 5.

4.5. Performance Evaluations

4.5.1. The Contractor shall conduct performance reviews annually for all staff provided under the Agreement, unless otherwise specified in the Agreement, in a format as approved by the Department.

4.5.2. The Contractor shall conduct such reviews by first obtaining feedback from the applicable Department designee for the service area in which the staff is assigned to provide services. This feedback shall be a core element of the annual performance review process. The Contractor shall ensure that goal development is responsive to the evolving needs of the Department over the course of the contract period.

4.6. Quality Assurance Plan and Monitoring

4.6.1. The Contractor shall develop and submit a Quality Assurance Plan, subject to approval and/or modification as requested by the Department. The Quality Assurance Plan shall include, at a minimum:

4.6.1.1. Services and activities that will be monitored;

4.6.1.2. How monitoring will be conducted;

4.6.1.3. Individuals who will conduct the monitoring, specifying the roles and responsibilities of staff and any other third party, if applicable;

4.6.1.4. Department resources, if any, that will be requested for the monitoring process, and how the Department resources will be involved; and

4.6.1.5. Process for documenting monitoring efforts and results.

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- 4.6.2. The Contractor shall monitor progress toward the stated goals in the Quality Assurance and Monitoring Plan and provide progress reports to the Department, as requested by the Department.
- 4.6.3. In consultation with the Department, the Contractor shall review and revise the Quality Assurance and Monitoring Plan at minimum on an annual basis, or as otherwise requested by the Department.
- 4.7. The Contractor shall actively and regularly collaborate with the Department to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.
- 4.8. The Contractor may be required to provide other key data and metrics to the Department, including client-level demographic, performance, and service data.
- 4.9. Where applicable, the Contractor shall collect and share data with the Department in a format specified by the Department.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

- 5.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith. In the event that any future state or federal legislation or court order impacts the Services described herein, the Department shall provide the Contractor with reasonable advanced notice of any necessary modification to Service priorities and expenditure requirements. The parties agree to cooperate in the implementation and planning of any such modification and the Department shall consider Contractor's reasonable requests with respect to such modifications. Notwithstanding the foregoing, the Department shall retain the final right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance with any future state or federal legislation or court orders that have an impact on the Services described herein.

5.2. Credits and Copyright Ownership

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

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required, e.g., the United States Department of Health and Human Services."

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

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

5.2.3.1. Brochures.

5.2.3.2. Resource directories.

5.2.3.3. Protocols or guidelines.

5.2.3.4. Posters.

5.2.3.5. Reports.

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

5.3. Eligibility Determinations

5.3.1. If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

5.3.2. Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

5.3.3. In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5.3.4. The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

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6. Records

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

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

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

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

7. Continuity of Services and Liquidated Damages

7.1. Liquidated damages are specified in, and may be assessed in accordance with, Exhibit C, Payment Terms, Section 17.

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Payment Terms

1. This Agreement is funded by:
 - 1.1. 28% Federal Funds from:
 - 1.1.1. The Centers for Medicare & Medicaid Services (CMS), Catalog of Federal Assistance (CFDA) #93.778;
 - 1.1.2. Health Resources and Services Administration (HRSA), Maternal and Child Health Block Grant, CFDA #93.994;
 - 1.1.3. Administration on Aging, Title III-B Social Services, CFDA #93.004;
 - 1.1.4. Substance Abuse & Mental Health Services Administration (SAMHSA), Community Mental Health Block Grant, CFDA #93.958; and
 - 1.1.5. SAMHSA, Substance Abuse Block Grant ARPA, CFDA #93.959.
 - 1.2. 72% General funds.
2. For the purposes of this Agreement:
 - 2.1. The Department has identified the Contractor as a Contractor, in accordance with 2 CFR 200.331.
 - 2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
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-7, Budget.
 - 3.1. Services provided in the event of a healthcare system emergency as specified in Paragraph 1.5.5 of Exhibit B, Scope of Services, are budgeted to serve any or all of the five (5) service areas. The Contractor shall invoice the Department at the hourly rate per position, which is inclusive of direct salary and benefits, for the number of hours worked. The budget for these services shall be unencumbered per State Fiscal Year as specified below:

Service	Effective Date to 6/30/2022	7/1/2022 to 6/30/2023	7/1/2023 to 6/30/2024	7/1/2024 to 6/30/2025
Healthcare Emergency	\$921,941	\$2,823,038	\$2,754,340	\$2,610,338

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4. The Contractor shall submit five (5) monthly invoices to the Department in a form satisfactory to the State by the twentieth (20th) working day of the following month, with the exception of June invoices, which shall be submitted by the tenth (10th) working day of the following month, including one distinct and separate invoice for each of the five (5) Service Areas requesting reimbursement for authorized expenses incurred for services provided in the prior month. The five (5) Service Areas include:
 - 4.1. Service Area #1 – Medicaid
 - 4.2. Service Area #2 – Children, Youth and Families
 - 4.3. Service Area #3 – Behavioral Health
 - 4.4. Service Area #4 – Elderly and Adult Services
 - 4.5. Service Area #5 – Developmental Services
5. The Contractor shall reduce invoices by the appropriate amount immediately upon a position becoming vacant and not being backfilled with a locum.
6. In the event that the Contractor provides healthcare system emergency services specified in Subsection 3.1 above, the Contractor shall submit a separate invoice that distinctly identifies and differentiates the expenses as charged according to each of the five (5) Service Areas for which services are provided. The invoice shall include the dates worked, the name of the employee and their title, the hourly rate, and the number of hours worked per day.
7. The Contractor shall ensure the invoices are completed, dated and returned to the Department in order to initiate payment.
8. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to Mary.E.Calise@dhhs.nh.gov, or invoices may be mailed to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
9. The Contractor shall designate a contact person to resolve any questions or discrepancies regarding invoices. The Contractor shall provide DHHS with the name, title, telephone number, fax number and email address of the contact person. The Contractor shall also notify DHHS in the event of a change of the designated contact person. DHHS shall provide the Contractor with the name, title, mailing address, and telephone number of the corresponding DHHS contact person. DHHS shall notify the Contractor in the event of a change in the designated contact person.
 - 9.1. Contingent upon additional state or federal funding and pursuant to a mutually agreed upon contract amendment, the Contractor may be asked to provide additional services appropriate for inclusion in the

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contract's scope, if such services are not otherwise detailed in this Agreement.

10. The Department shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.
11. The final invoices 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.
12. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.
13. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B, Scope of Services.
14. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
15. 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.
16. **Audits**
 - 16.1. The Contractor must email an annual audit to melissa.s.morin@dhhs.nh.gov if any of the following conditions exist:
 - 16.1.1. 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.
 - 16.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 16.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

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- 16.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 30 days after the completion of the single audit or upon submission of the Contractor's single audit to the Federal Audit Clearinghouse 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.
- 16.3. 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.
- 16.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

17. Liquidated Damages

17.1. Continuity of Services:

17.1.1. The Contractor and Department agree that the Contractor's failure to provide required staffing, required services, or meet the performance standards and reporting requirements as described in Exhibit B, Scope of Services, shall result in liquidated damages.

17.1.2. The Contractor and the Department agree that:

17.1.2.1. It will be extremely impracticable and difficult to determine actual damages that the Department will sustain in the event that the Contractor breaches this Agreement by failing to maintain the required staffing levels or by failing to deliver the required services, as described in Exhibit B, Scope of Services;

17.1.2.2. Any such breach by the Contractor will delay and disrupt the Department's operations and impact its ability to meet its obligations and lead to significant damages of an uncertain amount as well as a reduction of services; and

17.1.2.3. The liquidated damages as specified in this Exhibit C, Payment Terms, are reasonable and fair and not intended as a penalty.

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17.2. Notification:

- 17.2.1. The Department shall make all assessments of liquidated damages. Prior to the imposition of liquidated damages, as described herein, the Department shall issue a written notice of remedies that will include, as applicable, the following:
 - 17.2.1.1. A citation of the contract provision violated;
 - 17.2.1.2. The remedies to be applied, and the date the remedies shall be imposed (cure period) for the Contractor to remedy such failure. A reasonable cure period will be determined by the Department based on service type, and to the extent possible, the notice will not be less than 30 days;
 - 17.2.1.3. The basis for the Department's determination that the remedies shall be imposed;
 - 17.2.1.4. A request for a written Corrective Action Plan from the Contractor below; and
 - 17.2.1.5. The timeframe and procedure for the Contractor to dispute the Department's determination.
- 17.2.2. The Contractor shall submit the written Corrective Action Plan referenced in Subparagraph 17.2.1.4 above to the Department for review within five (5) business days of receiving notification as specified in Subsection 17.2. Notification.
- 17.2.3. The Contractor agrees that the Corrective Action Plan is subject to the Department's approval prior to its implementation.
- 17.2.4. No liquidated damages will be assessed against Contractor if the parties have agreed to a Corrective Action Plan and the Contractor is in compliance with the terms of the Corrective Action Plan.
- 17.2.5. If the failure to perform by the Contractor is not resolved within the cure period as specified in the Corrective Action Plan, as approved by the Department, liquidated damages may be imposed retroactively to the date of failure to perform and will continue until the failure is cured or any resulting dispute is resolved in the Contractor's favor.
- 17.2.6. The Contractor's dispute of liquidated damages or remedies shall not stay the effective date of the proposed liquidated damages or remedies.

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17.3. Liquidated Damages:

- 17.3.1. Liquidated damages, if assessed, shall be in the amount of \$1,000 per day for each day the Contractor fails to meet the general and specific service requirements for each Service Area as identified in Exhibit B, Scope of Services.
- 17.3.2. Liquidated damages, if assessed, shall be in the amount of \$1,000 per day for each day the Contractor fails to meet and maintain the staffing levels identified in Exhibit B, Scope of Services.
- 17.3.3. Liquidated damages, if assessed, shall be in the amount of \$1,000 per day for each day the Contractor fails to meet the performance standards identified in Exhibit B, Scope of Services.
- 17.3.4. Liquidated damages, if assessed, shall be in the amount of \$1,000 per day for each day the Contractor fails to meet the reporting requirements identified in Exhibit B, Scope of Services.
- 17.3.5. Liquidated damages, if assessed, shall apply until the Contractor cures the failure cited in the notification described in Subsection 17.2, or until the resulting dispute is resolved in the Contractor's favor.
- 17.3.6. The amount of liquidated damages assessed by the Department shall not exceed the price limitation in Form P-37, General Provisions, Block 1.8 – Price Limitation.
- 17.3.7. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate; provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the

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amount of such expenses as are disallowed or to recover such sums from the Contractor.

17.4. Assessment:

17.4.1. The Department shall be entitled to assess and recover liquidated damages cumulatively under each section applicable to any given incident.

17.4.2. Assessment and recovery of liquidated damages by the Department shall be in addition to, and not exclusive of, any other remedies, including actual damages, as may be available to the Department for breach of contract, both at law and in equity, and shall not preclude the Department from recovering damages related to other acts or omissions by the Contractor under this Agreement. Imposition of liquidated damages shall not limit the right of the Department to terminate the Contract for default as provided in Paragraph 8 of the General Provisions (P-37).

17.5. Damages Related to Failure to Document Medical Necessity:

17.5.1. The Contractor shall be liable to the Department for any losses incurred by the Department which arise out of the failure of Contractor staff to provide the required documentation to support medical necessity as identified in Exhibit B, Scope of Services.

Exhibit C-1 Budget - Medicaid

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*
Budget Request for: *Clinical and Administrative Services - Service Area #1 Medicaid*
Budget Period: *SFY22 through SFY25*

Line Item	Total Program Cost <i>Enter all costs that will be incurred through this contract/agreement</i>	SFY22	SFY23	SFY24	SFY25
		<i>7/1/21 to 6/30/22</i>	<i>7/1/22 to 6/30/23</i>	<i>7/1/23 to 6/30/24</i>	<i>7/1/24 to 6/30/25</i>
1. Salary/Wages	\$ 1,119,343	108,090	327,818	337,653	347,782
2. Employee Benefits	\$ 198,124	18,778	58,024	59,765	61,557
3. Consultants	\$ -				
4.(a) Equipment - Rental	\$ -				
4.(b) Equipment - Repairs & Maintenance	\$ -				
4.(c) Equipment - Purchase	\$ -				
5.(a) Supplies - Educational	\$ -				
5.(b) Supplies - Lab	\$ -				
5.(c) Supplies - Pharmacy	\$ -				
5.(d) Supplies - Medical	\$ -				
5.(e) Supplies Office	\$ -				
6. Travel	\$ 12,000	1,200	3,600	3,600	3,600
7. Occupancy	\$ -				
9. Software	\$ -				
10. Marketing/Communications	\$ -				
11. Staff Education and Training	\$ 33,333	3,333	10,000	10,000	10,000
12. Subcontracts/Agreements	\$ -				
13. Other (Provide specific details)	\$ -				
Total Direct Costs	\$ 1,362,800	\$ 129,401	\$ 399,442	\$ 411,017	\$ 422,940
Indirect Cost Rate %	15%				
Total Indirect Costs	\$ 204,420	19,410	59,916	61,653	63,441
TOTAL	1,567,220	148,811	459,358	472,670	486,381

Exhibit C-2 Budget - Children, Youth and Families

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*
Budget Request for: *Clinical and Administrative Services - Service Area #2 Children, Youth and Families*
Budget Period: *SFY22 through SFY25*

Line Item	Total Program Cost <i>Enter all costs that will be incurred through this contract/agreement</i>	FY22	FY23	FY24	FY25
		<i>7/1/21 to 6/30/22</i>	<i>7/1/22 to 6/30/23</i>	<i>7/1/23 to 6/30/24</i>	<i>7/1/24 to 6/30/25</i>
1. Salary/Wages	\$ 1,989,165	188,531	582,560	600,037	618,038
2. Employee Benefits	\$ 544,433	51,601	159,446	164,230	169,157
3. Consultants	\$ -				
4.(a) Equipment - Rental	\$ -				
4.(b) Equipment - Repairs & Maintenance	\$ -				
4.(c) Equipment - Purchase	\$ -				
5.(a) Supplies - Educational	\$ -				
5.(b) Supplies - Lab	\$ -				
5.(c) Supplies - Pharmacy	\$ -				
5.(d) Supplies - Medical	\$ -				
5.(e) Supplies Office	\$ -				
6. Travel	\$ 3,333	333	1,000	1,000	1,000
7. Occupancy	\$ -				
9. Software	\$ -				
10. Marketing/Communications	\$ -				
11. Staff Education and Training	\$ 30,000	3,000	9,000	9,000	9,000
12. Subcontracts/Agreements	\$ -				
13. Other (Provide specific details)	\$ -				
Total Direct Costs	\$ 2,566,932	\$ 243,465	\$ 752,006	\$ 774,266	\$ 797,194
Indirect Cost Rate %	15%				
Total Indirect Costs	\$ 385,040	36,520	112,801	116,140	119,579
TOTAL	2,951,971	279,985	864,807	890,406	916,773

Exhibit C-3 Budget - Behavioral Health

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*
 Budget Request for: *Clinical and Administrative Services - Service Area #3 Behavioral Health*
 Budget Period *SFY22 through SFY25*

Line Item	Total Program Cost <i>Enter all costs that will be incurred through this contract/agreement</i>	SFY22	SFY23	SFY24	SFY25
		<i>7/1/21 to 6/30/22</i>	<i>7/1/22 to 6/30/23</i>	<i>7/1/23 to 6/30/24</i>	<i>7/1/24 to 6/30/25</i>
1. Salary/Wages	\$ 1,315,316	124,664	385,212	396,768	408,671
2. Employee Benefits	\$ 374,941	35,536	109,808	113,102	116,495
3. Consultants	\$ -				
4.(a) Equipment - Rental	\$ -				
4.(b) Equipment - Repairs & Maintenance	\$ -				
4.(c) Equipment - Purchase	\$ -				
5.(a) Supplies - Educational	\$ 68,485	6,667	20,000	20,600	21,218
5.(b) Supplies - Lab	\$ -				
5.(c) Supplies - Pharmacy	\$ -				
5.(d) Supplies - Medical	\$ -				
5.(e) Supplies Office	\$ -				
6. Travel	\$ 50,000	5,000	15,000	15,000	15,000
7. Occupancy	\$ -				
9. Software	\$ -				
10. Marketing/Communications	\$ -				
11. Staff Education and Training	\$ 20,000	2,000	6,000	6,000	6,000
12. Subcontracts/Agreements	\$ -				
13. Other (Provide specific details)	\$ -				
Total Direct Costs	\$ 1,828,741	\$ 173,867	\$ 536,020	\$ 551,470	\$ 567,384
Indirect Cost Rate %	15%				
Total Indirect Costs	\$ 274,311	26,080	80,403	82,721	85,108
TOTAL	2,103,052	199,947	616,422	634,191	652,492

Contractor Initials EJM
 Date 3/2/2022

Exhibit C-4 Budget - Behavioral Health (Co-Occurring Trainer)

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*
 Budget Request for: *Clinical and Administrative Services - Service Area #3 Behavioral Health (Co-occurring Trainer)*
 Budget Period *SFY22 through SFY25*

Line Item	Total Program Cost <i>Enter all costs that will be incurred through this contract/agreement</i>	SFY22	SFY23	SFY24	SFY25
		<i>7/1/21 to 6/30/22</i>	<i>7/1/22 to 6/30/23</i>	<i>7/1/23 to 6/30/24</i>	<i>7/1/24 to 6/30/25</i>
1. Salary/Wages	\$ 304,974	28,905	89,317	81,996	94,758
2. Employee Benefits	\$ 104,911	9,843	30,725	31,847	32,596
3. Consultants	\$ -				
4.(a) Equipment - Rental	\$ -				
4.(b) Equipment - Repairs & Maintenance	\$ -				
4.(c) Equipment - Purchase	\$ -				
5.(a) Supplies - Educational	\$ 17,121	1,667	5,000	5,150	5,305
5.(b) Supplies - Lab	\$ -				
5.(c) Supplies - Pharmacy	\$ -				
5.(d) Supplies - Medical	\$ -				
5.(e) Supplies Office	\$ -				
6. Travel	\$ 25,000	2,500	7,500	7,500	7,500
7. Occupancy	\$ -				
9. Software	\$ -				
10. Marketing/Communications	\$ -				
11. Staff Education and Training	\$ 19,000	1,000	6,000	6,000	6,000
12. Subcontracts/Agreements	\$ -				
13. Other (Provide specific details)	\$ -				
Total Direct Costs	\$ 471,008	\$ 44,015	\$ 138,542	\$ 142,293	\$ 146,157
Indirect Cost Rate %	15%				
Total Indirect Costs	\$ 70,651	6,602	20,781	21,344	21,923
TOTAL	541,657	50,617	159,323	163,637	168,080

Contractor Initials DS
EM
 Date 3/2/2022

Exhibit C-5 Budget - Behavioral Health (Crisis System Evaluator)

New Hampshire Department of Health and Human Services

Contractor Name: Mary Hitchcock Memorial Hospital
Budget Request for: Clinical and Administrative Services - Service Area #3 Behavioral Health (Crisis System Evaluator)
Budget Period SFY22 through SFY25

Line Item	Total Program Cost Enter all costs that will be incurred through this contract/agreement	SFY22	SFY23	SFY24	SFY25
		7/1/21 to 6/30/22	7/1/22 to 6/30/23	7/1/23 to 6/30/24	7/1/24 to 6/30/25
1. Salary/Wages	\$ 70,159	11,294	34,900	23,965	
2. Employee Benefits	\$ 24,135	3,885	12,006	8,244	
3. Consultants	\$ -				
4.(a) Equipment - Rental	\$ -				
4.(b) Equipment - Repairs & Maintenance	\$ -				
4.(c) Equipment - Purchase	\$ -				
5.(a) Supplies - Educational	\$ -				
5.(b) Supplies - Lab	\$ -				
5.(c) Supplies - Pharmacy	\$ -				
5.(d) Supplies - Medical	\$ -				
5.(e) Supplies Office	\$ -				
6. Travel	\$ -				
7. Occupancy	\$ -				
9. Software	\$ -				
10. Marketing/Communications	\$ -				
11. Staff Education and Training	\$ -				
12. Subcontracts/Agreements	\$ 514,687	92,970	264,532	157,185	
13. Other (Provide specific details)	\$ -				
Total Direct Costs	\$ 608,980	\$ 108,149	\$ 311,437	\$ 189,394	\$ -
Indirect Cost Rate %	15%				
Total Indirect Costs	\$ 91,347	16,222	46,716	28,409	0
TOTAL	700,327	124,372	358,153	217,803	0

Contractor Initials: 
 3/2/2022

Exhibit C-6 Budget - Elderly and Adult Services

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*
 Budget Request for: *Clinical and Administrative Services - Service Area #4 Elderly and Adult Services*
 Budget Period *SFY22 through SFY25*

Line Item	Total Program Cost				
	Enter all costs that will be incurred through this contract/agreement	SFY22 7/1/21 to 6/30/22	SFY23 7/1/22 to 6/30/23	SFY24 7/1/23 to 6/30/24	SFY25 7/1/24 to 6/30/25
1. Salary/Wages	\$ 103,865	9,844	30,419	31,331	32,271
2. Employee Benefits	\$ 18,384	1,742	5,384	5,546	5,712
3. Consultants	\$ -				
4.(a) Equipment - Rental	\$ -				
4.(b) Equipment - Repairs & Maintenance	\$ -				
4.(c) Equipment - Purchase	\$ -				
5.(a) Supplies - Educational	\$ -				
5.(b) Supplies - Lab	\$ -				
5.(c) Supplies - Pharmacy	\$ -				
5.(d) Supplies - Medical	\$ -				
5.(e) Supplies Office	\$ -				
6. Travel	\$ 833	83	250	250	250
7. Occupancy	\$ -				
9. Software	\$ -				
10. Marketing/Communications	\$ -				
11. Staff Education and Training	\$ -				
12. Subcontracts/Agreements	\$ -				
13. Other (Provide specific details)	\$ -				
Total Direct Costs	\$ 123,083	\$ 11,670	\$ 36,053	\$ 37,127	\$ 38,233
Indirect Cost Rate %	15%				
Total Indirect Costs	\$ 18,462	1,750	5,408	5,569	5,735
TOTAL	141,545	13,420	41,461	42,696	43,968

Exhibit C-7 Budget - Developmental Services

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*
 Budget Request for: *Clinical and Administrative Services - Service Area #5 Developmental Services*
 Budget Period *SFY22 through SFY25*

Line Item	Total Program Cost <i>Enter all costs that will be incurred through this contract/agreement</i>	SFY22	SFY23	SFY24	SFY25
		<i>7/1/21 to 6/30/22</i>	<i>7/1/22 to 6/30/23</i>	<i>7/1/23 to 6/30/24</i>	<i>7/1/24 to 6/30/25</i>
1. Salary/Wages	\$ 777,658	73,705	227,750	234,582	241,620
2. Employee Benefits	\$ 155,076	14,698	45,416	46,779	48,182
3. Consultants	\$ -				
4.(a) Equipment - Rental	\$ -				
4.(b) Equipment - Repairs & Maintenance	\$ -				
4.(c) Equipment - Purchase	\$ -				
5.(a) Supplies - Educational	\$ -				
5.(b) Supplies - Lab	\$ -				
5.(c) Supplies - Pharmacy	\$ -				
5.(d) Supplies - Medical	\$ -				
5.(e) Supplies Office	\$ -				
6. Travel	\$ 16,667	1,667	5,000	5,000	5,000
7. Occupancy	\$ -				
9. Software	\$ -				
10. Marketing/Communications	\$ -				
11. Staff Education and Training	\$ 10,500	1,050	3,150	3,150	3,150
12. Subcontracts/Agreements	\$ -				
13. Other (Provide specific details)	\$ -				
Total Direct Costs	\$ 959,900	\$ 91,120	\$ 281,316	\$ 289,511	\$ 297,952
Indirect Cost Rate %	15%				
Total Indirect Costs	\$ 143,985	13,668	42,197	43,427	44,693
TOTAL	1,103,885	104,788	323,514	332,938	342,645

Contractor Initials EM
 Date 3/2/2022



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

26 Federal Plaza, Room 3412
New York, NY 10278
PHONE: (212) 264-2069
EMAIL: CAS-NY@psc.hhs.gov

April 26, 2019

Ms. Tina Naimie
Vice President, Corporate Finance
Dartmouth-Hitchcock
One Medical Center Drive
Lebanon, NH 03756

Dear Ms. Naimie:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and returned to me by email, retaining the copy for your files. Our email address is CAS-NY@psc.hhs.gov. We will reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost rate proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 06/30/2020 is due in our office by 12/31/2020.

Sincerely,

Darryl W. Mayes
Deputy Director
Cost Allocation Services

DS
EJM

3/2/2022

HOSPITALS RATE AGREEMENT

EIN: 1020222140A1
ORGANIZATION:
Dartmouth-Hitchcock
Mary Hitchcock Memorial Hospital
One Medical Center Drive
Lebanon, NH 03756-

DATE: 04/26/2019
FILING REF.: The preceding
agreement was dated
11/28/2017

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III:

SECTION I: INDIRECT COST RATES

RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)	
<u>EFFECTIVE PERIOD</u>					
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (\$)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2018	06/30/2021	31.00	On-Site	Other Sponsored Programs
PROV.	07/01/2021	06/30/2024	31.00	On-Site	Other Sponsored Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000; hospitalization and other fees associated with patient care whether the services are obtained from an owned, related or third party hospital or other medical facility; rental/maintenance of off-site activities; student tuition remission and student support costs (e.g., student aid, stipends, dependency allowances, scholarships, fellowships).

OS
EM

ORGANIZATION: Dartmouth-Hitchcock

AGREEMENT DATE: 4/26/2019

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe Benefits applicable to direct salaries and wages are treated as direct costs.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

Your next proposal based upon fiscal year ending 06/30/20 is due by 12/31/20.

ORGANIZATION: Dartmouth-Hitchcock

AGREEMENT DATE: 4/26/2019

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the cost principles promulgated by the Department of Health and Human Services, and should be applied to the grants, contracts and other agreements covered by these regulations subject to any limitations in A above. The hospital may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to those programs.

BY THE INSTITUTION:

Dartmouth-Hitchcock

(INSTITUTION)

Tina E. Naemie

(SIGNATURE)

Tina E. Naemie

(NAME)

VP Corporate Finance

(TITLE)

May 14, 2019

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S
Directly signed by Darryl W. Mayes, Director, Office of Management, Acquisition, and Compliance, 8113 15th Street, NW, 1st Floor, Washington, DC 20520-6100, on 04/26/2019 at 09:23:42 AM EDT

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

4/26/2019

(DATE) 2642

HHS REPRESENTATIVE:

Ryan McCarthy

Telephone:

(212) 264-2069

DS
EJM

3/2/2022

New Hampshire Department of Health and Human Services
Exhibit D



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEEES OTHER THAN INDIVIDUALS

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

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

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

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

EJM

New Hampshire Department of Health and Human Services
Exhibit D



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

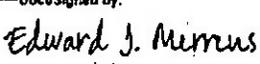
Place of Performance (street address, city, county, state, zip code) (list each location)

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

Vendor Name:

3/2/2022

Date

DocuSigned by:

 Name: Edward J. Merrens
 Title: Chief Clinical Officer

Vendor Initials 
 Date 3/2/2022



New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

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

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

- Programs (indicate applicable program covered):
- *Temporary Assistance to Needy Families under Title IV-A
 - *Child Support Enforcement Program under Title IV-D
 - *Social Services Block Grant Program under Title XX
 - *Medicald Program under Title XIX
 - *Community Services Block Grant under Title VI
 - *Child Care Development Block Grant under Title IV

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

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

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

Vendor Name:

3/2/2022

Date

DocuSigned by:

Edward J. Merrens

Name: Edward J. Merrens

Title: chief clinical officer

DS
EJM

Vendor Initials

3/2/2022
Date

New Hampshire Department of Health and Human Services
Exhibit F



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

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

INSTRUCTIONS FOR CERTIFICATION

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

New Hampshire Department of Health and Human Services
Exhibit F



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name:

3/2/2022

Date

DocuSigned by:
Edward J. Merrens
Name: Edward J. Merrens
Title: Chief Clinical Officer

DS
EJM

Contractor Initials
Date 3/2/2022

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

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

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

Exhibit G

Contractor Initials

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



**New Hampshire Department of Health and Human Services
Exhibit G**

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

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

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

Contractor Name:

3/2/2022

Date

DocuSigned by:

Edward J. Merrens

Name: Edward J. Merrens

Title: chief clinical officer

Exhibit G

Contractor Initials

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

New Hampshire Department of Health and Human Services
Exhibit H



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name:

3/2/2022

Date

DocuSigned by:

Edward J. Merrens

Name: Edward J. Merrens

Title: chief clinical officer

New Hampshire Department of Health and Human Services



Exhibit I

BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement (Form P-37) ("Agreement") agrees, as a Business Associate, to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191, the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162, and 164 (HIPAA), provisions of the HITECH Act, Title XIII, Subtitle D, Parts 1&2 of the American Recovery and Reinvestment Act of 2009, 42 USC 17934, et sec., applicable to business associates, and as applicable, to be bound by the provisions of the Confidentiality of Substance Use Disorder Patient Records, 42 USC s. 290 dd-2, 42 CFR Part 2, (Part 2), as any may be amended from time to time.

(1) Definitions.

- a. "Business Associate" shall mean the Contractor and its agents who receive, use, or have access to protected health information (PHI) as defined in this Business Associate Agreement ("BAA") and the Agreement, and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.
- b. The following terms have the same meaning as defined in HIPAA, the HITECH Act, and Part 2, as they may be amended from time to time:

"Breach," "Covered Entity," "Designated Record Set," "Data Aggregation,"
Designated Record Set," Health Care Operations," HITECH Act," "Individual,"
"Privacy Rule," "Required by law," "Security Rule," and "Secretary."

- c. "Protected Health Information" ("PHI") as used in this Agreement means protected health information defined in HIPAA 45 CFR 160.103, limited to the information created, received, or used by Business Associate from or on behalf of Covered Entity, and includes any Part 2 records relating to substance use disorder, if applicable, as defined below.
- d. "Part 2 record" means any patient "Record," relating to a "Patient," and "Patient Identifying Information," as defined in 42 CFR Part 2.11.
- e. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

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

- a. Business Associate shall not use, disclose, maintain, store, or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit B, Scope of Services, of the Agreement. Further, Business Associate, including

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Contractor Initials

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New Hampshire Department of Health and Human Services



Exhibit I

but not limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPAA and 42 CFR Part 2, and not use, disclose, maintain, store, or transmit PHI in any manner that would constitute a violation of HIPAA or 42 CFR Part 2.

- b. Business Associate may use or disclose PHI, as applicable:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph c. and d. below;
 - III. According to the HIPAA minimum necessary standard; and
 - IV. For data aggregation purposes for the health care operations of the Covered Entity.

- c. To the extent Business Associate is permitted under the BAA or the Agreement to disclose PHI to any third party or subcontractor, prior to making any disclosure, the Business Associate must obtain a business associate agreement with the third party or subcontractor, that complies with HIPAA and ensures that all requirements and restrictions placed on the Business Associate as part of this BAA with the Covered Entity, are included in those business associate agreements with the third party or subcontractor.

- d. The Business Associate shall not, disclose any PHI in response to a request or demand for disclosure, such as by a subpoena or court order, on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity can determine how to best protect the PHI. If Covered Entity objects to the disclosure, the Business Associate agrees to refrain from disclosing the PHI and shall cooperate with the Covered Entity in any effort the Covered Entity undertakes to contest the request for disclosure, subpoena, or other legal process. If applicable relating to Part 2 records, the Business Associate shall resist any efforts to access part 2 records in any judicial proceeding.

(3) Obligations and Activities of Business Associate.

- a. Business Associate shall implement appropriate safeguards to prevent unauthorized use or disclosure of all PHI in accordance with HIPAA Privacy Rule and Security Rule with regard to electronic PHI, and Part 2, as applicable.

- b. The Business Associate shall immediately notify the Covered Entity's Privacy Officer at the following email address, DHHSPrivacyOfficer@dhhs.nh.gov after the Business Associate has determined that any use or disclosure not provided for by its contract, including any known or suspected privacy or security incident or breach has occurred potentially exposing or compromising the PHI. This includes inadvertent or accidental uses or disclosures or breaches of unsecured protected health information.

- c. In the event of a breach, the Business Associate shall comply with the terms of this Business Associate Agreement, all applicable state and federal laws and regulations and any additional requirements of the Agreement.

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New Hampshire Department of Health and Human Services

Exhibit I

- d. The Business Associate shall perform a risk assessment, based on the information available at the time it becomes aware of any known or suspected privacy or security breach as described above and communicate the risk assessment to the Covered Entity. The risk assessment shall include, but not be limited to:
 - I. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - II. The unauthorized person who accessed, used, disclosed, or received the protected health information;
 - III. Whether the protected health information was actually acquired or viewed; and
 - IV. How the risk of loss of confidentiality to the protected health information has been mitigated.
- e. The Business Associate shall complete a risk assessment report at the conclusion of its incident or breach investigation and provide the findings in a written report to the Covered Entity as soon as practicable after the conclusion of the Business Associate's investigation.
- f. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the US Secretary of Health and Human Services for purposes of determining the Business Associate's and the Covered Entity's compliance with HIPAA and the Privacy and Security Rule, and Part 2, if applicable.
- g. Business Associate shall require all of its business associates that receive, use or have access to PHI under the BAA or the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)n, and an agreement that the Covered Entity shall be considered a direct third party beneficiary of the Business Associate's business associate agreements with Business Associate's intended business associates, who will be receiving PHI pursuant to this BAA, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- h. Within ten (10) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the BAA and the Agreement.
- i. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

Exhibit I

Contractor Initials

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New Hampshire Department of Health and Human Services

Exhibit I

- j. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- k. Business Associate shall document any disclosures of PHI and information related to any disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- l. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- m. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- n. Within thirty (30) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-ups of such PHI in any form or platform.
 - l. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for as long as the Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI. A current version of Covered Entity's Notice of Privacy

Exhibit I

Contractor Initials

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New Hampshire Department of Health and Human Services



Exhibit I

Practices and any changes thereto will be posted on the Covered Entity's website:
<https://www.dhhs.nh.gov/oos/hipaa/publications.htm>

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

(5) Termination of Agreement for Cause

In addition to Paragraph 9 of the General Provisions (P-37) of the Agreement, the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a material breach by Business Associate of the Business Associate Agreement. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity.

(6) Miscellaneous

- a. Definitions, Laws, and Regulatory References. All laws and regulations used, herein, shall refer to those laws and regulations as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in HIPAA or 42 Part 2, means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the BAA, from time to time as is necessary for Covered Entity and/or Business Associate to comply with the changes in the requirements of HIPAA, 42.CFR Part 2 other applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the BAA and the Agreement shall be resolved to permit Covered Entity and the Business Associate to comply with HIPAA and 42 CFR Part 2.

Exhibit I

Health Insurance Portability Act
Business Associate Agreement

Contractor Initials

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Date 3/2/2022



New Hampshire Department of Health and Human Services

Exhibit I

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

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

Department of Health and Human Services

 The State
 DocuSigned by:
Lori A. Weaver

 Signature of Authorized Representative
 Lori A. Weaver

 Name of Authorized Representative
 Deputy Commissioner

 Title of Authorized Representative
 3/2/2022

 Date

Dartmouth-Hitchcock Health

 Name of the Contractor
 DocuSigned by:
Edward J. Merrens

 Signature of Authorized Representative
 Edward J. Merrens

 Name of Authorized Representative
 Chief Clinical Officer

 Title of Authorized Representative
 3/2/2022

 Date

Exhibit I

Contractor Initials DS EJM

New Hampshire Department of Health and Human Services
Exhibit J



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

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

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

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

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

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

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

Contractor Name:

3/2/2022

Date

DocuSigned by:

Edward J. Merrens

Name: Edward J. Merrens

Title: Chief Clinical officer

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Contractor Initials

3/2/2022

Date



New Hampshire Department of Health and Human Services
Exhibit J

FORM A

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

1. The DUNS number for your entity is: QYLXERHDAQL4

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

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____

New Hampshire Department of Health and Human Services
DHHS Security Requirements



Exhibit K

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," "Confidential Data," or "Data" (as defined in Exhibit K), 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'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 a security policy, which includes successful attempts) 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

**New Hampshire Department of Health and Human Services
DHHS Security Requirements**



Exhibit K

storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic documents or mail.

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

April, 2020

Exhibit K
DHHS Information
Security Requirements
Page 2 of 8

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Date 3/2/2022

**New Hampshire Department of Health and Human Services
DHHS Security Requirements**



Exhibit K

except as required or permitted under this Contract or required by law. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a 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. 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.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. **Application Encryption.** If Contractor 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.** Contractor may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS Data.
3. **Encrypted Email.** Contractor 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 Contractor 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.** Contractor may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. **Ground Mail Service.** Contractor 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 Contractor is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. **Open Wireless Networks.** Contractor 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 Contractor is employing remote communication to

April, 2020

Contractor Initials

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Date 3/2/2022

**New Hampshire Department of Health and Human Services
DHHS Security Requirements**



Exhibit K

access or transmit Confidential Data, a secure method of transmission or remote access, which complies with the terms and conditions of Exhibit K, must be used.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If Contractor 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 Contractor 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 DHHS Data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have thirty (30) days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or, if it is infeasible to return or destroy DHHS Data, protections are extended to such information, in accordance with the termination provisions in this Section. 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 accessed or utilized for purposes of carrying out this contract.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting DHHS 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, current, updated, and

**New Hampshire Department of Health and Human Services
DHHS Security Requirements**



Exhibit K

maintained anti-malware (e.g. anti-viral, anti-hacker, anti-spam, anti-spyware) utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

If the Contractor maintains any Confidential Information on its systems (or its sub-contractor systems) and it has not done so previously, the Contractor will implement policies and procedures to ensure that any storage media on which such data maybe recorded will be rendered unreadable and that the data will be un-recoverable when the storage media is disposed of. Upon request, the Contractor will provide the Department with copies of these policies and with written documentation demonstrating compliance with the policies. The written documentation will include all details necessary to demonstrate data contained in the storage media has been rendered unreadable and un-recoverable. Where applicable, regulatory and professional standards for retention requirements may be jointly evaluated by the State and Contractor prior to destruction.

1. 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.
2. 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

New Hampshire Department of Health and Human Services
DHHS Security Requirements



Exhibit K

used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will ensure End-User will maintain 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.
5. 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.
6. 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.
7. The Contractor will not store 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.
8. Data Security Breach Liability. In the event of any computer security incident, incident, or breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from 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.
9. 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, HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) and 42 C.F.R. Part 2 that govern protections for individually identifiable

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Contractor Initials DS
EJM

Date 3/2/2022

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



health information and as applicable under State law.

10. 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.
11. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor must notify the DHHS Security Office and the Program Contact via the email addresses provided in Section VI of this Exhibit, immediately upon the Contractor determining that a breach or security incident has occurred and that DHHS confidential information/data may have been exposed or compromised. 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.
12. 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.
13. The Contractor is responsible for End User oversight and compliance with the terms and conditions of the contract and Exhibit K.

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 immediately notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches as specified in Section IV, paragraph 11 above.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with DHHS's documented Incident Handling and Breach Notification procedures and in accordance with the HIPAA, Privacy and Security Rules. In addition

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Exhibit K

to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
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 contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacyOfficer@dhhs.nh.gov

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