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STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
 603-271-5194 1-800-852-3345 Ext. 5194
 Fax: 603-271-7623 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
 Commissioner

José Thier Montero
 Director

December 3, 2012

His Excellency, Governor John H. Lynch
 and the Honorable Executive Council
 State House
 Concord, New Hampshire 03301

SOLE SOURCE

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Systems, Policy and Performance, Community Health Development Section, to exercise a **sole source** amendment to an agreement with the JSI Research and Training Institute, Inc., dba Community Health Institute Purchase Order #1017180 (Vendor #161611-B001), 501 South Street, 2nd Floor, Bow, New Hampshire 03304, by increasing the Price Limitation by \$100,760 from \$477,800 to \$578,560 to increase funding to local emergency response volunteer units and expand training and technical assistance programs to improve local, regional, and state partners' capability to respond to public health emergencies, to be effective the date of Governor and Council approval. This agreement was originally approved by Governor and Council on July 13, 2011, Item #70 and amended on January 25, 2012, Item #27. Funds are available in the following accounts for SFY 2013.

99.29% FED 5.71% GEN

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2012	102-500731	Contracts for Program Services	90077002	\$130,000	\$0	\$130,000
SFY 2012	102-500731	Contracts for Program Services	90077140	\$75,000	\$0	\$75,000
			Sub-Total	\$205,000	\$0	\$205,000
SFY 2013	102-500731	Contracts for Program Services	90077002	\$115,000	\$17,920	\$132,920
SFY 2013	102-500731	Contracts for Program Services	90077140	\$10,000	\$0	\$10,000
			Sub-Total	\$125,000	\$17,920	\$142,920

05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2012	102-500731	Contracts for Program Services	90077700	\$96,400	\$0	\$96,400
SFY 2013	102-500731	Contracts for Program Services	90077700	\$51,400	\$82,840	\$134,240
			Sub-Total	\$147,800	\$82,840	\$230,640
			Total	\$477,800	\$100,760	\$578,560

EXPLANATION

This request for a sole source amendment provides the most effective and expeditious way to strengthen emergency preparedness initiatives that JSI Research and Training Institute, Inc., dba Community Health Institute already coordinates on behalf of the Department. JSI Research and Training Institute, Inc., dba Community Health Institute currently is the only organization in New Hampshire that provides technical assistance to Medical Reserve Corp units and coordinates several emergency preparedness-related conferences. Thus, it is most effective to direct additional resources now available to this agency to avoid any duplication of efforts.

There are four discrete activities included in this amendment that build on services that are part of the current agreement which are: providing financial support and program oversight to 15 regional Medical Reserve Corps; coordinating a conference targeted to hospital professionals; coordinating a conference targeted to clinical laboratory professionals; and designing and implementing a multi-faceted evaluation of the Division of Public Health Services' response to the Hepatitis C outbreak. Each of these is described in detail below.

The four activities required under this amendment are:

1. Execute subcontracts with each of 15 regional Medical Reserve Corp units serving the State of New Hampshire.
2. Support costs associated for a conference of hospital-based users of the Automated Hospital Emergency Department Data system.
3. Execute a subcontract with the American Public Health Laboratory Association to provide expert trainers on the topic of Continuity of Operations Planning for clinical laboratories.
4. Conduct an After Action Review of the 2012 Hepatitis C outbreak.

The first activity focuses on supporting the 15 Medical Reserve Corp volunteer units to recruit and train volunteers to provide health services in local emergency shelters, staff large-scale vaccination clinics during disease outbreaks or distribute medications after a terrorist attack, like a release of anthrax. Medical Reserve Corp units are groups of trained volunteers who help respond to emergencies and have been deployed to help staff H1N1 vaccination clinics and provide supportive care services in local shelters. Evidence of the importance of maintaining a trained volunteer workforce was recently demonstrated during both Superstorm Sandy when Medical Reserve Corp volunteers provided supportive care services to individuals with functional needs in shelters and the Hepatitis C outbreaks when they provided staffing to the clinics. Under the current contract JSI Research and

Training Institute, Inc., dba Community Health Institute provides support to local Medical Reserve Corp units through subcontracts and this amendment increases the amount that will be made available to local units for SFY 13.

Two other activities provide support for conferences targeted to hospital and clinical laboratory professionals respectively. The hospital partner conference will bring together information technology, infection control practitioners, laboratory, and other hospital staff working at acute care hospitals or healthcare provider offices who manage aspects of information technology, reporting of infectious disease or outbreaks to the Division of Public Health Services or communicating public health activities within their organization. The conference will increase awareness of the Division of Public Health Services disease surveillance systems and how to implement data-sharing aspects of the Affordable Care Act. The second conference will bring together hospital and other clinical laboratory managers to be trained on how to develop a comprehensive Continuity of Operations Plan. Such plans are essential to maintaining laboratory services both within a single institution and as a participating entity in the New Hampshire Laboratory Response Network. Because of their excellent performance in coordinating other preparedness-related conferences for the Division of Public Health Services, JSI Research and Training Institute, Inc., dba Community Health Institute is in a unique position to plan and coordinate these conferences to meet the training needs of attendees.

The final component is to design and implement a multi-faceted evaluation of the Division of Public Health Services' response to the Hepatitis C outbreak. This evaluation will adhere to the requirements of the Homeland Security Evaluation and Exercise Program. The contractor will publish a formal After Action Report based on the findings of the evaluation. The findings and recommended improvements will be integrated into state emergency response plans and also inform routine activities within the Division of Public Health Services.

Should Governor and Executive Council not authorize this request, there would be a more limited capacity to deploy trained Medical Reserve Corps volunteers sufficient to meet the need during an emergency to carry out activities such as the care of individuals in shelters with health needs and staffing large-scale public clinics. There may also be an increased risk of a less than optimal response during emergencies among New Hampshire laboratories and a reduction in the Division of Public Health Services' ability to monitor clusters of illnesses and injuries in hospital emergency departments.

JSI Research and Training Institute, Inc., dba Community Health Institute was selected for this project through a competitive bid process. The Request for Proposals was posted to the New Hampshire Department of Health and Human Services' website and Proposal packages were available by request on Friday, March 25, 2011. Additional notices were circulated to agencies that were thought to be interested in this opportunity, and a Bidders' Conference was held on April 4, 2011 to alert agencies to this bid.

Three Letters of Intent were received, which resulted in two proposals being received. The review team was made up of seven reviewers; five internal reviewers with expertise in emergency preparedness and/or delivering training and technical assistance and two external reviewers experienced in delivering statewide training and technical assistance programs and conference logistics. The scoring criteria focused on the bidders' capacity to perform the scope of services. The proposal selected had the highest average score among all reviewers. All reviewers had between five and twenty-five years experience in providing similar services or managing agreements with vendors for various public health programs. Areas of specific expertise include emergency services; hospital preparedness; immunization; occupational safety and health; injury prevention; and public health infrastructure. The Request for Proposal scoring summary is attached.

In the Request for Proposal, Amendment Section, this Agreement may be amended contingent upon satisfactory program performance, fiscal expenditures, other contract requirements, and approval by Governor and

Council. The Division of Public Health Services is exercising this amendment option. With approval of this amendment, the SFY 2013 amount will total \$277,160, which represents an increase in the amount of \$100,760 from the previously amended SFY 2013 amount of \$176,400, approved by Governor and Council on January 25, 2012, Item #27. The increase is due to additional federal funds being made available to local Medical Reserve Corps units as well as the need to evaluate the Division of Public Health Services' response to the Hepatitis C outbreak and support for the two additional conferences.

The following performance measures will be used to measure the effectiveness of the agreement.

- Timely execution of contracts with 15 Medical Reserve Corps units.
- Percent of conference attendees who rate the conference as either "excellent" or "good".
- Publication of a formal After Action Report and Improvement Plan.

Area served: statewide.

Source of Funds: 97.29% Federal Funds, from the Centers for Disease Control and Prevention and the Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response, and 2.71% General Funds.

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

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/NT/js

Program Name Public Health Emergency Preparedness Training and Technical Assistance
Contract Purpose To provide training and technical assistance programs to strengthen local, regional, and state partners' capability and capacity to prepare for, respond to, and recover from Public Health Emergencies and threats.

RFP Score Summary

RFP CRITERIA	Max Pts	JSI Research and Training Institute, Inc., dba Community Health Institute	President and Fellows of Harvard College, Boston, MA
Agy Capacity	30	26.00	24.43
Program Structure	50	42.00	39.29
Budget & Justification	15	13.86	13.29
Format	5	4.43	4.86
Total	100	86.29	81.86

BUDGET REQUEST			
Year 01	\$	214,936	\$ 214,922
Year 02	\$	214,875	\$ 214,974
Year 03	\$		
TOTAL BUDGET REQUEST	\$	429,811	\$ 429,896
BUDGET AWARDED			
Year 01	\$	166,400	
Year 02	\$	166,400	
Year 03	\$		
TOTAL BUDGET AWARDED	\$	332,800	-

RFP Reviewers		Name	Job Title	Qualifications
1	Neil Twitchell	Administrator, Division of Public Health Services	Members of the review team included Division of Public Health Services staff with expertise in emergency preparedness and training, as well as non-Division of Public Health Services reviewers who provided expertise in the delivery of statewide training and technical assistance programs and conference logistics. The scoring criteria focused on the bidders' capacity to perform the scope of services.	
2	Mary F. Miller	Program Specialist, Division of Public Health Services		
3	Thomas Flynn	Program Specialist, Division of Public Health Services		
4	Adnela Alic	Project Specialist, Division of Public Health Services		
5	Beverly Drouin	Health Promotion Advisor, Division of Public Health Services		
6	Deborah Yeager	Emergency Preparedness Coordinator, NH Hospital Association		
7	Elaine Frank	Injury Prevention Program Director, Dartmouth Hitchcock Medical Center		

AMENDMENT TWO

This agreement (hereinafter called the "Amendment Two") dated this 6th day of November 2012 is by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the JSI Research and Training Institute, Inc., dba Community Health Institute, Purchase Order Number 1017180, a foreign non-profit corporation organized under the laws of the Commonwealth of Massachusetts, with a place of business at 501 South Street, 2nd Floor, Bow, NH 03304 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated July 13, 2011, Item #70 and amended on January 25, 2012, Item #27, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Executive Council;

WHEREAS, the Contractor and the Division have agreed to amend the Agreement in certain respects;

NOW THEREFORE, in consideration of the foregoing, and the covenants and conditions contained in the Agreement and set forth herein, the parties hereto do hereby agree as follows:

1. **Amendment and Modification of Agreement:**

The Agreement is hereby amended as follows:

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$100,760 from \$477,800 to \$578,560.

Exhibit A – Scope of Services

The prior Scope of Services identified in Exhibit A and any subsequent amendments remain in effect unless expressly revoked by this agreement, and Exhibit A-2 is in addition to the original Exhibit A and Exhibit A-1 and all remain in effect. The Scope of Services identified in Exhibit A of the Agreement is hereby amended to add the services identified in Exhibit A-2 attached hereto.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$100,760 for SFY 2013. The contract shall total \$578,560 for the contract term.

Funding in the amount of \$82,840 is available from 010-090-2239-102-500731, 100% Federal Funds, from the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response, Hospital Preparedness Program, CFDA #93.889 and \$17,920 is available from 010-090-5171-102-500731, 84.76% Federal Funds from the U.S. Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, CFDA#93.069 and 15.24% from General Funds.

2. **Effective Date of Amendment:**

This Amendment shall take effect on the date of Governor and Council approval.

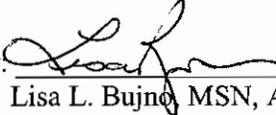
3. **Continuance of Agreement:**

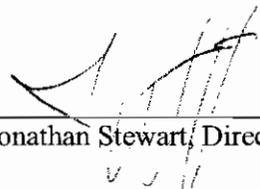
Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

The remainder of this page is intentionally left blank.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

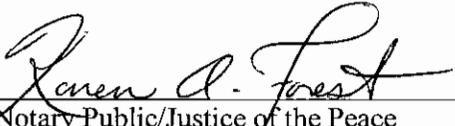
**STATE OF NEW HAMPSHIRE
Division of Public Health Services**

By:  _____ 11/20/12
Lisa L. Bujno, MSN, APRN Date
Bureau Chief

By:  _____ 11/6/12
Jonathan Stewart, Director Date
JSI Research and Training Institute, Inc., dba Community
Health Institute
Legal Name of Agency

STATE OF NEW HAMPSHIRE
COUNTY OF Merrimack

On this the 6 day of November 2012, before me, Karen Forest,
(name of notary)
the undersigned officer, Jonathan Stewart personally appeared who acknowledged him/herself
(contract signatory)
to be the Director of the JSI Research and Training Institute, Inc. ^{dba} Community Health Institute
(signatory's title) (legal name of agency)
a corporation, and that he/she, as such Director, being authorized so to do,
(signatory's title)
executed the foregoing instrument for the purposes therein contained, by signing the name of the
corporation by him/herself as Director of the JSI Research and Training Institute, Inc.
(signatory's title) (legal name of agency)
In witness whereof I hereunto set my hand and official seal.



Notary Public/Justice of the Peace

My Commission expires:

KAREN FOREST, Notary Public
My Commission Expires January 13, 2015

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: Jeannette Herrick
Assistant Attorney General
Jeannette P. Herrick
Date: 26 Nov. 2012

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of
New Hampshire at the Meeting on: _____.

OFFICE OF THE SECRETARY OF STATE

By: _____
Title: _____

NH Department of Health and Human Services

**Exhibit A-2
Scope of Services**

Public Health Emergency Preparedness Training and Technical Assistance

CONTRACT PERIOD: Date of G&C approval through June 30, 2013

**CONTRACTOR NAME: JSI Research and Training, Inc.
dba Community Health Institute**
**ADDRESS: 501 South Street, 2nd Floor
Bow, NH 03304**
Director: Jonathan Stewart
TELEPHONE: (603) 573-3300

This Exhibit A-2 is in addition to the original Exhibit A and all remain in effect. The Scope of Services identified in Exhibit A and A-1 of the Agreement is hereby amended to add the following services.

I. General Provisions

A) Scope

There are four components required under this amendment:

1. Execute subcontracts with each of 15 regional Medical Reserve Corps (MRC) units serving the State of NH.
2. Support costs associated with a conference for hospital-based users of the Automated Hospital Emergency Department Data (AHEDD) system.
3. Execute a subcontract with the American Public Health Laboratory Association to provide expert trainers on the topic of Continuity of Operations Planning for clinical laboratories.
4. Conduct an After Action Review of the 2012 hepatitis C outbreak.

B) Required Services

Medical Reserve Corps Support

- a. Execute a subcontract with each of the 15 entities registered with the U.S. Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps, to support recruitment, training and deployment of the MRC serving their region.
- b. In consultation with Department of Health and Human Services (DHHS) staff review workplan and budget proposals from each MRC unit to ensure they address areas for improvement identified by state and local partners in response to recent activations of MRC units. As needed, negotiate revisions to these proposals prior to the execution of the subcontract.
- c. Collect quarterly programmatic and financial reports from each MRC unit.
- d. Participate in quarterly meetings with appropriate staff from the Division of Public Health Services (DPHS) and the DHHS Emergency Services Unit.

Conference Support

- a. Provide logistical services during the AHEDD conference including registering attendees, coordinating with site staff; and other activities typically associated with meeting support. Provide WebEx conferencing capacity to facilitate maximum participation of partners.
- b. Execute a subcontract with the American Public Health Laboratory Association.

III. Quality or Performance Improvement (QI/PI)

A) Data and reporting requirements

In addition to Performance Workplan, the Contractor shall submit to the CHDS the following data used to monitor program performance:

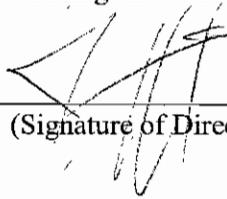
1. Reports on programmatic activities and plans for the coming quarter using a format developed and provided by the CHDS. Reports will be due to the CHDS within 30 days of the end of each calendar quarter of the contract period. These reports will include a narrative of work completed or in process during the past quarter and plans for the upcoming quarter, including any challenges/barriers to completing the requirements described in this Exhibit A-2.
2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

B) On-site reviews

1. The Contractor shall allow a team or person authorized by the CHDS to periodically review the Contractor's systems of governance, administration, data collection and submission, and financial management in order to assure systems are adequate to provide the contracted services.
2. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
3. On-site reviews may be waived or abbreviated at the discretion of the CHDS. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

I understand and agree to this scope of services to be completed in the contract period. In the event our agency is having trouble fulfilling this contract we will contact the CHDS immediately for additional guidance.

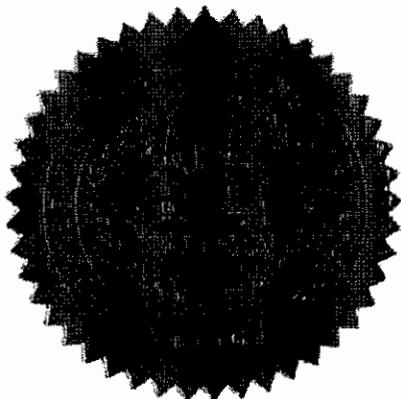
Director: _____


(Signature of Director)

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Community Health Institute is a New Hampshire trade name registered on March 29, 2007 and that JSI RESEARCH AND TRAINING INSTITUTE, INC. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of April, A.D. 2012

A handwritten signature in black ink, which appears to read "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

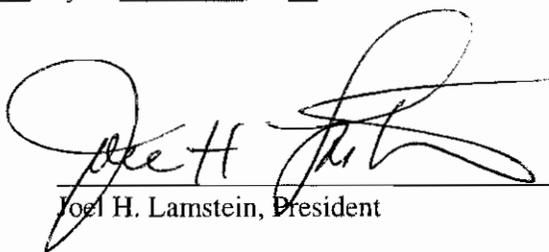
I, Joel H. Lamstein, of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, do hereby certify that:

1. I am the duly elected President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute;
2. By Unanimous Consent in Writing of the Board of Directors in Lieu of the 2008 Annual Meeting, the following is true copy of one resolution duly adopted by the Board of Directors of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute, duly dated October 24, 2008;

RESOLVED: Appointment of Jonathan Stewart as Director of the Community Health Institute with the authority to enter into contracts and agreements binding the Corporation.

3. I further certify that the foregoing resolutions have not been amended or revoked and remain in full force and effect as of November 6, 2012.

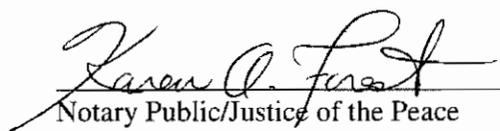
IN WITNESS WHEREOF, I have hereunto set my hand as the President of the JSI Research & Training Institute, Inc., d/b/a Community Health Institute this 6th day of November, 2012.



Joel H. Lamstein, President

STATE OF New Hampshire
COUNTY OF Merrimack

The foregoing instrument was acknowledged before me this 6th day of November, 2012 by Joel H. Lamstein.



Notary Public/Justice of the Peace
My Commission Expires: _____

KAREN FOREST, Notary Public
My Commission Expires January 13, 2015

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/06/2012

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 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 Mason & Mason Technology Insurance Services, Inc. 458 South Ave. Whitman, MA 023B2 Deborah Meaney	CONTACT NAME: Deborah Meaney PHONE (A/C No, Ext): 781.447.5531 FAX (A/C, No): 781.447.7230 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:														
INSURED John Snow, Inc. JSI Research and Training Institute, Inc. World Education, Inc. 44 Farnsworth St. Boston, MA 02110-1214	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Federal Insurance Company</td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Federal Insurance Company	20281	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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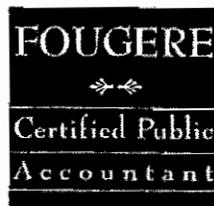
COVERAGES **CERTIFICATE NUMBER: 12-13 LIAB/E&O D&O** **REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			35873320	09/09/2012	09/09/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73546634	09/09/2012	09/09/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			79861066	09/09/2012	09/09/2013	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	71733182	09/09/2012	09/09/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	ERRORS & OMISSIONS DIRECTORS & OFFICERS			82120859	09/09/2012	09/09/2013	PER CLAIM/AGG -\$1,000,000 PER CLAIM/AGG - \$3,000,000
A	81595534 09/09/2012 09/09/2013						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 It is understood and agreed that the State of New Hampshire Department of Health and Human Services is included as an additional insured as respects general liability as required by written contract per the terms and conditions of the policy.

CERTIFICATE HOLDER State of New Hampshire Department of Health and Human Services 29 Hazen Drive Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE PHIL MASON
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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
JSI Research and Training Institute, Inc.

We have audited the accompanying statement of financial position of JSI Research and Training Institute, Inc. (a Massachusetts non-profit organization) as of September 30, 2011, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from JSI Research and Training Institute, Inc.'s 2010 financial statements, and in our report dated April 20, 2011, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of JSI Research and Training Institute, Inc. as of September 30, 2011, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued a report dated April 10, 2012 on our consideration of JSI Research and Training Institute, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on

compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements of JSI Research and Training Institute, Inc. taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

A handwritten signature in black ink, reading "Norman R. Fongere CPA". The signature is written in a cursive style with a large initial "N".

Duxbury, Massachusetts
April 10, 2012

JSI Research and Training Institute, Inc.
STATEMENT OF FINANCIAL POSITION

September 30, 2011

(With Comparative Totals for 2010)

	2011	2010
ASSETS		
Current Assets:		
Cash and cash equivalents	\$ 30,376,741	\$ 22,222,390
Receivables for program work:		
U.S. Department of Health and Human Services	82,270	198,704
Commonwealth of Massachusetts	263,550	393,705
Other	1,658,434	2,184,411
Field advances - program	411,461	827,751
Employee advances	73,816	55,043
Total Current Assets	32,866,272	25,882,004
Property and Equipment:		
Office furniture and equipment	219,206	216,302
Less: Accumulated depreciation	(213,516)	(207,516)
Net Property and Equipment	5,690	8,786
Other Assets:		
Deposits	43,545	32,700
TOTAL ASSETS	\$ 32,915,507	\$ 25,923,490
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and payroll withholdings	\$ 1,910,386	\$ 1,521,110
Accrued vacation	915,939	862,375
Advances for program work:		
U.S. Agency for International Development	2,497,939	2,964,688
U.S. Dept. of Health and Human Services	18,352	80,850
U.S. Dept. of Homeland Security	-	164,274
Other	16,166,468	12,312,577
Loans payable	572,193	402,389
Contingencies	-	-
Total Current Liabilities	22,081,277	18,308,263
Net Assets:		
Unrestricted	10,834,230	7,615,227
Total Net Assets	10,834,230	7,615,227
TOTAL LIABILITIES AND NET ASSETS	\$ 32,915,507	\$ 25,923,490

See notes to financial statements.

JSI Research and Training Institute, Inc.
STATEMENT OF ACTIVITIES
Year Ended September 30, 2011
(With Comparative Totals for 2010)

	2011	2010
UNRESTRICTED NET ASSETS:		
Public Support and Revenue		
Public Support:		
Government grants and contracts:		
U.S. Government	\$ 113,359,455	\$ 95,692,642
Commonwealth of Massachusetts	4,116,778	3,796,608
Other grants and contracts	28,472,866	51,151,395
Program income	211,341	366,501
Contributions	1,254,616	313,287
In Kind Project Contributions	3,676,017	12,263,648
Interest income	28,928	29,380
Total Unrestricted Support and Revenue	151,120,001	163,613,461
 Expenses		
Program Services:		
International programs	125,569,002	141,003,887
Domestic programs	9,499,017	8,568,232
Total Program Services	135,068,019	149,572,119
Supporting Services:		
Management and General	12,832,979	12,170,236
Total Expenses	147,900,998	161,742,355
 Increase (Decrease) in Unrestricted Net Assets	3,219,003	1,871,106
 Net Assets at Beginning of Year	7,615,227	5,744,121
 Net Assets at End of Year	\$ 10,834,230	\$ 7,615,227

See notes to financial statements.

JSI Research and Training Institute, Inc.
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended September 30, 2011
(With Comparative Totals for 2010)

	PROGRAM SERVICES			SUPPORTING SERVICES	TOTAL EXPENSES	
	International Programs	Domestic Programs	Total	Management And General	2011	2010
Salaries	\$ 12,165,178	\$ 4,071,224	\$ 16,236,402	\$ 2,214,623	\$ 18,451,025	\$ 17,119,991
Consultants	8,483,494	2,102,400	10,585,894	64,382	10,650,276	12,368,422
Cooperating National Salaries	16,063,822	-	16,063,822	-	16,063,822	15,210,623
Travel	6,752,186	596,917	7,349,103	165,337	7,514,440	7,227,426
Allowance & Training	3,847,513	625	3,848,138	104,658	3,952,796	3,215,805
Sub-contracts	26,367,138	777,208	27,144,346	-	27,144,346	33,201,017
Equipment, Material and Supplies	5,282,508	69,303	5,351,811	209,630	5,561,441	4,996,506
Other Costs	42,931,146	1,881,340	44,812,486	10,068,349	54,880,835	56,134,917
In-kind project expenses	3,676,017	-	3,676,017	-	3,676,017	12,263,648
Depreciation	-	-	-	6,000	6,000	4,000
TOTAL EXPENSE	\$ 125,569,002	\$ 9,499,017	\$ 135,068,019	\$ 12,832,979	\$ 147,900,998	\$ 161,742,355

See notes to financial statements.

JSI Research and Training Institute, Inc.
STATEMENT OF CASH FLOWS
Year Ended September 30, 2011
(With Comparative Totals for 2010)

	2011	2010
Cash Flows From Operating Activities:		
Increase (Decrease) in net assets	\$ 3,219,003	\$ 1,871,106
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	6,000	4,000
(Increase) Decrease in receivables for program work	772,566	(641,246)
(Increase) Decrease in field advances - program	416,290	2,072,423
(Increase) Decrease in employee advances	(18,773)	24,479
(Increase) Decrease in deposits	(10,845)	(3,000)
Increase (Decrease) in accounts payable and payroll withholdings	389,276	(1,560,523)
Increase (Decrease) in accrued vacation	53,564	86,471
Increase (Decrease) in advances for program work	3,160,370	2,317,443
Net Cash Provided (Used) By Operating Activities	7,987,451	4,171,153
Cash Flows From Investing Activities:		
Acquisition of property and equipment	(2,904)	(7,248)
Net Cash Provided (Used) By Investing Activities	(2,904)	(7,248)
Cash Flows From Financing Activities:		
Proceeds from loans payable	804,124	697,762
Payments of loans payable	(634,320)	(513,957)
Net Cash Provided (Used) By Financing Activities	169,804	183,805
Net Increase (Decrease) in Cash and Cash Equivalents	8,154,351	4,347,710
Cash and Cash Equivalents at Beginning of Year	22,222,390	17,874,680
Cash and Cash Equivalents at End of Year	\$ 30,376,741	\$ 22,222,390

See notes to financial statements.

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS - CONTINUED
Year Ended September 30, 2011

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Sub-Total			\$ 8,634,943
Pass-through Grant:			
Passed through Commonwealth of Massachusetts			
Dept. of Public Health:	INTF-4971-		
HIV/AIDS Surveillance	M04603614082	93.944	20,700
Total - CFDA #93.944			<u>20,700</u>
Direct Grants:			
36097 - State-based Safe Motherhood and Infant Health Initiative Programs	UG2/CCU123541-0101	93.946	515
36615 - CDC Teen Pregnancy	UG-00-9-290-02112-0	93.946	345,995
Total - CFDA #93.946			<u>346,510</u>
TOTAL - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			<u>\$ 9,002,153</u>

JSI Research and Training Institute, Inc.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS - CONTINUED
Year Ended September 30, 2011

Federal Grantor/Pass-through Grantor Program Title	Agency or Pass-through Number	Federal CFDA Number	Federal Expenditures
U.S. DEPARTMENT OF HOMELAND SECURITY			
Direct Grant:			
United States Coast Guard - 35962 - Nat'l. Estimate of Life Jacket Wear Rate	1902.12	97.012	\$ <u>584,991</u>
TOTAL - U.S. DEPARTMENT OF HOMELAND SECURITY			\$ <u>584,991</u>
U.S. ENVIRONMENTAL PROTECTION AGENCY			
Direct Grant:			
36606 - Healthy Homes Healthy Children	HC-96125301	66.110	\$ <u>25,018</u>
TOTAL - U.S. ENVIRONMENTAL PROTECTION AGENCY			\$ <u>25,018</u>
U.S. DEPARTMENT OF JUSTICE			
Pass-through Grants:			
Passed through State of New Hampshire: 36641 - Adult Drug Court Total - CFDA #16.585	2010DC01	16.585	\$ <u>13,721</u> <u>13,721</u>
Passed through State of New Hampshire: 36650 - Family Based Residential Substance Abuse Treatment Total - CFDA #16.812	2010FB02	16.812	<u>4,548</u> <u>4,548</u>
Passed through State of New Hampshire: 36653 - Community Health Training Total - CFDA #16.202	095CA04A	16.202	<u>2,000</u> <u>2,000</u>
TOTAL U.S. DEPARTMENT OF JUSTICE			\$ <u>20,269</u>
TOTAL FEDERAL AWARDS			\$ <u>115,657,498</u>

JSI Research and Training

Mission Statement

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

Community Health Institute

Mission Statement

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

JSI Research & Training Institute, Inc.
d.b.a Community Health Institute

Officers

<u>Name</u>	<u>Title</u>	<u>Term</u>
Joel H. Lamstein	President	2012 - 2013
Joel H. Lamstein	Treasurer	2012 - 2013
Patricia Fairchild	Clerk	2012 - 2013
Joanne McDade	Assistant Clerk	2012 - 2013

Board of Directors

<u>Name</u>	<u>Term</u>
Joel H. Lamstein	2012 - 2013
Patricia Fairchild	2012 - 2013
Herbert S. Urbach	2012 - 2013
Norbert Hirschhorn	2012 - 2013

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services
Division of Public Health Services

Agency Name: JSI Research and Training Institute, Inc., dba Community Health Institute

Name of Bureau/Section: Bureau of Public Health Systems, Policy & Performance, Public Health Emergency Preparedness Training and Technical Assistance

BUDGET PERIOD:	SFY 2013	Date of G&C Approval-June 30, 2013	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Amy Cullum, Senior Consultant	\$82,500	3.50%	\$2,887.50
Jonathan Stewart, Director	\$114,756	3.50%	\$4,016.46
Susan Friedrich, Managing Director	\$132,000	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$6,903.96

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel **MUST** be listed, **even if no salary is paid from the contract**. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

AMY LEE CULLUM

JSI, d/b/a Community Health Institute, 501 South Street, Bow, New Hampshire 03304 (603) 573-3316

aculum@jsi.com

DEGREES

HARVARD SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
M.P.H., Population and International Health, 2000

AMERICAN UNIVERSITY, SCHOOL OF INTERNATIONAL SERVICE, WASHINGTON, D.C.
M.A., International Development, 1995

BROWN UNIVERSITY, PROVIDENCE, RHODE ISLAND
B.A., International Relations, 1990

ADDITIONAL EDUCATION

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM, BOW, NEW HAMPSHIRE AND BURLINGTON, VERMONT
Evaluator Certification, January 2008
Exercise Evaluation and Improvement Training Course, June 2006

NEW HAMPSHIRE DEPARTMENT OF SAFETY, DIVISION OF FIRE STANDARDS AND TRAINING, BRADFORD, NEW HAMPSHIRE
IS-701: NIMS Multi-Agency Coordination System, September 2008
IS-700: NIMS An Introduction, March 2007
IS-100: Introduction to ICS, March 2007
IS-200: ICS for Single Resources and Initial Action Incidents, March 2007

EXPERIENCE

Community Health Institute, Bow, New Hampshire

Senior Consultant, John Snow, Inc. (JSI), Health Services Division, June 2002 to present

Provide technical assistance to local, state and national and international public health organizations and programs in the areas of planning, assessment, and evaluation to support the development of effective public health delivery systems. Topical expertise in local public health infrastructure development reproductive health programming, and public health emergency preparedness.

Selected Projects:

NH Center for Excellence

Program Manager for the NH State Epidemiological Outcome Workgroup (SEOW) for mental, emotional and behavioral data analysis, whose mission is to increase access to access to data and data products that address substance use and behavioral health issues to inform state prevention and treatment. As Program Manager, facilitate the SEOW's work to identify data product needs and recommend priorities for NH's substance abuse treatment and prevention programs. Develop data products related to substance abuse prevention and treatment using multiple data sets.

Public Health Emergency Preparedness (PHEP) Training and Technical Assistance, Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLRL). Develop and implement multi-modal training program for 62 CDC-funded state, territorial, and municipal PHEP awardees and DSLR staff to support implementation of the new CDC Public Health Emergency Preparedness capabilities-based framework.. Activities included conduct of a needs assessment to inform training program development, development and implementation of a comprehensive training program using state of the art technologies. Serve as the Emergency Preparedness Content Lead, providing technical content for training program.

Public Health Emergency Preparedness (PHEP) Data Collection and Reporting Training, Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response /Division of State and Local Readiness (OPHPR /DSLRL). Provide training and technical assistance to 62 CDC-funded state, territorial, and municipal PHEP awardees on the collection, reporting, and use of public health emergency preparedness data for program evaluation and monitoring. Training program incorporates on-line, downloadable training modules, quick reference guides and data collection forms, 1:1 technical assistance and presentations. Activities included conduct of a needs assessment to inform training program development, development and implementation of a comprehensive training

program using state of the art technologies. Serve as the Emergency Preparedness Performance Improvement Advisor, providing technical content for training program.

Social Distancing Legal Assessment, New Hampshire Department of Health and Human Services, Division of Public Health Services; Association of State and Territorial Health Officials (ASTHO). Work with NH Attorney General's office and to inventory NH legal authorities available to support social distancing measures against an influenza pandemic or a similar, highly virulent infectious disease. Design and conduct tabletop exercise to identifying potential gaps, ambiguities, or opportunities for improving NH social distancing law.

Community Health Center Preparedness Technical Assistance, New Hampshire Department of Health and Human Services, Division of Public Health Services; Bi-State Primary Health Care Association. Researched and developed template emergency operations plan for New Hampshire's Community Health Centers and provided training in the completion of the template; developed HSEEP-compliant tabletop exercise materials and a train-the-trainer program to enable Community Health Centers to test the adequacy of their Emergency Operations Plans.

New Hampshire Public Health Emergency Planning Technical Assistance and Training, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Developed templates and materials to support public health emergency planning and in New Hampshire's public health emergency planning regions as well as statewide Influenza A (H1N1) response. Developed regional and sub-regional trainings to build planning and response capacity and strengthen regional plans. Monitored performance of regions through development of a web-based reporting system. Developed, implemented and evaluated exercises to improve readiness to respond to public health emergencies. Authored NH's H1N1 After Action Report, conducting a descriptive analysis of multiple data sets including two JSI-developed surveys of enrolled vaccine providers and the general population as well as multiple focus groups.

Special Populations Emergency Preparedness Needs Assessment, New Hampshire Department of Safety, Bureau of Emergency Management. Conducted assessment to determine the emergency preparedness needs of vulnerable populations and emergency response system capacity to meet these needs. Key tasks included 1) design and implementation of a survey of New Hampshire's Emergency Management Directors and 2) design and conduct of focus groups with vulnerable populations likely to need special assistance in the event of a large-scale emergency. Goals of the assessment were to detail emergency preparedness needs of these populations, to identify gaps in organized emergency planning related to special populations, and to develop recommendations to improve the capacity of emergency response system to meet these needs.

JSI, International Division, Boston Massachusetts and Washington, DC,
Consultant, April 1995 to June 2002.

Selected Projects:

Urban Family Health Partnership (UFHP), US Agency for International Development, Dhaka, Bangladesh. Served as Team Leader, Program Development. Responsible for leading the design and evaluation of new service initiatives, including a safe delivery pilot program, based on community-level needs assessments using both qualitative and quantitative methods. Held lead responsibility for the conduct of internal reviews of program activities, and for ensuring that findings were fed back into the program. Managed the technical assistance activities of the Behavior Change Communications (BCC) Team, leading the development and review of health BCC materials and BCC and counseling-related curricula for the project, and overseeing technical staff.

Opportunities for Micronutrient Interventions Project, Ministry of Health, Sub-secretary of Population Risks, Honduras. Analyzed survey data for the 1996 Honduran National Survey on Micronutrients.

Provide International, Nairobi, Kenya. Evaluated, refined and redesigned aspects of a integrated development project in Nairobi's slums. Provided managerial support. Designed and implemented a small-scale family planning knowledge, attitudes, and practices survey of slum residents to inform program implementation.

OTHER ACTIVITIES

NH Medical Reserve Corps, Concord, New Hampshire
Member, January 2010 – present

Boston University School of Public Health, Boston, Massachusetts
Guest Professor, Spring 2005, Spring 2006

Instructed Master's level course entitled, "Management of Reproductive Health Programs In Developing Countries".

JONATHAN STEWART

Community Health Institute/JSI, 501 South Street, Bow, New Hampshire 03304 (603) 573-3300 jstewart@jsi.com

EDUCATION

DUKE UNIVERSITY SCHOOL OF MEDICINE
Department of Health Administration
Masters in Health Administration - 1986

DUKE UNIVERSITY SCHOOL OF MEDICINE
Department Of Biochemistry
Masters in Biochemistry - 1984

UNIVERSITY OF DELAWARE
School of Arts & Sciences
Bachelor of Arts in Biology - 1981

EXPERIENCE

Community Health Institute/JSI, Bow, NH September 2000 - present
Director

Provide technical assistance, training and evaluation to health and human service organizations to support the development of effective health care systems. Other professional experience includes:

North Country Health Consortium, Littleton, New Hampshire January 1998 - August 2000
Founding Director of rural health care network formed by four hospitals, two community health centers, two home health care agencies, a mental health and developmental services organization, and a community action program; initiated development of the Northern NH Area Health Education Center program.

Ammonoosuc Community Health Services, Littleton, New Hampshire November 1994 – December 1997
Operations Director of four site rural Community Health Center Network.

John Snow, Inc., Boston, Massachusetts October 1986 – July 1994
Consultant providing assistance in areas of health services research and evaluation, market research, financial analysis and program management.

Selected Planning & Management Projects:

New Hampshire Public Health Emergency Planning Technical Assistance and Training - Provide Technical Assistance to All Hazards Health Planning Regions to assist with all aspects of planning for pandemic influenza. Provide technical expertise in drafting regional Public Health Emergency Preparedness and Response Plans including a Pandemic Influenza Annex, Risk Communications, Medical Surge and All Health Hazards Plans.

NH DHHS, Community and Public Health Development Program - Project Director for initiative to provide technical assistance and training support to communities involved in development of improved local public health infrastructure, including capacity to respond to bioterrorism and other public health emergencies – worked with multiple partners to develop the New Hampshire Public Health Network and All Health Hazards Regions statewide.

Metrowest Community Health Care Foundation - Capacity and readiness assessment of seven municipalities in Metro-Boston for developing collaborative models for local public health service delivery.

Robert Wood Johnson Foundation - Project Director for New Hampshire Turning Point Initiative. Project purpose was to develop sustainable strategies to improve local public health capacity.

Maine Health Access Foundation (MeHAF) - Project Director and Facilitator for a visioning and planning process to initiate a multi-year, multi-phased initiative (the Integration Initiative) to transform the delivery of physical, mental health and substance use health care in Maine through better coordination and integration of these services.

Endowment for Health & UNH Institute for Health Policy & Practice - Project to improve access to health data for community health planning purposes; Led 10 community listening sessions and gathered information on other state approaches with an emphasis on web-based query and reporting systems.

Selected Research Projects:

National Network of Public Health Institutes and Robert Wood Johnson Foundation - Qualitative Assessment of Local and State Health Officials awareness of, interest in, and capacity to employ computer modeling for emergency preparedness.

Endowment for Health, Concord, NH - Study of the effect of New Hampshire's Community Benefits Law for Health Care Charitable Trusts. Cooperative effort with NHDHHS Office of Health Planning and the NH Office of the Attorney General.

Bureau of Health Professions, Rockville, Maryland - Study of the effect of AIDS Education and Training Centers on physician attitudes and practices; Comparative analysis of parallel CDC-funded study of the general primary care physician population.

Penobscot Nation Health Department, Old Town, Maine - Community Health Needs Assessment and Internal Program Assessment. Involved household surveys of health status, health behaviors, service utilization, and satisfaction.

Selected Program Evaluation Projects:

Beyond Influence/Greater Nashua Community Prevention Collaborative, Nashua, NH - Program Evaluator for regional coalition involved in statewide Strategic Prevention Framework (SAMSHA) initiative to prevent underage and binge drinking

Bridges to Prevention, Plymouth, NH - Program Evaluator for regional coalition involved in statewide Strategic Prevention Framework (SAMSHA) initiative to prevent underage and binge drinking

HRSA, BHP, NHSC - Conducted 5 year program data summary of the National Health Service Corps based on National Health Service Corps Uniform Data System (1999-2003).

Communities for Alcohol and Drug free Youth (CADY), Inc., Plymouth, NH - Program Evaluator for community-based coalition involved in multiple initiatives to promote positive and healthy school and community environments for youth.

Community Response Group (CoRe) - Meredith, NH - Program Evaluator for community-based coalition involved in multiple initiatives to promote positive and healthy school and community environments for youth.

NH Division of Alcohol & Drug Prevention & Recovery - Project Director for evaluation of state-wide ATOD prevention initiative involving multiple community-based coalitions implementing a range of programs including family strengthening, school-based education, mentoring and community action for environmental change.

SELECTED PUBLICATIONS & REPORTS

Rosenfeld, LA, Fox CE, Kerr D, Marziale E, Cullum A, Lota K, Stewart J, and Thompson MZ. "Use Of Computer Modeling For Emergency Preparedness Functions By Local And State Health Officials: A Needs Assessment". *J Public Health Management Practice*, 2009, 15(2), 96-104.

Stewart J, Kassler W, McLeod M. "Public Health Partnerships: A New Hampshire Dance". *Transformations in Public Health*, Winter 2002, Volume 3, Issue 3.

SELECTED BOARDS AND AFFILIATIONS

Bridges to Prevention, Leadership Board, 2010 - present
National Network of Public Health Institutes, Board of Directors, 2008 - present
New Hampshire Public Health Services Improvement Council, 2008 - present
American Lung Association-NH Leadership Council, 2008-9
New Hampshire Healthy People 2010 Leadership Council; Co-chair, 2000-2002

SUSAN FRIEDRICH

JSI Research & Training, Inc. dba Community Health Institute
501 South Street · 2nd Floor, Bow, NH 03304 · (603) 573-3300

sfriedrich@jsi.com

EDUCATION

PROJECT MANAGEMENT INSTITUTE (PMI)
PROJECT MANAGEMENT PROFESSIONAL (PMP®), 2010

BOSTON UNIVERSITY GRADUATE SCHOOL OF MANAGEMENT
M.B.A., Concentration in Health Care Management, 1985

BROWN UNIVERSITY
Post-Baccalaureate, 1980 to 1982

AMHERST COLLEGE
B.A., Concentration in Biological Sciences, 1980

EXPERIENCE

John Snow, Inc. (JSI)

Managing Director, June 1985 to present

Provide consultation to public health and health care organizations in the areas of health services delivery, public health, practice management, managed care, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers. JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

Community Health Institute, NH's Public Health Institute, July 1995 to present

Executive Director, July 1995 to 2000

Established and operated the Community Health Institute (CHI), a public-private partnership between the New Hampshire Department of Health and Human Services and JSI. The CHI provides technical assistance to public health and health care organizations to improve the health, safety and well-being of people and communities in New Hampshire (NH).

Urban Family Health Partnership

Deputy Chief of Party, September 2000 to 2001

Served as Deputy for The Urban Family Health Partnership (UFHP) a project of the United States' Agency for International Development (USAID) in Bangladesh. Responsible for project implementation including overseeing professional staff responsible for quality monitoring, technical assistance and training. Lead responsibility for developing and implementing a strategy for institutional development to support long term sustainability of project partners and the health care delivery system. The Urban Family Health Partnership (UFHP) contracted with 25 non-governmental organizations (NGOs) to provide high quality and high impact family health services through a network of over 250 clinics and 2000 satellite locations serving 85 municipalities.

CONSULTANCIES:

Robert Wood Johnson Foundation, Princeton, New Jersey. Facilitated New Hampshire's Turning Point Initiative, a multi-year process to develop sustainable and innovative strategies to improve public health capacity in the State of New Hampshire. Responsible for facilitating work groups, developing consensus, and drafting recommendations and implementation strategies. Authored *2000 NH Public Health Improvement Plan*

Building the Public Health Network, NHDHHS, NH. Provide technical assistance and training support to fifteen community-based public health coalitions funded by the State of New Hampshire to develop models for improving local public health. These coalitions involve broad public health interests in a community (e.g., government, health care providers, social service agencies, schools, business and faith communities) working together to address complex public health issues. Technical assistance is provided in support of the ten essential services of public health and includes local public health performance assessment, emergency preparedness planning, monitoring health status, policy development, mobilizing community partnerships and evaluating program effectiveness.



Providing Technical Assistance and Training to CDC OPHPR Awardees, Atlanta, Georgia. Manage three year project for Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response (OPHPR), Division of State and Local Readiness (DSLRL) to provide training and technical assistance (TA) to awardees and CDC/DSLRL staff and contractors. JSI designed and implemented a training program for 62 state and territorial health departments on the Public Health Emergency Preparedness performance measures which incorporated on-line, downloadable training modules, quick reference guides and data collection forms, helpline and presentations.

New Hampshire Pandemic Influenza Planning Technical Assistance, New Hampshire Department of Health and Human Services (NHDHHS), Division of Public Health Services (DPHS), Office of Community and Public Health (OCPH). Provide Technical Assistance to All Hazards Health Planning Regions to assist with all aspects of planning for pandemic influenza. Provide technical expertise in drafting regional Public Health Emergency Preparedness and Response Plans including a Pandemic Influenza Annex, Risk Communications, Medical Surge and All Health Hazards Plans. Evaluator for over 12 table top exercises testing plans for pandemic influenza, All Health Hazards, and Medical Surge. Certified HSEEP evaluator.

Evaluation of State and Local Public Health Systems, NH DHHS, NH. Facilitated assessment processes at the state and local levels to identify strengths and weaknesses of the public health system. Convened working groups to complete the Center for Disease Control's public health performance assessment instruments, analyzed results of assessment and lead efforts to set priorities for health improvement. Drafted Public Health Improvement Plans incorporating recommendations of the assessment process.

Hazard Vulnerability Assessment of Boston Metro Area, NH DHHS and MA DPH. Team member on project to develop and implement an all-hazards, health care and public health systems-focused Hazard Vulnerability Assessment (HVA) of the Boston MSA comprised of 147 municipalities in Massachusetts and 50 municipalities in NH.

Bureau of Primary Health Care, Washington, D.C. - Project Director for a major initiative to collect 'Uniform Data System' (UDS) information from all BPHC affiliated practice sites across the country. Overall responsibility for the quality and timeliness of all project deliverables, as well as oversight of the project budget. Project includes the collection and processing of financial, clinical and operational data elements from over 1200 health centers, nationwide. The project involves face-to-face trainings and on-line training opportunities for grantees and BPHC staff, operation of a helpline and email box; development of reference materials including manual and FAQs, extensive data management and technical editing of reported data, and analysis and reporting of UDS data in standard reports and ad hoc queries. In addition to overall management of the project, serve as a trainer and reviewer.

Indian Health Service, Washington, D.C. - Project Director for a major initiative to collect 'Uniform Data System' (UDS) information from all Urban Indian Health Programs (UIHP) across the country. Overall responsibility for the quality and timeliness of all project deliverables including face-to-face trainings and on-line training opportunities for grantees and program staff, operation of a helpline and email box; development of reference materials including manual and FAQs, extensive data management and technical editing of reported data, and analysis and reporting of UDS data in standard reports and ad hoc queries. In addition to overall management of the project, serve as a trainer and reviewer.

Connecticut Department of Health's Bureau of Community Health (BCH) and the Family Health Division (FHD), Hartford, Connecticut - Team Lead on a project to facilitate a needs assessment and strategic planning process to identify priority needs for the state to serve as the basis for Maternal and Child Health Block Grant activities for the next 5-years. Qualitative and quantitative methods were used to inform a comprehensive needs assessment process. A health profile was developed for target populations including women, pregnant women, children, adolescents and children with special health care needs (CSHCN). Additional feedback on the health needs of women and children was obtained from providers and consumers through focus groups and community listening sessions conducted throughout the state. Based on findings, a priority setting exercise was conducted with FHD staff. Goals, objectives and action steps were drafted and performance measures identified to support program monitoring and evaluation for all high priority needs.

NH Department of Health's Bureau of Population Health and Community Services, Concord, NH - Team Lead on a project to facilitate a process to develop a shared vision for and approach to integrating chronic disease prevention and health promotion programs. The project included materials review, a 2 day retreat with program staff, development of a Logic Module for Program Integration, identification of priority areas for integrating program functions and a work plan for priority areas.

Statewide Plan for Healthy Eating and Active Living, HNHfoundation, NH. Facilitated statewide process to develop plan for promoting healthy eating and active living to reduce overweight and obesity in New Hampshire. Convened a statewide Steering Committee and working groups to develop priority interventions. Conducted a statewide conference to present recommendations to stakeholders. Worked with regional collaboratives to develop work plans for implementing recommendations. Authored *2008 Healthy Eating and Active Living Action Plan for NH*.



Budget Form

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

Bidder/Program Name: JSI Research and Training Institute, Inc. dba Community Health Institute

Budget Request for: Public Health Emergency Preparedness Training & Technical Assistance
(Name of RFP)

Budget Period: Date of G&C approval through June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 9,900.00	\$ -	\$ 9,900.00	
2. Employee Benefits	\$ 3,762.00	\$ -	\$ 3,762.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ 198.00	\$ -	\$ 198.00	
Repair and Maintenance	\$ 198.00	\$ -	\$ 198.00	
Purchase/Depreciation	\$ 49.50	\$ -	\$ 49.50	
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ 495.00	\$ -	\$ 495.00	
6. Travel	\$ 297.90	\$ -	\$ 297.90	
7. Occupancy	\$ 990.00	\$ -	\$ 990.00	
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ 168.30	\$ -	\$ 168.30	
Postage	\$ 168.30	\$ -	\$ 168.30	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ 99.00	\$ -	\$ 99.00	
Insurance	\$ 99.00	\$ -	\$ 99.00	
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
American Public Health Lab Assn	\$ 7,500.00	\$ -	\$ 7,500.00	
Medical Reserve Corps Units	\$ 73,300.00	\$ -	\$ 73,300.00	
AHEDD Conference	\$ 2,040.00	\$ -	\$ 2,040.00	
Emergency Management Trainer	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
Indirect	\$ -	\$ -	\$ -	
Information Systems (3%)	\$ -	\$ 448.50	\$ 448.50	
Human Resources (2%)	\$ -	\$ 299.00	\$ 299.00	
General Administration (2%)	\$ -	\$ 299.00	\$ 299.00	
Payroll & Accounting (3%)	\$ -	\$ 448.50	\$ 448.50	
	\$ -	\$ -	\$ -	
TOTAL	\$ 99,265.00	\$ 1,495.00	\$ 100,760.00	

Indirect As A Percent of Direct

1.5%

Be Off



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-5194 1-800-852-3345 Ext. 5194
Fax: 603-271-7623 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

Approved F/C _____
Date: _____
Approved G&C #70 _____
Date 7/13/11 _____
Not Approved _____

June 13, 2011

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Systems, Policy & Performance, Community Health Development Section, to enter into an agreement with JSI Research and Training Institute, Inc., dba Community Health Institute (Vendor #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, to provide training and technical assistance programs to improve local, regional, and state partners' capability to respond to public health emergencies and threats, to be effective July 1, 2011 or date of Governor and Council approval, whichever is later, through June 30, 2013, in an amount not to exceed \$332,800. Funds are anticipated to be available in the following accounts for SFY 2012 and SFY 2013 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts if needed and justified, between State Fiscal Years.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2012	102-500731	Contracts for Program Services	90077002	\$115,000
SFY 2013	102-500731	Contracts for Program Services	90077002	\$115,000
			Sub-Total	\$230,000

05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2012	102-500731	Contracts for Program Services	90077700	\$51,400
SFY 2013	102-500731	Contracts for Program Services	90077700	\$51,400
			Sub-Total	\$102,800
			Total	\$332,800

EXPLANATION

Funds in this agreement will be used to provide expert technical assistance and training programs to individuals and agencies that are partners in regional public health emergency planning efforts coordinated by 15 agencies that provide Public Health Network services. This includes sustaining regional Medical Reserve Corps units to assist in response efforts. This agreement also provides for logistical support for: the annual State Preparedness Conference sponsored by the Department of Health and Human Services and the Department of Safety; an annual conference for Medical Reserve Corps volunteers; and a web-based collaboration tool used by state and regional partners.

Technical assistance services are targeted to 15 Public Health Network coordinators who convene, facilitate and coordinate a regional planning and response initiative and 15 Medical Reserve Corps coordinators who recruit, train and manage local volunteers. Each regional Public Health Network planning initiative is lead by a Regional Coordinating Committee comprised of a wide range of senior and mid-level officials representing local first responders, health and human services' providers, community based organizations and schools. The various training programs supported by this agreement are targeted to Regional Coordinating Committee members and Medical Reserve Corps volunteers to increase their readiness to participate in a coordinated regional response to public health emergencies and threats. The goal is to lessen the impact to the public from such events.

These services are the primary means that the Division of Public Health Services ensures training and technical assistance is delivered to our local partners. These services complement training programs implemented by the Department of Health and Human Services that focus on training internal staff who are part of the agency's emergency response.

Should Governor and Executive Council not authorize this request, there would be a significant reduction in the number of training programs and conferences available to local preparedness partners, reducing their capability to participate in a coordinated regional response effort.

JSI Research and Training Institute, Inc., dba Community Health Institute was selected for this project through a competitive bid process. The Request for Proposals was posted to the NH Department of Health and Human Service's website and Proposal packages were available by request on Friday, March 25, 2011. Additional notices were circulated to agencies that were thought to be interested in this opportunity, and a Bidders' Conference was held on April 4, 2011 to alert agencies to this bid.

Three Letters of Intent were received, which resulted in two proposals being received. The review team was made up of seven reviewers; five internal reviewers with expertise in either emergency preparedness and/or delivering training and technical assistance and two external reviewers experienced in delivering statewide training and technical assistance programs and conference logistics. The scoring criteria focused on the bidders' capacity to perform the scope of services. The proposal selected had the highest average score among all reviewers. All reviewers had between five and twenty-five years experience in providing similar services or managing agreements with vendors for various public health programs. Areas of specific expertise include emergency services; hospital preparedness; immunization; occupational safety and health; injury prevention; and public health infrastructure. The Request for Proposal scoring summary is attached.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
June 13, 2011
Page 3

Similar services were contracted with this agency in SFY 2011 in the amount of \$218,685. The SFY 2012 amount is \$166,400, which represents a decrease in the amount of \$52,285. The decrease is due to a reduction in the amount of core funding available and the elimination of one-time HINI funds.

The following performance measures will be used to measure the effectiveness of the agreement.

- Number of units of technical assistance provided to Public Health Network coordinators
- Percent of key community sectors, as defined by the Centers for Disease Control and Prevention, that are Regional Coordinating Committee members
- Number of Medical Reserve Corps volunteers that complete core competency training
- Number of training programs conducted
- Percent of training participants that rate training programs as either "excellent" or "very good"

Area served: statewide.

Source of Funds: 86.18% Federal Funds from the Centers for Disease Control and Prevention and the Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response and 13.82% General Funds.

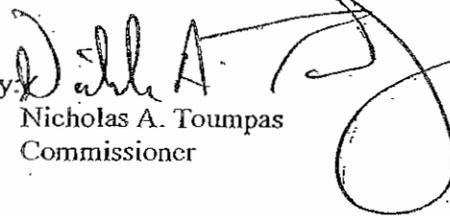
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/NT/js

Program Name Public Health Emergency Preparedness Training and Technical Assistance
 Contract Purpose To provide training and technical assistance programs to strengthen local, regional, and state partners' capability and capacity to prepare for, respond to, and recover from Public Health Emergencies and threats.

RFP Score Summary

RFP CRITERIA	Max Pts	JSI Research and Training Institute, Inc., dba Community Health Institute	President and Fellows of Harvard College, Boston, MA
Agency Capacity	30	26.00	24.43
Program Structure	50	42.00	39.29
Budget & Justification	15	13.86	13.29
Format	5	4.43	4.86
Total	100	86.29	81.86
BUDGET REQUEST			
Year 01	\$	214,936	\$ 214,932
Year 02	\$	214,875	\$ 214,974
Year 03	\$	-	\$ -
TOTAL BUDGET REQUEST	\$	429,811	\$ 429,896
BUDGET AWARDED			
Year 01	\$	166,400	\$ -
Year 02	\$	166,400	\$ -
Year 03	\$	-	\$ -
TOTAL BUDGET AWARDED	\$	332,800	\$ -

RFP Reviewers		Name	Job Title	Qualifications
1	Neil Twitchell	Administrator, Division of Public Health Services	Members of the review team included Division of Public Health Services staff with expertise in emergency preparedness and training, as well as non-Division of Public Health Services reviewers who provided expertise in the delivery of statewide training and technical assistance programs and conference logistics. The scoring criteria focused on the bidders' capacity to perform the scope of services.	
2	Mary F. Miller	Program Specialist, Division of Public Health Services		
3	Thomas Flynn	Program Specialist, Division of Public Health Services		
4	Adriela Alic	Project Specialist, Division of Public Health Services		
5	Beverly Drouin	Health Promotion Advisor, Division of Public Health Services		
6	Deborah Yeager	Emergency Preparedness Coordinator, NH Hospital Association		
7	Elaine Frank	Injury Prevention Program Director, Dartmouth Hitchcock Medical Center		



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-5194 1-800-852-3345 Ext. 5194
Fax: 603-271-7623 TDD Access: 1-800-735-2964



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

December 22, 2011

APPROVED F/C _____

ATE _____

APPROVED G&C #27

DATE 11/25/12

REQUESTED ACTION

NOT APPROVED _____

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Public Health Systems, Policy and Performance, Community Health Development Section, to exercise a sole source amendment to an agreement with the JSI Research and Training Institute, Inc., dba Community Health Institute Purchase Order #1017180 (Vendor #161611-B001), 501 South Street, 2nd Floor, Bow, NH 03304, by increasing the Price Limitation by \$145,000 from \$332,800 to \$477,800 to increase training and technical assistance programs to improve local, regional, and state partners' capability to respond to public health emergencies and threats, to be effective the date of Governor and Council approval. This agreement was originally approved by Governor and Council on July 13, 2011 (Item #70). Funds are available in the following accounts for SFY 2012 and SFY 2013 with authority to adjust amounts if needed and justified, between State Fiscal Years.

05-95-90-902510-5171 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS

Table with 7 columns: Fiscal Year, Class/Object, Class Title, Job Number, Current Modified Budget, Increased (Decreased) Amount, Revised Modified Budget. Rows include SFY 2012 and SFY 2013 data for Contracts for Program Services.

05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES,
HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2012	102-500731	Contracts for Program Services	90077700	\$51,400	\$45,000	\$96,400
SFY 2013	102-500731	Contracts for Program Services	90077700	\$51,400	\$0	\$51,400
			Sub-Total	\$102,800	\$45,000	\$147,800
			Total	\$332,800	\$145,000	\$477,800

EXPLANATION

This request for a sole source amendment provides the most effective and expeditious way to strengthen emergency preparedness initiatives that JSI Research and Training Institute, Inc., dba Community Health Institute already coordinates on behalf of the Department. JSI Research and Training Institute, Inc., dba Community Health Institute currently is the only organization in New Hampshire that provides technical assistance to Medical Reserve Corp units and is currently coordinating the annual State Preparedness Conference. Thus it makes sense to direct additional resources now available to this agency to avoid any duplication of efforts. Additionally, the U.S. Centers for Disease Control and Prevention selected ten large Metropolitan Statistical Areas, including Boston, to participate in a one-year project to assess emergency preparedness readiness. Rockingham and Strafford Counties are part of the Boston Metropolitan Statistical Area. This project has an end date of August 9, 2012 and, thus, the ability to quickly implement these activities is essential and is the reason for the sole source request.

There are three discrete activities included in this amendment that build on services that are part of the current agreement which are: providing technical assistance to Public Health Network entities and the Department to assess their ability to address public health emergencies; coordinating the annual State Emergency Preparedness Conference; and providing technical assistance and training to 15 regional Medical Reserve Corps. Each of these is described in detail below.

First, the contractor will provide technical assistance to complete an assessment that identifies specific impacts on the health care, public health and behavioral health systems from natural or manmade disasters. For example, this assessment will identify specific impacts to the entire local health care system if a local hospital lost 50% or more of its regular capacity to provide patient care due to a long-term power outage or a significant reduction in staffing due to a pandemic. This project will fill gaps of existing assessments done by hospitals or other individual health care entities that do not look across health systems community-wide. Similarly, municipal assessments typically focus on the loss of critical buildings or structures but do not address the impact of such a loss on the delivery of services within the health care, behavioral health and public health systems.

The assessment process will be used to set priorities for initiatives to implement in future years to reduce disaster-related impacts to these sectors. For example, local health care providers may agree to use the same criteria to determine which services would be continued as priorities during a major disaster. Pertinent information from existing municipal and hospital assessments will be integrated into this systems-based assessment to eliminate any duplication of effort. The New Hampshire findings will also be integrated into a Metropolitan Statistical Area-wide assessment developed in collaboration with the Massachusetts Department of Public Health to meet federal funding requirements.

The second activity focuses on coordinating and supporting the 15 Medical Reserve Corps volunteer units to recruit and train volunteers to provide health services in local emergency shelters, staff large-scale vaccination clinics during disease outbreaks or distribute medications after a terrorist attack, like a release of anthrax. Medical Reserve Corps units are groups of trained volunteers who help respond to emergencies and have been deployed to help staff H1N1 vaccination clinics and provide supportive care services in local shelters. Evidence of the importance of maintaining a trained volunteer workforce was recently demonstrated during both tropical storm Irene and the October snowstorm when Medical Reserve Corps volunteers provided supportive care services to individuals with functional needs in shelters across New Hampshire. Under the current contract JSI Research and Training Institute, Inc., dba Community Health Institute provides support to local Medical Reserve Corps units through subcontracts and this amendment increases the amount that will be made available to local units for SFY 12.

A related component provides support for a statewide Medical Reserve Corps conference in Spring 2012 to increase the level of services volunteers are able to provide and ensure newer members understand the essentials of how emergencies are managed in New Hampshire. This conference is targeted specifically to volunteers and will be held on a Saturday to increase attendance. The 2011 conference had over 125 attendees. Because of their ongoing work with local unit leaders, JSI Research and Training Institute, Inc., dba Community Health Institute is in a unique position to plan and coordinate this conference to meet the training needs of attendees.

The last component of this amendment increases support for the annual State Emergency Preparedness Conference that JSI Research and Training Institute, Inc., dba Community Health Institute coordinates under the current agreement. The purpose of the conference is to increase the knowledge and skill level of emergency responders from first responder, health care, public health and community-based entities. This conference provides the best opportunity for cross-disciplinary training to ensure emergency response is coordinated across the broad range of entities that respond to emergencies. These funds will avoid having to limit the number of participants by increasing the level of funding to reflect the actual costs incurred for the 2011 conference. This conference is the largest emergency preparedness conference in New Hampshire with over 500 participants each year.

Should Governor and Executive Council not authorize this request, there would be impacts across all of these various components. There would be continued significant gaps regarding a clear understanding of the potential disruptions to the health care, public health and behavioral health systems resulting from natural or man made disasters. This would result in a lost opportunity to implement specific interventions to reduce the impact from these disruptions in future years. A second impact would be limits in the capacity to deploy trained Medical Reserve Corps volunteers sufficient to meet the need during an emergency to carry out activities such as immunizations of large populations and care of individuals in shelters with health needs. Finally, emergency preparedness capacity statewide would be reduced since fewer responders would have the opportunity to gain knowledge on current practices at the State Preparedness Conference.

JSI Research and Training Institute, Inc., dba Community Health Institute was selected for this project through a competitive bid process. The Request for Proposals was posted to the NH Department of Health and Human Service's website and Proposal packages were available by request on Friday, March 25, 2011. Additional notices were circulated to agencies that were thought to be interested in this opportunity, and a Bidders' Conference was held on April 4, 2011 to alert agencies to this bid.

Three Letters of Intent were received, which resulted in two proposals being received. The review team was made up of seven reviewers; five internal reviewers with expertise in emergency preparedness and/or delivering training and technical assistance and two external reviewers experienced in delivering statewide training and technical assistance programs and conference logistics. The scoring criteria focused on the bidders' capacity to perform the scope of services. The proposal selected had the highest average score among all reviewers. All reviewers had between five and twenty-five years experience in providing similar services or managing agreements with vendors for various public health programs. Areas of specific expertise include emergency services; hospital preparedness; immunization; occupational safety and health; injury prevention; and public health infrastructure. The Request for Proposal scoring summary is attached.

In the Request for Proposal, Amendment Section, this Agreement may be amended contingent upon satisfactory program performance, fiscal expenditures, other contract requirements, and approval by Governor and Council. The Division of Public Health Services is exercising this amendment option. With approval of this amendment, the SFY 2012 amount will total \$301,400, which represents an increase in the amount of \$135,000 from the original agreement. The increase is due to an increase in the level of activity being funded and additional federal funds being made available to participate in the assessment project.

The following performance measures will be used to measure the effectiveness of the agreement.

- The identification of potential impacts of natural and man made disasters on the health care, public health and behavioral health systems.
- The identification of priority strategies to address the identified impacts from disasters on the health care, public health, and behavioral health systems.
- Number of attendees at the State Preparedness Conference receiving current emergency preparedness information as compared to June 2011.
- Number of Medical Reserve Corps volunteers that receive current emergency preparedness training at the state Medical Reserve Corps conference.
- Percent of requests for deployment during emergencies met by Medical Reserve Corps units.

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
December 22, 2011
Page 5

Area served: statewide.

Source of Funds: 97.77% Federal Funds, from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention Public Health Emergency Preparedness Program, and from the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response, Hospital Preparedness Program, and 2.23% from General Funds.

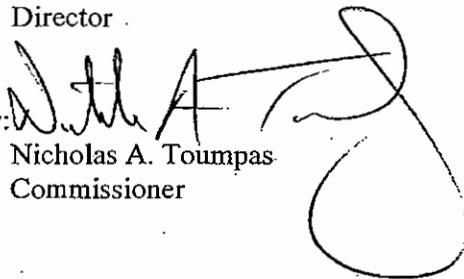
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/NT/js

Program Name: Public Health Emergency Preparedness Training and Technical Assistance
 Contract Purpose: To provide training and technical assistance programs to strengthen local, regional, and state partners' capability and capacity to prepare for, respond to, and recover from Public Health Emergencies and threats.

RFP Score Summary

RFP CRITERIA	Max Pts	JSI Research and Training Institute, Inc., dba Community Health Institute	President and Fellows of Harvard College, Boston, MA
Agcy Capacity	30	26.00	24.43
Program Structure	50	42.00	39.29
Budget & Justification	15	13.86	13.29
Format	5	4.43	4.86
Total	100	86.29	81.86

BUDGET REQUEST		
Year 01	\$ 214,936	\$ 214,922
Year 02	\$ 214,975	\$ 214,974
Year 03	\$ -	\$ -
TOTAL BUDGET REQUEST	\$ 429,911	\$ 429,896
BUDGET AWARDED		
Year 01	\$ 166,400	\$ -
Year 02	\$ 166,400	\$ -
Year 03	\$ -	\$ -
TOTAL BUDGET AWARDED	\$ 332,800	\$ -

RFP Reviewers		Name	Job Title	Qualifications
1	Neil Twitchell	Administrator, Division of Public Health Services		Members of the review team included Division of Public Health Services staff with expertise in emergency preparedness and training, as well as non-Division of Public Health Services reviewers who provided expertise in the delivery of statewide training and technical assistance programs and conference logistics. The scoring criteria focused on the bidders' capacity to perform the scope of services.
2	Mary F. Miller	Program Specialist, Division of Public Health Services		
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