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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Shibinette
Commissioner

Ellen M. Lapointe
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

November 28, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to enter into a **Sole Source** amendment to an existing contract with Mary Hitchcock Memorial Hospital (VC# 177160), Lebanon, NH, to add one (1) additional Advanced Practice Registered Nurse clinical position to the psychiatric and medical services provided at New Hampshire Hospital and the planned New Hampshire Forensic Hospital, by increasing the price limitation by $722,655 from $60,821,398 to $61,544,053 with no change to the contract completion date of June 30, 2026, effective upon Governor and Council approval. 40% General Funds. 60% Other Funds (Provider Fees).

The original contract was approved by Governor and Council on March 23, 2022, item #31.

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Years 2024 through 2026, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-94-940010-87500000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: NEW HAMPSHIRE HOSPITAL, New Hampshire HOSPITAL, ACUTE PSYCHIATRIC SERVICES

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	102-500731	Contracts for Prgm Svc	94058000	$5,881,431	$0	$5,881,431
2023	102-500731	Contracts for Prgm Svc	94058000	$12,963,866	$111,907	$13,075,773
2024	102-500731	Contracts for Prgm Svc	94058000	$13,352,781	$197,595	$13,550,376
2025	102-500731	Contracts for Prgm Svc	94058000	$13,753,364	$203,524	$13,956,888
2026	102-500731	Contracts for Prgm Svc	94058000	$14,165,965	$209,629	$14,375,594
			Subtotal	*$60,117,407*	*$722,655*	*$60,840,062*

05-95-91-910010-57100000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: GLENCLIF HOME, GLENCLIF HOME, PROFESSIONAL CARE

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2022	501-500729	Medical Payments to Providers	91000000	$73,193	$0	$73,193
2023	501-500729	Medical Payments to Providers	91000000	$150,778	$0	$150,778
2024	501-500729	Medical Payments to Providers	91000000	$155,302	$0	$155,302
2025	501-500729	Medical Payments to Providers	91000000	$159,960	$0	$159,960
2026	501-500729	Medical Payments to Providers	91000000	$164,758	$0	$164,758
			Subtotal	*$703,991*	*$0*	*$703,991*
			Total	**$60,821,398**	**$722,655**	**$61,544,053**

EXPLANATION

This request is **Sole Source** because the Department is modifying the scope of services and adding funding. The Department originally selected the Contractor through a competitive bid process using a Request for Proposals. The Contractor is providing services satisfactorily under this agreement and is uniquely experienced and qualified to attract, recruit, and retain Advanced Practice Registered Nurses (APRN) with the appropriate experience and clinical skill level to provide these vital services.

The purpose of this request is to modify the scope of services and add funding for the Contractor to provide a total of two (2) APRN positions as part of the array of psychiatric and medical services provided at New Hampshire Hospital and the planned New Hampshire Forensic Hospital. The Department continues to experience challenges recruiting for these positions.

The Contractor serves approximately 2,500 individuals annually at New Hampshire Hospital and the planned New Hampshire Forensic Hospital.

The Department will continue monitoring services through the quality assurance and monitoring plans, and monthly, quarterly, and annual reports required by the Contractor.

Should the Governor and Council not authorize this request, the Department's ability to have sufficient APRN staffing to provide non-emergent medical care to adults admitted to New Hampshire Hospital and the planned New Hampshire Forensic Hospital will be limited, putting individuals at serious risk.

Area served: Statewide

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

Respectfully submitted,

DocuSigned by:
Ellen Marie Lapointe
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Ellen M. Lapointe
Chief Executive Officer, NHH

State of New Hampshire
Department of Health and Human Services
Amendment #1

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

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 23, 2022 (Item #31), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

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

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

   $61,544,053

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

   Robert W. Moore, Director.

3. Modify Exhibit B, Scope of Services, Section 3, Service Area #2 Non-Emergent Medical Services, Subsection 3.1, New Hampshire Hospital (NHH) and New Hampshire Forensic Hospital (NHFH), Paragraph 3.1.3, to read:

   3.1.3. **Advanced Practice Registered Nurse (APRN)**

   3.1.3.1. The Contractor shall provide two (2) FTE APRNs to complete primary, acute, and specialty healthcare services. The Contractor shall ensure the APRNs:

   3.1.3.1.1 Complete a board certification competency-based examination, with credentials that remain valid for five (5) years, and completes specific continuing education requirements to renew specialty certifications as needed.

   3.1.3.1.2. Treat patients with diagnosed disorders along with medical comorbidities that require attention during their admission.

   3.1.3.1.3. Consult with specialists statewide to improve medical comorbidities for patients at NHH and NHFH.

   3.1.3.1.4. Coordinate care with local community hospitals, to ensure patients receive hospital-level medical care, if needed, outside of NHH and NHFH.

   3.1.3.1.5. Assist and participate in various hospital-wide initiatives, such as vaccination clinics, medical testing events, and other functions that may result from a pandemic, or other public health related event.

4. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This agreement is funded by:

      1.1. 40% General funds.

      1.2. 60% Other funds (Provider Fees).

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

3. The Contractor shall provide services under this Agreement based on the Budget below, per applicable Service Area and State Fiscal Year. The Contractor shall be compensated to provide and deliver the services described in Exhibit B, Scope of Services, on the basis of this Budget.

Budget					
Agreement Period by State Fiscal Year					
Service Area #1	**1/1/2022-6/30/2022**	**7/1/2022-6/30/2023**	**7/1/2023-6/30/2024**	**7/1/2024-6/30/2025**	**7/1/2025-6/30/2026**
	$5,396,232	$11,964,355	$12,323,286	$12,692,985	$13,073,774
Service Area #2	**1/1/2022-6/30/2022**	**7/1/2022-6/30/2023**	**7/1/2023-6/30/2024**	**7/1/2024-6/30/2025**	**7/1/2025-6/30/2026**
	$558,392	$1,262,195	$1,382,391	$1,423,864	$1,466,579

3.1. The Contractor shall provide the Department, within each Service Area, a detailed personnel listing for all staff performing services on an annual basis for each State Fiscal Year, or more frequently as required by the Department, to ensure the accuracy of information contained therein and proper cost allocation. The Contractor shall ensure the listings:

3.1.1. Include information for each Service Area which includes, but is not limited to:

3.1.1.1. Staff names.

3.1.1.2. Staff titles.

3.1.1.3. Personnel costs inclusive of salary costs, fringe benefit costs, and administrative cost rates.

3.1.2. Are in a format as determined and approved by the Department.

3.2. The Contractor shall automatically reduce invoices by the appropriate amount immediately in the event a Contractor Personnel position becomes vacant, and is not immediately filled. The Contractor can use temporary staffing to fill a position until a permanent staff member is identified.

3.3. The Contractor shall ensure all providers and/or clinical staff are fully credentialed and enrolled with insurance carriers prior to beginning work.

3.4. The Contractor shall invoice the Department for each Service Area separately.

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

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

State of New Hampshire
Department of Health and Human Services

12/6/2022
Date

DocuSigned by:
Lori A. Weaver
4C4A9299d12547J...
Name: Lori A. Weaver
Title: Deputy Commissioner

Mary Hitchcock Memorial Hospital

12/6/2022
Date

DocuSigned by:
Edward J. Merrens, MD
0ACA3CFCA3CC406...
Name: Edward J. Merrens, MD
Title: Chief Clinical Officer

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

OFFICE OF THE ATTORNEY GENERAL

12/6/2022
Date

DocuSigned by:
Robyn Guarino
74873484491460...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **68517**

Certificate Number: **0005760740**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 18th day of April A.D. 2022.

David M. Scanlan

Secretary of State

Dartmouth-Hitchcock

Dartmouth-Hitchcock
Dartmouth-Hitchcock Medical Center
1 Medical Center Drive
Lebanon, NH 03756
Dartmouth-Hitchcock.org

CERTIFICATE OF VOTE/AUTHORITY

I, Roberta L. Hines, MD, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

1. I am the duly elected Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
2. The following is a true and accurate excerpt from the June 23rd, 2017 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:
   ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets
   "In exercising this [fiduciary] duty, the Board may, consistent with the Corporation's Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable in furtherance of its charitable purposes."
3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Executive Officer, the Chief Clinical Officer, and other officers, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. Edward J. Merrens, MD, is the Chief Clinical Officer of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
5. The foregoing authority shall remain in full force and effect as of the date of the agreement executed or action taken in reliance upon this Certificate. This authority shall remain valid for thirty (30) days from the date of this Certificate and the State of New Hampshire shall be entitled to rely upon same, until written notice of the modification, rescission or revocation of same, in whole or in part, has been received by the State of New Hampshire.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 30 day of November, 2022.

Roberta L. Hines, MD, Board Chair

STATE OF NH

COUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 30 day of November 2022 by Roberta L. Hines, MD.

Notary Public
My Commission Expires: Aug 4, 2026

FAITH E. JOHNSTON
MY COMMISSION EXPIRES AUG. 4, 2026
NOTARY PUBLIC
NEW HAMPSHIRE

CERTIFICATE OF INSURANCE

DATE: November 16, 2022

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

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

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

COVERAGES

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

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002022-A	7/1/2022	7/1/2023	EACH OCCURRENCE	$2,000,000
					DAMAGE TO RENTED PREMISES	$1,000,000
X	CLAIMS MADE				MEDICAL EXPENSES	N/A
					PERSONAL & ADV INJURY	$1,000,000
	OCCURRENCE				GENERAL AGGREGATE	$2,000,000
OTHER					PRODUCTS-COMP/OP AGG	$1,000,000
PROFESSIONAL LIABILITY		0002022-A	7/1/2022	7/1/2023	EACH CLAIM	$2,000,000
X	CLAIMS MADE				ANNUAL AGGREGATE	$3,000,000
	OCCURENCE					
OTHER						

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

CERTIFICATE HOLDER

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

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

AUTHORIZED REPRESENTATIVES

DARTHIT-01 CSMITH10

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/8/2022

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

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

PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746	CONTACT NAME: Lauren Stiles PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Lauren.Stiles@hubinternational.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Safety National Casualty Corporation — 15105
INSURED Dartmouth-Hitchcock Health 1 Medical Center Dr. Lebanon, NH 03756	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			AGC4066562	7/1/2022	7/1/2023	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

Evidence of Workers Compensation coverage for

Cheshire Medical Center
Dartmouth-Hitchcock Health
Mary Hitchcock Memorial Hospital
Alice Peck Day Memorial Hospital
New London Hospital Association
Mt. Ascutney Hospital and Health Center

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
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

About Dartmouth Hitchcock Medical Center and Clinics

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

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

Who are Dartmouth Hitchcock Medical Center and Clinics?

Dartmouth Hitchcock Medical Center

Dartmouth Hitchcock Medical Center is the state's only academic medical center, and the only Level I Adult and Level II Pediatric Trauma Center in New Hampshire. The Dartmouth-Hitchcock Advanced Response Team (DHART), based in Lebanon and Manchester, provides ground and air medical transportation to communities throughout northern New England. In 2021, Dartmouth Hitchcock Medical Center was named the #1 hospital in New Hampshire by U.S. News & World Report (https://health.usnews.com/best-hospitals/area/nh), and recognized for high performance in 11 clinical specialties, procedures, and conditions.

Dartmouth Hitchcock Clinics

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

Children's Hospital at Dartmouth Hitchcock Medical Center

Children's Hospital at Dartmouth Hitchcock Medical Center is New Hampshire's only children's hospital and a member of the Children's Hospital Association, providing advanced pediatric inpatient, outpatient and surgical services at Dartmouth Hitchcock Medical Center.

Norris Cotton Cancer Care Pavilion Lebanon

Norris Cotton Cancer Care Pavilion Lebanon (https://cancer.dartmouth.edu/), one of only 51 NCI-designated Comprehensive Cancer Centers in the nation, is one of the premier facilities for cancer treatment, research, prevention, and education.

Our mission, vision, and values

Our mission

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

Our vision

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

Our values

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

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Financial Statements
June 30, 2021 and 2020

Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2021 and 2020

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Dartmouth-Hitchcock Health and its subsidiaries as of June 30, 2021 and 2020, and the results of their operations, changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP, 101 Seaport Boulevard, Suite 500, Boston, Massachusetts 02210
T: (617) 530 5000, F: (617) 530 5001, www.pwc.com/us

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Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations, changes in net assets and cash flows of the individual companies.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 18, 2021

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
June 30, 2021 and 2020

(in thousands of dollars)	2021	2020
Assets		
Current assets		
Cash and cash equivalents	$ 374,928	$ 453,223
Patient accounts receivable (Note 4)	232,161	183,819
Prepaid expenses and other current assets	157,318	161,906
Total current assets	764,407	798,948
Assets limited as to use (Notes 5 and 7)	1,378,479	1,134,526
Other investments for restricted activities (Notes 5 and 7)	168,035	140,580
Property, plant, and equipment, net (Note 6)	680,433	643,586
Right of use assets, net (Note 16)	58,410	57,585
Other assets	177,098	137,338
Total assets	$ 3,226,862	$ 2,912,563
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	$ 9,407	$ 9,467
Current portion of right of use obligations (Note 16)	11,289	11,775
Current portion of liability for pension and other postretirement plan benefits (Note 11 and 14)	3,468	3,468
Accounts payable and accrued expenses	131,224	129,016
Accrued compensation and related benefits	182,070	142,991
Estimated third-party settlements (Note 3 and 4)	252,543	302,525
Total current liabilities	590,001	599,242
Long-term debt, excluding current portion (Note 10)	1,126,357	1,138,530
Long-term right of use obligations, excluding current portion (Note 16)	48,167	46,456
Insurance deposits and related liabilities (Note 12)	79,974	77,146
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11 and 14)	224,752	324,257
Other liabilities	214,714	143,678
Total liabilities	2,283,965	2,329,309
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	758,627	431,026
Net assets with donor restrictions (Notes 8 and 9)	184,270	152,228
Total net assets	942,897	583,254
Total liabilities and net assets	$ 3,226,862	$ 2,912,563

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2021 and 2020

(in thousands of dollars)	2021	2020
Operating revenue and other support		
Net patient service revenue (Note 4)	$ 2,138,287	$ 1,880,025
Contracted revenue	85,263	74,028
Other operating revenue (Note 5)	424,958	374,622
Net assets released from restrictions	15,201	16,260
Total operating revenue and other support	2,663,709	2,344,935
Operating expenses		
Salaries	1,185,910	1,144,823
Employee benefits	302,142	272,872
Medications and medical supplies	545,523	455,381
Purchased services and other	383,949	360,496
Medicaid enhancement tax (Note 4)	72,941	76,010
Depreciation and amortization	88,921	92,164
Interest (Note 10)	30,787	27,322
Total operating expenses	2,610,173	2,429,068
Operating income (loss)	53,536	(84,133)
Non-operating gains (losses)		
Investment income, net (Note 5)	203,776	27,047
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	13,559	10,810
Other losses, net (Note 10)	(4,233)	(2,707)
Total non-operating gains, net	213,102	35,150
Excess (deficiency) of revenue over expenses	$ 266,638	$ (48,983)

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

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets - Continued
Years Ended June 30, 2021 and 2020

(in thousands of dollars)	2021	2020
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	$ 266,638	$ (48,983)
Net assets released from restrictions for capital	2,017	1,414
Change in funded status of pension and other postretirement benefits (Note 11)	59,132	(79,022)
Other changes in net assets	(186)	(2,316)
Increase (decrease) in net assets without donor restrictions	327,601	(128,907)
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	30,107	26,312
Investment income, net	19,153	1,130
Net assets released from restrictions	(17,218)	(17,674)
Increase in net assets with donor restrictions	32,042	9,768
Change in net assets	359,643	(119,139)
Net assets		
Beginning of year	583,254	702,393
End of year	$ 942,897	$ 583,254

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

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2021 and 2020

(in thousands of dollars)	2021	2020
Cash flows from operating activities		
Change in net assets	$ 359,643	$ (119,139)
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Depreciation and amortization	88,904	93,704
Amortization of bond premium, discount, and issuance cost, net	(2,820)	153
Amortization of right of use asset	10,034	8,218
Payments on right of use lease obligations - operating	(9,844)	(7,941)
Change in funded status of pension and other postretirement benefits	(59,132)	79,022
Loss (gain) on disposal of fixed assets	592	(39)
Net realized gains and change in net unrealized gains on investments	(228,489)	(14,060)
Restricted contributions and investment earnings	(3,445)	(3,605)
Changes in assets and liabilities		
Patient accounts receivable	(48,342)	37,306
Prepaid expenses and other current assets	4,588	(78,907)
Other assets, net	(39,760)	(13,385)
Accounts payable and accrued expenses	1,223	9,772
Accrued compensation and related benefits	39,079	14,583
Estimated third-party settlements	9,787	260,955
Insurance deposits and related liabilities	2,828	18,739
Liability for pension and other postretirement benefits	(40,373)	(35,774)
Other liabilities	11,267	19,542
Net cash provided by operating and non-operating activities	95,740	269,144
Cash flows from investing activities		
Purchase of property, plant, and equipment	(122,347)	(128,019)
Proceeds from sale of property, plant, and equipment	316	2,987
Purchases of investments	(95,943)	(321,152)
Proceeds from maturities and sales of investments	75,071	82,986
Net cash used in investing activities	(142,903)	(363,198)
Cash flows from financing activities		
Proceeds from line of credit	-	35,000
Payments on line of credit	-	(35,000)
Repayment of long-term debt	(9,183)	(10,665)
Proceeds from issuance of debt	-	415,336
Repayment of finance lease	(3,117)	(2,429)
Payment of debt issuance costs	(230)	(2,157)
Restricted contributions and investment earnings	3,445	3,605
Net cash (used in) provided by financing activities	(9,085)	403,690
(Decrease) increase in cash and cash equivalents	(56,248)	309,636
Cash and cash equivalents		
Beginning of year	453,223	143,587
End of year	$ 396,975	$ 453,223
Supplemental cash flow information		
Interest paid	$ 41,819	$ 22,562
Construction in progress included in accounts payable and accrued expenses	16,192	17,177

The following table reconciles cash and cash equivalents on the consolidated balance sheets to cash, cash equivalents and restricted cash on the consolidated statements of cash flows.

	2021	2020
Cash and cash equivalents	$ 374,928	$ 453,223
Cash and cash equivalents included in assets limited as to use	18,500	-
Restricted cash and cash equivalents included in Other investments for restricted activities	3,547	-
Total of cash, cash equivalents and restricted cash shown in the consolidated statements of cash flows	$ 396,975	$ 453,223

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

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic (DHC) and Subsidiaries, Mary Hitchcock Memorial Hospital (MHMH) and Subsidiaries, (DHC and MHMH together are referred to as D-H), The New London Hospital Association (NLH) and Subsidiaries, Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, and the Visiting Nurse and Hospice for Vermont and New Hampshire (VNH) and Subsidiaries. The "Health System" consists of D-HH, its members and their subsidiaries.

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

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

On September 30, 2019, D-HH and GraniteOne Health (GOH) entered into an agreement (The Combination Agreement) to combine their respective healthcare systems. The GOH system is comprised of Catholic Medical Center (CMC), an acute care community hospital in Manchester, New Hampshire, Huggins Hospital (HH) located in Wolfeboro, NH and Monadnock Community Hospital, (MCH) located in Peterborough, NH. Both HH and MCH are designated as Critical Access Hospitals (CAH). The three member hospitals of GOH have a combined licensed bed count of 380 beds. GOH is a non-profit, community based health care system. The overarching rationale for the proposed combination is to improve access to high quality primary and specialty care in the most convenient, cost-effective sites of service for patients and the communities served by D-HH and GOH. Other stated benefits of the combination include reinforcing the rural health network, investing in needed capacity to accommodate unmet and anticipated demand, and drawing on our combined strengths to attract the necessary health care workforce. The parties have submitted regulatory filings with the Federal Trade Commission and the New Hampshire Attorney General's office seeking approval of the proposed transaction. As of June 30, 2021, the proposed combination remains under regulatory review.

Community Benefits

The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

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

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

- *Community Health Services* include activities carried out to improve community health and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

- *Health Professions Education* includes uncompensated costs of training medical students, residents, nurses, and other health care professionals

- *Subsidized Health Services* are services provided by the Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.

- *Research Support and Other Grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations within the Health System.

- *Financial Contributions* include financial contributions of cash, as well as in-kind contributions such as time, supplies, and expertise to local organizations to address community health needs.

- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.

- *Community Benefit Operations* includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.

- *Charity Care and Costs of Government Sponsored Health Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs, and uncompensated costs of providing health care services to patients who are Medicaid Beneficiaries.

- *The Uncompensated Cost of Care for Medicaid* patients reported in the unaudited Community Benefits Reports for 2020 was approximately $182,209,000. The 2021 Community Benefits Reports are expected to be filed in February 2022.

The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2021:

(in thousands of dollars)

Government-sponsored healthcare services	$	309,203
Health professional education		38,978
Charity care		17,441
Subsidized health services		17,341
Community health services		13,866
Research		7,064
Community building activities		4,391
Financial contributions		3,276
Community benefit operations		57
Total community benefit value	$	411,617

In fiscal years 2021 and 2020, funds received to offset or subsidize charity care costs provided were $848,000 and $1,224,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Use of Estimates

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

Excess (Deficiency) of Revenue over Expenses

The consolidated statements of operations and changes in net assets include the excess (deficiency) of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including contribution of net assets without donor restrictions from acquisitions, loss on early extinguishment of debt, realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating gains (losses).

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

Charity Care

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

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

Patient Service Revenue

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

Contracted Revenue
The Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue
The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. Other revenue primarily consists of revenue from retail pharmacy, which the Health System records as customer revenues in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription. Other revenue also includes the Department of Health and Human Services ("HHS") Coronavirus Aid, Relief, and Economic Securities Act ("CARES Act" Provider Relief Funds ("Provider Relief Funds") operating agreements, grant revenue, cafeteria sales and other support service revenue (Note 3).

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

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

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

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

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

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

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

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

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

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

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

Bond Issuance Costs
Bond issuance costs, classified on the consolidated balance sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

Intangible Assets and Goodwill
The Health System records within other assets on the consolidated balance sheets goodwill and intangible assets such as trade names and leases-in-place. The Health System considers trade names and goodwill to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded $9,403,000 and $10,007,000 as intangible assets associated with its affiliations as of June 30, 2021 and 2020, respectively.

Gifts
Gifts without donor restrictions are recorded net of related expenses as non-operating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

Recently Issued Accounting Pronouncements
In August 2018, FASB issued *ASU No. 2018-15, Intangibles – Goodwill and Other – Internal-Use Software (Subtopic 350-40): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That is a Service Contract*. This ASU aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software or software licenses. The ASU is effective for fiscal year 2022 and the Health System is evaluating the impact of the new guidance on the consolidated financial statements.

3. COVID – 19's Impact on Dartmouth-Hitchcock Health

Throughout the 18 months since New Hampshire's first COVID-19 patient presented at Dartmouth-Hitchcock Health's academic medical center campus in Lebanon, New Hampshire, the organization has responded to meet the needs of our patients, community and staff, transforming as necessary to resume operations. Personal Protective Equipment (PPE), which was critically short at the outset of the pandemic, is now readily available. D-HH'S academic medical center campus continues to serve as the referral site for the state's and region's most complex COVID cases.

There have been three primary points of clinical emphasis in responding to COVID-19: telehealth, laboratory medicine, and clinical trials throughout the past year and a half. The pace and volume of COVID-19 response lessened in this past quarter, as vaccination efforts and declining case counts in D-HH's service area have made a significant difference in the necessary clinical response. While demand for telehealth has seen an expected drop in utilization from the daily virtual encounters seen early in the pandemic, in December 2020, D-HH's Center for Telehealth launched a virtual Urgent Care service for beneficiaries of the D-H health plan. In April, it was expanded as a general consumer offering and we continue to provide telehealth services to, and create partnerships with, an expanding number of hospitals and health systems around the region.

The learned and lived experiences of the past 18 months have positioned D-HH well to continue its economic recovery as we have found the clinical balance between caring for COVID-19 patients while continuing to care for non-COVID cases.

Health and Human Services ("HHS") Provider Relief Funds

D-HH received $65,600,000 and $88,700,000 from the Provider Relief funds for the years ended June 30, 2021 and 2020, respectively. We will continue to pursue Provider Relief funds as available and required to provide support to D-HH.

Medicare and Medicaid Services ("CMS") expanded Accelerated and Advance Payment Program

D-HH received a total of $272,600,000 of temporary funds received from the Cares Act in the form of CMS prepayment advances of $239,500,000 and accumulated payroll tax deferrals of $33,100,000. In October 2020, new regulations were issued to revise the recoupment start date from August 2020 to April 2021.

HHS Reporting Requirements for the CARES Act

In June 2021, HHS issued new reporting requirements for the CARES Act Provider Relief Funding. The new requirements first require Hospitals to identify healthcare-related expenses attributable to the COVID-19 pandemic that remain unreimbursed by another source. If those expenses do not exceed the Provider Relief funding received, Hospitals will need to demonstrate that the remaining Provider Relief funds were used to compensate for a negative variance in patient service revenue. HHS is entitled to recoup Provider Relief Funding in excess of the sum of expenses attributable to the COVID-19 pandemic that remain unreimbursed by another source and the decline in patient care revenue. Due to these new reporting requirements there is at least a reasonable possibility that amounts recorded under the CARES Act Provider Relief fund by the Health System may change in future periods.

4. Net Patient Service Revenue and Accounts Receivable

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

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

Generally, the Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Health System has elected to apply the optional exemption provided in ASC 606-10-50-14a and, therefore, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Health System's consolidated statements of operations and changes in net assets.

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

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

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system ("PPS") to determine rates-per-discharge. These rates vary according to a patient classification system ("DRG"), based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Health System's payments for inpatient services rendered to New Hampshire ("NH") and Vermont ("VT") Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis or fee schedules for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.

- Inpatient acute, swing, and outpatient services furnished by CAH are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.

- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.

- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.

- The Health System's cost based services to Medicare and Medicaid are reimbursed during the year based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations, governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.

- Revenues under Managed Care Plans (Plans) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The Plans are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments in accordance with contractual terms in place with the Plans following their review and adjudication of each bill.

The Health System is not aware of any claims, disputes, or unsettled matters with any payer that would materially affect its revenues for which it has not adequately provided in the accompanying Health System's consolidated financial statements.

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

Vermont imposes a provider tax on home health agencies in the amount of 4.25% of annual net patient revenue. In fiscal years 2021 and 2020, home health provider taxes paid were $623,000 and $624,000, respectively.

Medicaid Enhancement Tax & Disproportionate Share Hospital
On May 22, 2018, the State of New Hampshire and all New Hampshire hospitals (Hospitals) agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the event of legislative changes to the DSH program. Under the agreement, the State committed to make DSH payments to the Hospitals in an amount no less than 86% of the Medicaid Enhancement Tax (MET) proceeds collected in each fiscal year, in addition to providing for directed payments or increased rates for Hospitals in an amount equal to 5% of MET proceeds collected from state fiscal year (SFY) 2020 through SFY 2024. The agreement prioritizes DSH payments to critical access hospitals in an amount equal to 75% of allowable uncompensated care (UCC), with the remainder distributed to Hospitals without critical access designation in proportion to their allowable UCC amounts.

During the years ended June 30, 2021 and 2020, the Health System received DSH payments of approximately, $67,940,000 and $71,133,000 respectively. DSH payments are subject to audit and therefore, for the years ended June 30, 2021 and 2020, the Health System recognized as revenue DSH receipts of approximately $61,602,000 and approximately $67,500,000, respectively.

During the years ended June 30, 2021 and 2020, the Health System recorded State of NH MET and State of VT Provider taxes of $72,941,000 and $76,010,000, respectively. The taxes are calculated at 5.4% for NH and 6% for VT of certain patient service revenues. The Provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

Implicit Price Concessions

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

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

Settlements with third-party payers for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations. As of June 30, 2021 and 2020, the Health System had reserves of $252,543,000 and $302,525,000, respectively, recorded in Estimated third-party settlements. As of June 30, 2021 and 2020, Estimated third-party settlements includes $179,382,000 and $239,500,000, respectively, of Medicare accelerated and advanced payments, received as working capital support during COVID-19 outbreak. As of June 30, 2021 and 2020, Other liabilities include $43,612,000 and $10,900,000, respectively.

For the years ended June 30, 2021 and 2020, additional increases in revenue of $4,287,000 and $2,314,000, respectively, were recognized due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

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

The table below shows the Health System's sources of total operating revenue and other support presented at the net transaction price for the years ended June 30, 2021 and 2020.

	2021		
(in thousands of dollars)	**PPS**	**CAH**	**Total**
Hospital			
Medicare	$ 526,114	$ 81,979	$ 608,093
Medicaid	144,434	11,278	155,712
Commercial	793,274	73,388	866,662
Self Pay	4,419	(721)	3,698
Subtotal	1,468,241	165,924	1,634,165
Professional	446,181	37,935	484,116
Subtotal	1,914,422	203,859	2,118,281
VNA			20,006
Subtotal			2,138,287
Other Revenue			462,517
Provider Relief Fund			62,905
Total operating revenue and other support			$ 2,663,709

	2020		
(in thousands of dollars)	**PPS**	**CAH**	**Total**
Hospital			
Medicare	$ 461,990	$ 64,087	$ 526,077
Medicaid	130,901	10,636	141,537
Commercial	718,576	60,715	779,291
Self Pay	2,962	2,501	5,463
Subtotal	1,314,429	137,939	1,452,368
Professional	383,503	22,848	406,351
Subtotal	1,697,932	160,787	1,858,719
VNA			21,306
Subtotal			1,880,025
Other Revenue			376,185
Provider Relief Fund			88,725
Total operating revenue and other support			$ 2,344,935

Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2021 and 2020:

	2021	2020
Medicare	34%	36%
Medicaid	13%	13%
Commercial	41%	39%
Self Pay	12%	12%
Total	100%	100%

5. Investments

The composition of investments at June 30, 2021 and 2020 is set forth in the following table:

(in thousands of dollars)	2021	2020
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	$ 24,692	$ 9,646
U.S. government securities	157,373	103,977
Domestic corporate debt securities	322,616	199,462
Global debt securities	74,292	70,145
Domestic equities	247,486	203,010
International equities	81,060	123,205
Emerging markets equities	52,636	22,879
Global equities	79,296	-
Real Estate Investment Trust	422	313
Private equity funds	110,968	74,131
Hedge funds	-	36,964
	1,150,841	843,732
Investments held by captive insurance companies (Note 11)		
U.S. government securities	26,759	15,402
Domestic corporate debt securities	5,979	8,651
Global debt securities	6,617	8,166
Domestic equities	11,396	15,150
International equities	6,488	7,227
	57,239	54,596
Held by trustee under indenture agreement (Note 9)		
Cash and short-term investments	170,399	236,198
Total assets limited as to use	1,378,479	1,134,526
Other investments for restricted activities		
Cash and short-term investments	13,400	7,186
U.S. government securities	28,330	28,055
Domestic corporate debt securities	40,676	35,440
Global debt securities	8,953	11,476
Domestic equities	33,634	26,723
International equities	9,497	15,402
Emerging markets equities	5,917	2,766
Global equities	8,755	-
Real Estate Investment Trust	21	-
Private equity funds	12,251	9,483
Hedge funds	6,557	4,013
Other	44	36
Total other investments for restricted activities	168,035	140,580
Total investments	$ 1,546,514	$ 1,275,106

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

The following tables summarize the investments by the accounting method utilized, as of June 30, 2021 and 2020. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

	2021		
(in thousands of dollars)	**Fair Value**	**Equity**	**Total**
Cash and short-term investments	$ 208,491	$ -	$ 208,491
U.S. government securities	212,462	-	212,462
Domestic corporate debt securities	191,112	178,159	369,271
Global debt securities	55,472	34,390	89,862
Domestic equities	225,523	66,993	292,516
International equities	55,389	41,656	97,045
Emerging markets equities	1,888	56,665	58,553
Global equities	-	88,051	88,051
Real Estate Investment Trust	443	-	443
Private equity funds	-	123,219	123,219
Hedge funds	446	6,111	6,557
Other	44	-	44
	$ 951,270	$ 595,244	$ 1,546,514

	2020		
(in thousands of dollars)	**Fair Value**	**Equity**	**Total**
Cash and short-term investments	$ 253,030	$ -	$ 253,030
U.S. government securities	147,434	-	147,434
Domestic corporate debt securities	198,411	45,142	243,553
Global debt securities	44,255	45,532	89,787
Domestic equities	195,014	49,869	244,883
International equities	77,481	68,353	145,834
Emerging markets equities	1,257	24,388	25,645
Real Estate Investment Trust	313	-	313
Private equity funds	-	83,614	83,614
Hedge funds	-	40,977	40,977
Other	36	-	36
	$ 917,231	$ 357,875	$ 1,275,106

For the years ended June 30, 2021 and 2020 investment income is reflected in the accompanying consolidated statements of operations and changes in net assets as other operating revenue of approximately $930,000 and $936,000 and as non-operating gains of approximately $203,776,000 and $27,047,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2021 and 2020, the Health System has outstanding commitments of $47,419,000 and $53,677,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Land	$ 40,749	$ 40,749
Land improvements	43,927	39,820
Buildings and improvements	955,094	893,081
Equipment	993,899	927,233
	2,033,669	1,900,883
Less: Accumulated depreciation	1,433,467	1,356,521
Total depreciable assets, net	600,202	544,362
Construction in progress	80,231	99,224
	$ 680,433	$ 643,586

As of June 30, 2021, construction in progress primarily consists of two projects. The Manchester Ambulatory Surgical Center (ASC) and the in-patient tower located in Lebanon, NH. The ASC partially opened in April 2021. The estimated cost to complete the ASC is $4,300,000. The anticipated completion date is the second quarter of fiscal 2022. The in-patient tower project is estimated to cost $82,000,000 to complete. The anticipated completion date is the fourth quarter of fiscal 2023.

Capitalized interest of $5,127,000 and $2,297,000 is included in construction in progress as of June 30, 2021 and 2020, respectively.

Depreciation and amortization expense included in operating and non-operating activities was approximately $86,011,000 and $89,762,000 for 2021 and 2020, respectively.

7. Fair Value Measurements

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

Cash and Short-Term Investments
Consists of money market funds and are valued at net asset value (NAV) reported by the financial institution and cash which will be used for future investment opportunities.

Domestic, Emerging Markets and International Equities
Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities
Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third-party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Hedge Funds
Consists of publicly traded, daily-pricing mutual funds that use long/short trading strategies (Level 1 measurements).

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Health System believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2021 and 2020:

	2021			
(in thousands of dollars)	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	$ 208,491	$ -	$ -	$ 208,491
U.S. government securities	212,462	-	-	212,462
Domestic corporate debt securities	36,163	154,949	-	191,112
Global debt securities	27,410	28,062	-	55,472
Domestic equities	220,434	5,089	-	225,523
International equities	55,389	-	-	55,389
Emerging market equities	1,888	-	-	1,888
Real estate investment trust	443	-	-	443
Hedge funds	446	-	-	446
Other	9	35	-	44
Total investments	763,135	188,135	-	951,270
Deferred compensation plan assets				
Cash and short-term investments	6,099	-	-	6,099
U.S. government securities	48	-	-	48
Domestic corporate debt securities	10,589	-	-	10,589
Global debt securities	1,234	-	-	1,234
Domestic equities	37,362	-	-	37,362
International equities	5,592	-	-	5,592
Emerging market equities	39	-	-	39
Real estate	15	-	-	15
Multi strategy fund	65,257	-	-	65,257
Total deferred compensation plan assets	126,235	-	-	126,235
Beneficial interest in trusts	-	-	10,796	10,796
Total assets	$ 889,370	$ 188,135	$ 10,796	$ 1,088,301

	2020			
(in thousands of dollars)	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	$ 253,030	$ -	$ -	$ 253,030
U.S. government securities	147,434	-	-	147,434
Domestic corporate debt securities	17,577	180,834	-	198,411
Global debt securities	22,797	21,458	-	44,255
Domestic equities	187,354	7,660	-	195,014
International equities	77,481	-	-	77,481
Emerging market equities	1,257	-	-	1,257
Real estate investment trust	313	-	-	313
Other	2	34	-	36
Total investments	707,245	209,986	-	917,231
Deferred compensation plan assets				
Cash and short-term investments	5,754	-	-	5,754
U.S. government securities	51	-	-	51
Domestic corporate debt securities	7,194	-	-	7,194
Global debt securities	1,270	-	-	1,270
Domestic equities	24,043	-	-	24,043
International equities	3,571	-	-	3,571
Emerging market equities	27	-	-	27
Real estate	11	-	-	11
Multi strategy fund	51,904	-	-	51,904
Guaranteed contract	-	-	92	92
Total deferred compensation plan assets	93,825	-	92	93,917
Beneficial interest in trusts	-	-	9,202	9,202
Total assets	$ 801,070	$ 209,986	$ 9,294	$ 1,020,350

The following tables set forth the financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above as of June 30, 2021 and 2020.

	2021		
(in thousands of dollars)	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	$ 9,202	$ 92	$ 9,294
Net realized/unrealized gains (losses)	1,594	(92)	1,502
Balances at end of year	$ 10,796	$ -	$ 10,796

	2020		
(in thousands of dollars)	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	$ 9,301	$ 89	$ 9,390
Net realized/unrealized (losses) gains	(99)	3	(96)
Balances at end of year	$ 9,202	$ 92	$ 9,294

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2021 and 2020.

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Investments held in perpetuity	$ 64,498	$ 59,352
Healthcare services	38,869	33,976
Health education	26,934	16,849
Research	24,464	22,116
Charity care	15,377	12,366
Other	7,215	4,488
Purchase of equipment	6,913	3,081
	$ 184,270	$ 152,228

Income earned on donor restricted net assets held in perpetuity is available for these purposes.

9. Board Designated and Endowment Funds

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

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

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

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

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

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

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2021 and 2020.

Endowment net asset composition by type of fund consists of the following at June 30, 2021 and 2020:

	2021		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 108,213	$ 108,213
Board-designated endowment funds	41,728	-	41,728
Total endowed net assets	$ 41,728	$ 108,213	$ 149,941

(in thousands of dollars)	2020 Without Donor Restrictions	2020 With Donor Restrictions	2020 Total
Donor-restricted endowment funds	$ -	$ 80,039	$ 80,039
Board-designated endowment funds	33,714	-	33,714
Total endowed net assets	$ 33,714	$ 80,039	$ 113,753

Changes in endowment net assets for the years ended June 30, 2021 and 2020 are as follows:

(in thousands of dollars)	2021 Without Donor Restrictions	2021 With Donor Restrictions	2021 Total
Balances at beginning of year	$ 33,714	$ 80,039	$ 113,753
Net investment return	7,192	17,288	24,480
Contributions	894	13,279	14,173
Transfers	-	418	418
Release of appropriated funds	(72)	(2,811)	(2,883)
Balances at end of year	$ 41,728	$ 108,213	$ 149,941
Balances at end of year		108,213	
Beneficial interest in perpetual trusts		9,721	
Net assets with donor restrictions		$ 117,934	

(in thousands of dollars)	2020 Without Donor Restrictions	2020 With Donor Restrictions	2020 Total
Balances at beginning of year	$ 31,421	$ 78,268	$ 109,689
Net investment return	713	1,460	2,173
Contributions	890	2,990	3,880
Transfers	14	267	281
Release of appropriated funds	676	(2,946)	(2,270)
Balances at end of year	$ 33,714	$ 80,039	$ 113,753
Balances at end of year		80,039	
Beneficial interest in perpetual trusts		6,782	
Net assets with donor restrictions		$ 86,821	

10. Long-Term Debt

A summary of long-term debt at June 30, 2021 and 2020 is as follows:

(in thousands of dollars)	2021	2020
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	$ 83,355	$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (2)	125,000	125,000
Series 2017A, principal maturing in varying annual amounts, through August 2040 (3)	122,435	122,435
Series 2017B, principal maturing in varying annual amounts, through August 2031 (3)	109,800	109,800
Series 2019A, principal maturing in varying annual amounts, through August 2043 (4)	99,165	99,165
Series 2018C, principal maturing in varying annual amounts, through August 2030 (5)	24,425	25,160
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	23,470	24,315
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2014A, principal maturing in varying annual amounts, through August 2022 (7)	12,385	19,765
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Note payable		
Note payable to a financial institution due in monthly interest only payments through May 2035 (9)	125,000	125,000
Total obligated group debt	$ 1,053,637	$ 1,062,597

A summary of long-term debt at June 30, 2021 and 2020 is as follows (continued):

(in thousands of dollars)	2021	2020
Other		
Note payable to a financial institution payable in interest free monthly installments through December 2024; collateralized by associated equipment	$ 147	$ 287
Note payable to a financial institution with entire principal due June 2034; collateralized by land and building. The note payable is interest free	273	273
Mortgage note payable to the US Dept of Agriculture; monthly payments of $10,892 include interest of 2.375% through November 2046	2,489	2,560
Total nonobligated group debt	2,909	3,120
Total obligated group debt	1,053,637	1,062,597
Total long-term debt	1,056,546	1,065,717
Add: Original issue premium and discounts, net	86,399	89,542
Less: Current portion	9,407	9,467
Debt issuance costs, net	7,181	7,262
	$ 1,126,357	$ 1,138,530

Aggregate annual principal payments for the next five years ending June 30 and thereafter are as follows:

(in thousands of dollars)	2021
2022	$ 9,407
2023	6,602
2024	1,841
2025	4,778
2026	4,850
Thereafter	1,029,068
	$ 1,056,546

Dartmouth-Hitchcock Obligated Group (DHOG) Debt
MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of D-HH, MHMH, DHC, Cheshire, NLH, MAHHC, and, APD. D-HH is designated as the obligated group agent.

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

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

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B in February 2018. The Series 2018A Revenue Bonds were primarily used to refund a portion of Series 2015A and Series 2016A. The Series 2018B were primarily used to refund a portion of Series 2015A and Series 2016A, Revolving Line of Credit, Series 2012 Bank Loan and the Series 2015A and Series 2016A Swap terminations. A loss on the extinguishment of debt of approximately $578,000 was recognized in non-operating gains (losses) on the statement of operations and changes in net assets, as a result of the refinancing. The interest on the Series 2018A Revenue Bonds is variable with a current interest rate of 5.00% and matures in variable amounts through 2037. The interest on the Series 2018B Revenue Bonds is fixed with an interest rate of 4.18% and matures in variable amounts through 2048.

(2) Series 2020A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds Series 2020A in February, 2020. The proceeds from the Series 2020A Revenue Bonds are being used primarily to fund the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH as well as various equipment. The interest on the Series 2020A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2059.

(3) Series 2017A and Series 2017B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B in December, 2017. The Series 2017A Revenue Bonds were primarily used to refund Series 2009 and Series 2010 and the Series 2017B Revenue Bonds were used to refund Series 2012A and Series 2012B. The interest on the Series 2017A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2040. The interest on the Series 2017B Revenue Bonds is fixed with an interest rate of 2.54% and matures in variable amounts through 2031.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds Series 2019A in October, 2019. The proceeds from the Series 2019A Revenue Bonds are being used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A Revenue Bonds is fixed with an interest rate of 4.00% and matures in variable amounts through 2043.

(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C in August, 2018. The Series 2018C Revenue Bonds were used primarily to refinance the Series 2010 Revenue Bonds. The interest on the series 2018C Revenue Bonds is fixed with an interest rate of 3.22% and matures in variable amounts through 2030.

(6) Series 2012 Revenue Bonds

The NHHEFA issued $29,650,000 of tax-exempt Revenue Bonds, Series 2012. The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%), and matures in variable amounts through 2039.

(7) Series 2014A and Series 2014B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B Revenue Bonds were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

(8) Series 2016B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2016B in July 2016 through a private placement with a financial institution. The Series 2016B Revenue Bonds were used to finance 2016 projects. The Series 2016B is fixed with an interest rate of 1.78% and matures at various dates through 2045.

(9) Note payable to financial institution

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

Outstanding joint and several indebtedness of the DHOG at June 30, 2021 and 2020 approximates $1,053,637,000 and $1,062,597,000, respectively.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately $170,399,000 and $236,198,000 at June 30, 2021 and 2020, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets (Note 4). In addition, debt service reserves of approximately $8,035,000 and $9,286,000 at June 30, 2021 and 2020, respectively, are classified as other current assets in the accompanying consolidated balance sheets. The debt service reserves are mainly comprised of escrowed construction funds at June 30, 2021 and 2020.

For the years ended June 30, 2021 and 2020 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately $30,787,000 and $27,322,000 and other non-operating losses of $3,782,000 and $3,784,000, respectively, net of amounts capitalized.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain members provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

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

The Health System continued to execute the settlement of obligations due to retirees in the defined benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

Defined Benefit Plans

Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Service cost for benefits earned during the year	$ -	$ 170
Interest cost on projected benefit obligation	36,616	43,433
Expected return on plan assets	(63,261)	(62,436)
Net loss amortization	14,590	12,032
Total net periodic pension expense	$ (12,055)	$ (6,801)

The following assumptions were used to determine net periodic pension expense as of June 30, 2021 and 2020:

	2021	2020
Discount rate	3.00% - 3.10%	3.00% - 3.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rate of return on plan assets	7.50%	7.50%

The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Change in benefit obligation		
Benefit obligation at beginning of year	$ 1,209,100	$ 1,135,523
Service cost	-	170
Interest cost	36,616	43,433
Benefits paid	(52,134)	(70,778)
Expenses paid	-	(168)
Actuarial loss	(22,411)	139,469
Settlements	(30,950)	(38,549)
Benefit obligation at end of year	1,140,221	1,209,100
Change in plan assets		
Fair value of plan assets at beginning of year	929,453	897,717
Actual return on plan assets	87,446	121,245
Benefits paid	(52,134)	(70,778)
Expenses paid	-	(168)
Employer contributions	25,049	19,986
Settlements	(30,950)	(38,549)
Fair value of plan assets at end of year	958,864	929,453
Funded status of the plans	(181,357)	(279,647)
Less: Current portion of liability for pension	(46)	(46)
Long term portion of liability for pension	(181,311)	(279,601)
Liability for pension	$ (181,357)	$ (279,647)

As of June 30, 2021 and 2020, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include approximately $481,073,000 and $546,818,000 of net actuarial loss as of June 30, 2021 and 2020, respectively.

The estimated amounts to be amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2021 for net actuarial losses is approximately $14,590,000.

The accumulated benefit obligation for the defined benefit pension plans was approximately $1,140,000,000 and $1,209,000,000 at June 30, 2021 and 2020, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2021 and 2020:

	2021	2020
Discount rate	3.30%	3.00% - 3.10%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of June 30, 2021, it is expected that the LDI strategy will hedge approximately 75% of the interest rate risk associated with pension liabilities. As of June 30, 2020, the expected LDI hedge was approximately 60%. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

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

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	3%
U.S. government securities	0–10	5
Domestic debt securities	20–58	42
Global debt securities	6–26	4
Domestic equities	5–35	17
International equities	5–15	7
Emerging market equities	3–13	4
Global Equities	0-10	6
Real estate investment trust funds	0–5	1
Private equity funds	0–5	0
Hedge funds	5–18	11

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

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

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

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's Plans own interests in both private equity and hedge funds rather than in securities underlying each fund and, therefore, the Health System generally considers such investments as Level 3, even though the underlying securities may not be difficult to value or may be readily marketable.

The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2021 and 2020:

	2021					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ -	$ 53,763	$ -	$ 53,763	Daily	1
U.S. government securities	52,945	-	-	52,945	Daily–Monthly	1–15
Domestic debt securities	140,029	296,709	-	436,738	Daily–Monthly	1–15
Global debt securities	-	40,877	-	40,877	Daily–Monthly	1–15
Domestic equities	144,484	40,925	-	185,409	Daily–Monthly	1–10
International equities	17,767	51,819	-	69,586	Daily–Monthly	1–11
Emerging market equities	-	43,460	-	43,460	Daily–Monthly	1–17
Global equities	-	57,230		57,230	Daily–Monthly	1–17
REIT funds	-	3,329		3,329	Daily–Monthly	1–17
Private equity funds	-	-	15	15	See Note 6	See Note 6
Hedge funds	-	-	15,512	15,512	Quarterly–Annual	60–96
Total investments	$ 355,225	$ 588,112	$ 15,527	$ 958,864		

	2020					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ -	$ 7,154	$ -	$ 7,154	Daily	1
U.S. government securities	49,843		-	49,843	Daily–Monthly	1–15
Domestic debt securities	133,794	318,259	-	452,053	Daily–Monthly	1–15
Global debt securities	-	69,076	-	69,076	Daily–Monthly	1–15
Domestic equities	152,688	24,947	-	177,635	Daily–Monthly	1–10
International equities	13,555	70,337	-	83,892	Daily–Monthly	1–11
Emerging market equities	-	39,984	-	39,984	Daily–Monthly	1–17
REIT funds	-	2,448	-	2,448	Daily–Monthly	1–17
Private equity funds	-	-	17	17	See Note 7	See Note 7
Hedge funds	-	-	47,351	47,351	Quarterly–Annual	60–96
Total investments	$ 349,880	$ 532,205	$ 47,368	$ 929,453		

The following tables present additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2021 and 2020:

	2021		
(in thousands of dollars)	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	$ 47,351	$ 17	$ 47,368
Sales	(38,000)	-	(38,000)
Net unrealized gains (losses)	6,161	(2)	6,159
Balances at end of year	$ 15,512	$ 15	$ 15,527

	2020		
(in thousands of dollars)	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	$ 44,126	$ 21	$ 44,147
Net unrealized losses	3,225	(4)	3,221
Balances at end of year	$ 47,351	$ 17	$ 47,368

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2021 and 2020 were approximately $7,635,000 and $18,261,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2021 and 2020.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2021 and 2020.

The weighted average asset allocation for the Health System's Plans at June 30, 2021 and 2020 by asset category is as follows:

	2021	2020
Cash and short-term investments	6 %	1 %
U.S. government securities	5	5
Domestic debt securities	46	49
Global debt securities	4	8
Domestic equities	19	19
International equities	7	9
Emerging market equities	5	4
Global equities	6	0
Hedge funds	2	5
	100 %	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.50% per annum.

The Health System is expected to contribute approximately $25,045,000 to the Plans in 2022 however actual contributions may vary from expected amounts.

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

(in thousands of dollars)	
2022	$ 54,696
2023	57,106
2024	59,137
2025	60,930
2026	62,514
2027 – 2031	327,482

Effective May 1, 2020, the Health System terminated a defined benefit plan and settled the accumulated benefit obligation of $18,795,000 by purchasing nonparticipating annuity contracts. The plan assets at fair value were $11,836,000.

Defined Contribution Plans
The Health System has an employer-sponsored 401(a) plan for certain of its members, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately $60,268,000 and $51,222,000 in 2021 and 2020, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets.

Various 403(b) and tax- sheltered annuity plans are available to employees of the Health System. Plan specifications vary by member and plan. No employer contributions were made to any of these plans in 2021 and 2020 respectively.

Postretirement Medical and Life Benefits

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

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Service cost	$ 533	$ 609
Interest cost	1,340	1,666
Net prior service income	(3,582)	(5,974)
Net loss amortization	738	469
	$ (971)	$ (3,230)

The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Change in benefit obligation		
Benefit obligation at beginning of year	$ 48,078	$ 46,671
Service cost	533	609
Interest cost	1,340	1,666
Benefits paid	(3,439)	(3,422)
Actuarial loss	383	2,554
Employer contributions	(32)	-
Benefit obligation at end of year	46,863	48,078
Funded status of the plans	$ (46,863)	$ (48,078)
Current portion of liability for postretirement medical and life benefits	$ (3,422)	$ (3,422)
Long term portion of liability for postretirement medical and life benefits	(43,441)	(44,656)
Liability for postretirement medical and life benefits	$ (46,863)	$ (48,078)

As of June 30, 2021 and 2020, the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

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

(in thousands of dollars)	2021	2020
Net prior service income	$ -	$ (3,582)
Net actuarial loss	9,981	10,335
	$ 9,981	$ 6,753

The estimated amounts that will be amortized from net assets without donor restrictions into net periodic postretirement income in fiscal year 2022 for net losses is approximately $751,000.

The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2021 and thereafter:

(in thousands of dollars)	
2022	$ 3,422
2023	3,602
2024	3,651
2025	3,575
2026	3,545
2027-2031	16,614

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 3.10% in 2021 and an assumed healthcare cost trend rate of 6.50%, trending down to 5.00% in 2027 and thereafter.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, CMC, NLH, APD, MAHHC, and VNH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. Effective November 1, 2018 APD is provided professional and general liability insurance coverage through RRG. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2021 and 2020, are summarized as follows:

	2021		
(in thousands of dollars)	HAC	RRG	Total
Assets	$ 71,772	$ 3,583	$ 75,355
Shareholders' equity	13,620	50	13,670

	2020		
(in thousands of dollars)	HAC	RRG	Total
Assets	$ 93,686	$ 1,785	$ 95,471
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

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

Lines of Credit

The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from $10,000,000 up to $30,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire March 30, 2022. There was no outstanding balance under the lines of credit as of June 30, 2021 and 2020. Interest expense was approximately $28,000 and $20,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2021:

	2021			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	$ 1,019,272	$ 164,937	$ 1,701	$ 1,185,910
Employee benefits	212,953	88,786	403	302,142
Medical supplies and medications	540,541	4,982	-	545,523
Purchased services and other	252,705	125,931	5,313	383,949
Medicaid enhancement tax	72,941	-	-	72,941
Depreciation and amortization	38,945	49,943	33	88,921
Interest	8,657	22,123	7	30,787
Total operating expenses	$ 2,146,014	$ 456,702	$ 7,457	$ 2,610,173

	Program Services	Management and General	Fundraising	Total
Non-operating income				
Employee benefits	$ 9,200	$ 4,354	$ 5	$ 13,559
Total non-operating income	$ 9,200	$ 4,354	$ 5	$ 13,559

Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2020:

	2020			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	$ 981,320	$ 161,704	$ 1,799	$ 1,144,823
Employee benefits	231,361	41,116	395	272,872
Medical supplies and medications	454,143	1,238	-	455,381
Purchased services and other	236,103	120,563	3,830	360,496
Medicaid enhancement tax	76,010	-	-	76,010
Depreciation and amortization	26,110	65,949	105	92,164
Interest	5,918	21,392	12	27,322
Total operating expenses	$ 2,010,965	$ 411,962	$ 6,141	$ 2,429,068

	Program Services	Management and General	Fundraising	Total
Non-operating income				
Employee benefits	$ 9,239	$ 1,549	$ 22	$ 10,810
Total non-operating income	$ 9,239	$ 1,549	$ 22	$ 10,810

15. Liquidity

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

The Health System's financial assets available at June 30, 2021 and 2020 to meet cash needs for general expenditures within one year of June 30, 2021 and 2020, are as follows:

(in thousands of dollars)	2021	2020
Cash and cash equivalents	$ 374,928	$ 453,223
Patient accounts receivable	232,161	183,819
Assets limited as to use	1,378,479	1,134,526
Other investments for restricted activities	168,035	140,580
Total financial assets	$ 2,153,603	$ 1,912,148
Less: Those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	57,239	54,596
Investments for restricted activities	168,035	140,580
Bond proceeds held for capital projects	178,434	245,484
Other investments with liquidity horizons greater than one year	111,390	111,408
Total financial assets available within one year	$ 1,638,505	$ 1,360,080

For the years ended June 30, 2021 and June 30, 2020, the Health System generated positive cash flow from operations of approximately $95,740,000 and $269,144,000, respectively. In addition, the Health System's liquidity management plan includes investing excess daily cash in intermediate or long term investments based on anticipated liquidity needs. The Health System has an available line of credit of up to $30,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the line of credit.

16. Lease Commitments

D-HH determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date based on the present value of lease payments over the lease term. We use the implicit rate noted within the contract. If not readily available, we use our estimated incremental borrowing rate, which is derived using a collateralized borrowing rate for the same currency and term as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less and we recognize lease expense for these leases on a straight-line basis over the lease term within lease and rental expense.

Our operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Our real estate lease agreements typically have initial terms of 5 to 10 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5 years. The exercise of lease renewal options is at our sole discretion. When determining the lease term, we included options to extend or terminate the lease when it is reasonably certain that we will exercise that option.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or rental payments adjusted periodically for inflation. These variable lease payments are recognized in other occupancy costs in the consolidated statements of operations and changes in net assets but are not included in the right-of-use asset or liability balances in our consolidated balance sheets. Lease agreements do not contain any material residual value guarantees, restrictions or covenants.

The components of lease expense for the year ended June 30, 2021 and 2020 are as follows:

(in thousands of dollars)	2021	2020
Operating lease cost	10,381	8,992
Variable and short term lease cost (a)	8,019	1,497
Total lease and rental expense	18,400	10,489
Finance lease cost:		
Depreciation of property under finance lease	3,408	2,454
Interest on debt of property under finance lease	533	524
Total finance lease cost	3,941	2,978

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

Supplemental cash flow information related to leases for the year ended June 30, 2021 and 2020 are as follows:

(in thousands of dollars)	2021	2020
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	10,611	8,755
Operating cash flows from finance leases	533	542
Financing cash flows from finance leases	3,108	2,429
	$ 14,252	$ 11,726

Supplemental balance sheet information related to leases as of June 30, 2021 and 2020 are as follows:

(in thousands of dollars)	2021	2020
Operating Leases		
Right of use assets - operating leases	51,410	42,621
Accumulated amortization	(15,180)	(8,425)
Right of use assets - operating leases, net	**36,230**	**34,196**
Current portion of right of use obligations	8,038	9,194
Long-term right of use obligations, excluding current portion	28,686	25,308
Total operating lease liabilities	**36,724**	**34,502**
Finance Leases		
Right of use assets - finance leases	27,940	26,076
Accumulated depreciation	(5,760)	(2,687)
Right of use assets - finance leases, net	**22,180**	**23,389**
Current portion of right of use obligations	3,251	2,581
Long-term right of use obligations, excluding current portion	19,481	21,148
Total finance lease liabilities	**22,732**	**23,729**
Weighted Average remaining lease term, years		
Operating leases	6.75	4.64
Finance leases	18.73	19.39
Weighted Average discount rate		
Operating leases	2.12%	2.24%
Finance leases	2.14%	2.22%

The System obtained $7.6 million and $2.1 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2021.

Upon adoption, included in the $42.6 million of right-of-use assets obtained in exchange for operating lease obligations is $5.6 million of new and modified operating leases entered into during the year ended June 30, 2020. Included in the $26.1 million of right-of-use assets obtained in exchange for finance lease obligations is $2.3 million of new and modified operating leases entered into during the year ended June 30, 2020.

Future maturities of lease liabilities as of June 30, 2021 are as follows:

(in thousands of dollars)	Operating Leases	Finance Leases
Year ending June 30:		
2022	8,721	3,698
2023	7,331	3,363
2024	6,336	2,265
2025	3,537	1,229
2026	2,475	850
Thereafter	11,249	16,488
Total lease payments	39,649	27,893
Less: Imputed interest	2,925	5,161
Total lease payments	$ 36,724	$ 22,732

17. Subsequent Events

The Health System has assessed the impact of subsequent events through November 18, 2021, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

Consolidating Supplemental Information – Unaudited

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2021

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 1,826	$ 226,779	$ 35,146	$ 41,371	$ 26,814	$ 18,350	$ -	$ 350,286	$ 24,642	$ -	$ 374,928
Patient accounts receivable, net	-	196,350	13,238	6,779	6,699	6,522	-	229,588	2,573	-	232,161
Prepaid expenses and other current assets	23,267	151,336	20,932	2,012	4,771	1,793	(35,942)	168,169	(10,634)	(217)	157,318
Total current assets	25,093	574,465	69,316	50,162	38,284	26,665	(35,942)	748,043	16,581	(217)	764,407
Assets limited as to use	380,020	1,039,327	19,016	15,480	16,725	20,195	(169,849)	1,320,914	57,565	-	1,378,479
Notes receivable, related party	845,157	11,769	-	1,010	-	-	(856,926)	1,010	(1,010)	-	-
Other investments for restricted activities	248	111,209	12,212	1,128	4,266	7,699	-	136,762	31,273	-	168,035
Property, plant, and equipment, net	-	501,640	64,101	22,623	47,232	15,403	-	650,999	29,434	-	680,433
Right of use assets, net	1,233	32,343	2,396	16,104	360	5,819	-	58,255	155	-	58,410
Other assets	2,431	146,226	1,315	14,380	7,282	5,172	-	176,806	292	-	177,098
Total assets	$ 1,254,182	$ 2,416,979	$ 168,356	$ 120,887	$ 114,149	$ 80,953	$ (1,062,717)	$ 3,092,789	$ 134,290	$ (217)	$ 3,226,862
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	$ -	$ 7,575	$ 865	$ 777	$ 91	$ -	$ -	$ 9,308	$ 99	$ -	$ 9,407
Current portion of right of use obligations	354	8,369	656	1,078	197	550	-	11,204	85	-	11,289
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	207,566	99,374	11,911	2,455	4,968	5,858	(205,791)	126,341	5,100	(217)	131,224
Accrued compensation and related benefits	-	156,073	8,648	5,706	4,407	5,343	-	180,177	1,893	-	182,070
Estimated third-party settlements	-	160,410	31,226	27,006	26,902	6,230	-	251,774	769	-	252,543
Total current liabilities	207,920	435,269	53,306	37,022	36,565	17,981	(205,791)	582,272	7,946	(217)	590,001
Notes payable, related party	-	811,563	-	-	27,793	17,570	(856,926)	-	-	-	-
Long-term debt, excluding current portion	1,047,659	29,846	22,753	23,558	55	(115)	-	1,123,756	2,601	-	1,126,357
Right of use obligations, excluding current portion	879	24,463	1,876	15,351	172	5,357	-	48,098	69	-	48,167
Insurance deposits and related liabilities	-	78,528	475	325	388	218	-	79,934	40	-	79,974
Liability for pension and other postretirement plan benefits, excluding current portion	-	218,955	5,286	-	-	511	-	224,752	-	-	224,752
Other liabilities	-	179,497	4,224	4,534	4,142	-	-	192,397	22,317	-	214,714
Total liabilities	1,256,458	1,778,121	87,920	80,790	69,115	41,522	(1,062,717)	2,251,209	32,973	(217)	2,283,965
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	(2,524)	526,153	65,224	38,969	39,557	29,838	-	697,217	61,370	40	758,627
Net assets with donor restrictions	248	112,705	15,212	1,128	5,477	9,593	-	144,363	39,947	(40)	184,270
Total net assets	(2,276)	638,858	80,436	40,097	45,034	39,431	-	841,580	101,317	-	942,897
Total liabilities and net assets	$ 1,254,182	$ 2,416,979	$ 168,356	$ 120,887	$ 114,149	$ 80,953	$ (1,062,717)	$ 3,092,789	$ 134,290	$ (217)	$ 3,226,862

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2021

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 1,826	$ 227,402	$ 44,165	$ 26,814	$ 18,609	$ 50,451	$ 5,661	$ -	$ 374,928
Patient accounts receivable, net	-	196,350	13,238	6,699	6,620	8,779	2,475	-	232,161
Prepaid expenses and other current assets	23,267	151,677	10,195	4,771	1,808	1,418	341	(36,159)	157,318
Total current assets	25,093	575,429	67,598	38,284	27,037	58,648	8,477	(36,159)	764,407
Assets limited as to use	380,020	1,066,781	20,459	16,725	21,533	15,480	27,330	(169,849)	1,378,479
Notes receivable, related party	845,157	11,769	-	-	-	-	-	(856,926)	-
Other investments for restricted activities	248	119,371	34,921	4,266	7,698	1,501	30	-	168,035
Property, plant, and equipment, net	-	504,315	67,543	47,232	16,932	41,218	3,193	-	680,433
Right of use assets, net	1,233	32,343	2,396	360	5,820	16,104	154	-	58,410
Other assets	2,431	146,408	10,286	7,282	2,715	7,534	442	-	177,098
Total assets	$ 1,254,182	$ 2,456,416	$ 203,203	$ 114,149	$ 81,735	$ 140,485	$ 39,626	$ (1,062,934)	$ 3,226,862
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ -	$ 7,575	$ 865	$ 91	$ 26	$ 777	$ 73	$ -	$ 9,407
Current portion of right of use obligations	354	8,369	656	197	550	1,078	85	-	11,289
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	207,566	99,682	12,032	4,968	5,983	2,920	4,081	(206,008)	131,224
Accrued compensation and related benefits	-	156,073	8,648	4,407	5,385	6,116	1,441	-	182,070
Estimated third-party settlements	-	160,410	31,226	26,902	6,231	27,006	768	-	252,543
Total current liabilities	207,920	435,577	53,427	36,565	18,175	37,897	6,448	(206,008)	590,001
Notes payable, related party	-	811,563	-	27,793	17,570	-	-	(856,926)	-
Long-term debt, excluding current portion	1,047,659	29,846	22,753	55	131	23,496	2,417	-	1,126,357
Right of use obligations, excluding current portion	879	24,463	1,876	172	5,357	15,351	69	-	48,167
Insurance deposits and related liabilities	-	78,528	476	388	218	325	39	-	79,974
Liability for pension and other postretirement plan benefits, excluding current portion	-	218,955	5,286	-	511	-	-	-	224,752
Other liabilities	-	179,497	4,223	4,142	-	26,852	-	-	214,714
Total liabilities	1,256,458	1,778,429	88,041	69,115	41,962	103,921	8,973	(1,062,934)	2,283,965
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(2,524)	557,101	68,586	39,557	30,181	35,063	30,623	40	758,627
Net assets with donor restrictions	248	120,886	46,576	5,477	9,592	1,501	30	(40)	184,270
Total net assets	(2,276)	677,987	115,162	45,034	39,773	38,564	30,653	-	942,897
Total liabilities and net assets	$ 1,254,182	$ 2,456,416	$ 203,203	$ 114,149	$ 81,735	$ 140,485	$ 39,626	$ (1,062,934)	$ 3,226,862

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2020

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 108,856	$ 217,352	$ 43,940	$ 26,079	$ 22,874	$ 14,377	$ -	$ 433,478	$ 19,745	$ -	$ 453,223
Patient accounts receivable, net	-	146,886	11,413	8,634	10,200	4,367	-	181,500	2,319	-	183,819
Prepaid expenses and other current assets	25,243	179,432	37,538	3,808	6,105	1,715	(82,822)	171,019	(8,870)	(243)	161,906
Total current assets	134,099	543,670	92,891	38,521	39,179	20,459	(82,822)	785,997	13,194	(243)	798,948
Assets limited as to use	344,737	927,207	19,376	13,044	12,768	12,090	(235,568)	1,093,654	40,872	-	1,134,526
Notes receivable, related party	848,250	593	-	1,211	-	-	(848,843)	1,211	(1,211)	-	-
Other investments for restricted activities	-	98,490	6,970	97	3,077	6,266	-	114,900	25,680	-	140,580
Property, plant, and equipment, net	8	466,938	64,803	20,805	43,612	16,823	-	612,989	30,597	-	643,586
Right of use assets	1,542	32,714	1,822	17,574	621	3,221	-	57,494	91	-	57,585
Other assets	2,242	122,481	1,299	14,748	5,482	4,603	(10,971)	139,884	(2,546)	-	137,338
Total assets	$ 1,330,878	$ 2,192,093	$ 187,161	$ 106,000	$ 104,739	$ 63,462	$ (1,178,204)	$ 2,806,129	$ 106,677	$ (243)	$ 2,912,563
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	$ -	$ 7,380	$ 865	$ 747	$ 147	$ 232	$ -	$ 9,371	$ 96	$ -	$ 9,467
Current portion of right of use obligations	338	8,752	420	1,316	259	631	-	11,716	59	-	11,775
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	272,764	126,283	39,845	3,087	4,250	3,406	(318,391)	131,244	(1,985)	(243)	129,016
Accrued compensation and related benefits	-	122,392	7,732	3,570	3,875	3,582	-	141,151	1,840	-	142,991
Estimated third-party settlements	-	210,144	34,664	25,421	24,667	6,430	-	301,326	1,199	-	302,525
Total current liabilities	273,102	478,419	83,526	34,141	33,198	14,281	(318,391)	598,276	1,209	(243)	599,242
Notes payable, related party	-	814,525	-	-	27,718	6,600	(848,843)	-	-	-	-
Long-term debt, excluding current portion	1,050,694	37,373	23,617	24,312	147	10,595	(10,970)	1,135,768	2,762	-	1,138,530
Right of use obligations, excluding current portion	1,203	24,290	1,432	16,429	368	2,698	-	46,420	36	-	46,456
Insurance deposits and related liabilities	-	75,697	475	325	388	220	-	77,105	41	-	77,146
Liability for pension and other postretirement plan benefits, excluding current portion	-	301,907	21,840	-	-	511	-	324,258	(1)	-	324,257
Other liabilities	-	117,631	1,506	384	2,026	-	-	121,547	22,131	-	143,678
Total liabilities	1,324,999	1,849,842	132,396	75,591	63,845	34,905	(1,178,204)	2,303,374	26,178	(243)	2,329,309
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	5,524	242,824	47,729	29,464	36,158	21,247	-	382,946	48,040	40	431,026
Net assets with donor restrictions	355	99,427	7,036	945	4,736	7,310	-	119,809	32,459	(40)	152,228
Total net assets	5,879	342,251	54,765	30,409	40,894	28,557	-	502,755	80,499	-	583,254
Total liabilities and net assets	$ 1,330,878	$ 2,192,093	$ 187,161	$ 106,000	$ 104,739	$ 63,462	$ (1,178,204)	$ 2,806,129	$ 106,677	$ (243)	$ 2,912,563

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2020

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 108,856	$ 218,295	$ 47,642	$ 22,874	$ 14,568	$ 34,072	$ 6,916	$ -	$ 453,223
Patient accounts receivable, net	-	146,887	11,413	10,200	4,439	8,634	2,246	-	183,819
Prepaid expenses and other current assets	25,243	180,137	27,607	6,105	1,737	2,986	1,156	(83,065)	161,906
Total current assets	134,099	545,319	86,662	39,179	20,744	45,692	10,318	(83,065)	798,948
Assets limited as to use	344,737	946,938	18,001	12,768	13,240	13,044	21,366	(235,568)	1,134,526
Notes receivable, related party	848,250	593	-	-	-	-	-	(848,843)	-
Other investments for restricted activities	-	105,869	25,272	3,077	6,265	97	-	-	140,580
Property, plant, and equipment, net	8	469,613	68,374	43,612	18,432	40,126	3,421	-	643,586
Right of use assets, net	1,542	32,714	1,822	621	3,220	17,574	92	-	57,585
Other assets	2,242	122,647	7,429	5,482	2,152	8,199	158	(10,971)	137,338
Total assets	$ 1,330,878	$ 2,223,693	$ 207,560	$ 104,739	$ 64,053	$ 124,732	$ 35,355	$ (1,178,447)	$ 2,912,563
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ -	$ 7,380	$ 865	$ 147	$ 257	$ 747	$ 71	$ -	$ 9,467
Current portion of right of use obligations	338	8,752	420	259	631	1,316	59	-	11,775
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	272,762	126,684	35,117	4,251	3,517	3,528	1,791	(318,634)	129,016
Accrued compensation and related benefits	-	122,392	7,732	3,875	3,626	3,883	1,483	-	142,991
Estimated third-party settlements	-	210,143	34,664	24,667	6,430	25,421	1,200	-	302,525
Total current liabilities	273,100	478,819	78,798	33,199	14,461	34,895	4,604	(318,634)	599,242
Notes payable, related party	-	814,525	-	27,718	6,600	-	-	(848,843)	-
Long-term debt, excluding current portion	1,050,694	37,373	23,618	147	10,867	24,312	2,489	(10,970)	1,138,530
Right of use obligations, excluding current portion	1,203	24,290	1,433	368	2,700	16,429	33	-	46,456
Insurance deposits and related liabilities	-	75,697	475	388	222	325	39	-	77,146
Liability for pension and other postretirement plan benefits, excluding current portion	-	301,907	21,840	-	510	-	-	-	324,257
Other liabilities	-	117,631	1,506	2,026	-	22,515	-	-	143,678
Total liabilities	1,324,997	1,850,242	127,670	63,846	35,360	98,476	7,165	(1,178,447)	2,329,309
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	5,526	266,327	48,549	36,158	21,385	24,881	28,160	40	431,026
Net assets with donor restrictions	355	107,124	31,341	4,735	7,308	1,375	30	(40)	152,228
Total net assets	5,881	373,451	79,890	40,893	28,693	26,256	28,190	-	583,254
Total liabilities and net assets	$ 1,330,878	$ 2,223,693	$ 207,560	$ 104,739	$ 64,053	$ 124,732	$ 35,355	$ (1,178,447)	$ 2,912,563

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2021

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	$ -	$ 1,683,612	$ 230,810	$ 82,373	$ 61,814	$ 59,686	$ -	$ 2,118,295	$ 19,992	$ -	$ 2,138,287
Contracted revenue	7,266	129,880	379	-	162	2,963	(55,753)	84,897	380	(14)	85,263
Other operating revenue	29,784	404,547	6,775	1,905	4,370	1,175	(37,287)	411,269	15,490	(1,801)	424,958
Net assets released from restrictions	197	12,631	1,182	61	200	201	-	14,472	729	-	15,201
Total operating revenue and other support	37,247	2,230,670	239,146	84,339	66,546	64,025	(93,040)	2,628,933	36,591	(1,815)	2,663,709
Operating expenses											
Salaries	-	988,595	118,678	40,567	33,611	29,119	(42,565)	1,168,005	16,800	1,105	1,185,910
Employee benefits	-	251,774	29,984	7,141	6,550	7,668	(5,159)	297,958	3,877	307	302,142
Medications and medical supplies	-	481,863	41,669	9,776	7,604	3,275	(85)	544,102	1,421	-	545,523
Purchased services and other	19,503	291,364	33,737	12,396	16,591	14,884	(18,065)	370,410	15,395	(1,856)	383,949
Medicaid enhancement tax	-	57,312	8,315	3,075	2,523	1,716	-	72,941	-	-	72,941
Depreciation and amortization	10	67,666	8,623	3,366	4,364	2,617	-	86,646	2,275	-	88,921
Interest	32,324	24,158	936	875	1,077	510	(29,495)	30,385	402	-	30,787
Total operating expenses	51,837	2,162,732	241,942	77,196	72,320	59,789	(95,369)	2,570,447	40,170	(444)	2,610,173
Operating (loss) margin	(14,590)	67,938	(2,796)	7,143	(5,774)	4,236	2,329	58,486	(3,579)	(1,371)	53,536
Non-operating gains (losses)											
Investment income (losses), net	1,223	172,461	3,546	2,495	4,506	3,875	(137)	187,969	15,807	-	203,776
Other components of net periodic pension and post retirement benefit income	-	13,028	547	-	-	(16)	-	13,559	-	-	13,559
Other (losses) income, net	(3,540)	(653)	(332)	-	2	194	(2,192)	(6,521)	917	1,371	(4,233)
Total non-operating (losses) gains, net	(2,317)	184,836	3,761	2,495	4,508	4,053	(2,329)	195,007	16,724	1,371	213,102
(Deficiency) excess of revenue over expenses	(16,907)	252,774	965	9,638	(1,266)	8,289	-	253,493	13,145	-	266,638
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	1,076	600	-	108	224	-	2,008	9	-	2,017
Change in funded status of pension and other postretirement benefits	-	43,047	16,007	-	-	78	-	59,132	-	-	59,132
Net assets transferred to (from) affiliates	8,859	(13,548)	(42)	-	4,557	-	-	(174)	174	-	-
Other changes in net assets	-	(20)	(35)	(120)	-	-	-	(175)	(11)	-	(186)
Increase in net assets without donor restrictions	$ (8,048)	$ 283,329	$ 17,495	$ 9,518	$ 3,399	$ 8,591	$ -	$ 314,284	$ 13,317	$ -	$ 327,601

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2021

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	$ -	$ 1,683,612	$ 230,810	$ 61,814	$ 59,672	$ 82,373	$ 20,006	$ -	$ 2,138,287
Contracted revenue	7,266	130,261	379	161	2,963	-	-	(55,767)	85,263
Other operating revenue	29,784	406,911	6,862	4,370	2,839	11,997	1,283	(39,088)	424,958
Net assets released from restrictions	197	13,290	1,196	199	201	118	-	-	15,201
Total operating revenue and other support	37,247	2,234,074	239,247	66,544	65,675	94,488	21,289	(94,855)	2,663,709
Operating expenses									
Salaries	-	988,595	118,711	33,611	29,986	44,240	12,227	(41,460)	1,185,910
Employee benefits	-	251,774	29,994	6,550	7,820	7,884	2,972	(4,852)	302,142
Medications and medical supplies	-	481,863	41,669	7,604	3,270	9,784	1,418	(85)	545,523
Purchased services and other	19,505	294,228	33,912	16,589	15,395	15,455	8,786	(19,921)	383,949
Medicaid enhancement tax	-	57,312	8,315	2,523	1,716	3,075	-	-	72,941
Depreciation and amortization	10	67,666	8,752	4,364	2,741	5,003	385	-	88,921
Interest	32,324	24,158	936	1,077	510	1,217	60	(29,495)	30,787
Total operating expenses	51,839	2,165,596	242,289	72,318	61,438	86,658	25,848	(95,813)	2,610,173
Operating (loss) margin	(14,592)	68,478	(3,042)	(5,774)	4,237	7,830	(4,559)	958	53,536
Non-operating gains (losses)									
Investment income (losses), net	1,223	179,357	6,317	4,506	4,066	2,472	5,972	(137)	203,776
Other components of net periodic pension and post retirement benefit income	-	13,028	547	-	(16)	-	-	-	13,559
Other (losses) income, net	(3,540)	(653)	(346)	2	207	-	918	(821)	(4,233)
Total non-operating (losses) gains, net	(2,317)	191,732	6,518	4,508	4,257	2,472	6,890	(958)	213,102
(Deficiency) excess of revenue over expenses	(16,909)	260,210	3,476	(1,266)	8,494	10,302	2,331	-	266,638
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	1,085	600	108	224	-	-	-	2,017
Change in funded status of pension and other postretirement benefits	-	43,047	16,007	-	78	-	-	-	59,132
Net assets transferred to (from) affiliates	8,859	(13,548)	-	4,557	-	-	132	-	-
Other changes in net assets	-	(20)	(46)	-	-	(120)	-	-	(186)
Increase in net assets without donor restrictions	$ (8,050)	$ 290,774	$ 20,037	$ 3,399	$ 8,796	$ 10,182	$ 2,463	$ -	$ 327,601

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2020

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	$ -	$ 1,490,516	$ 207,416	$ 65,496	$ 53,943	$ 41,349	$ -	$ 1,858,720	$ 21,305	$ -	$ 1,880,025
Contracted revenue	5,369	114,906	400	-	10	7,427	(54,543)	73,569	498	(39)	74,028
Other operating revenue	26,349	321,028	16,406	7,179	10,185	7,847	(28,972)	360,022	15,128	(528)	374,622
Net assets released from restrictions	409	13,013	1,315	162	160	84	-	15,143	1,117	-	16,260
Total operating revenue and other support	32,127	1,939,463	225,537	72,837	64,298	56,707	(83,515)	2,307,454	38,048	(567)	2,344,935
Operating expenses											
Salaries	-	947,275	115,777	37,596	33,073	27,600	(34,706)	1,126,615	17,007	1,201	1,144,823
Employee benefits	-	227,138	26,979	6,214	6,741	6,344	(4,864)	268,552	4,009	311	272,872
Medications and medical supplies	-	401,165	36,313	8,390	5,140	2,944	-	453,952	1,429	-	455,381
Purchased services and other	13,615	284,714	31,864	11,639	14,311	13,351	(20,942)	348,552	13,943	(1,999)	360,496
Medicaid enhancement tax	-	59,708	8,476	3,226	2,853	1,747	-	76,010	-	-	76,010
Depreciation and amortization	14	71,108	9,351	3,361	3,601	2,475	-	89,910	2,254	-	92,164
Interest	25,780	23,431	953	906	1,097	252	(25,412)	27,007	315	-	27,322
Total operating expenses	39,409	2,014,539	229,713	71,332	66,816	54,713	(85,924)	2,390,598	38,957	(487)	2,429,068
Operating (loss) margin	(7,282)	(75,076)	(4,176)	1,505	(2,518)	1,994	2,409	(83,144)	(909)	(80)	(84,133)
Non-operating gains (losses)											
Investment income (losses), net	4,877	18,522	714	292	359	433	(198)	24,999	2,048	-	27,047
Other components of net periodic pension and post retirement benefit income	-	8,793	1,883	-	-	134	-	10,810	-	-	10,810
Other (losses) income, net	(3,932)	(1,077)	(569)	(205)	544	4,317	(2,211)	(3,133)	346	80	(2,707)
Total non-operating gains (losses), net	945	26,238	2,028	87	903	4,884	(2,409)	32,676	2,394	80	35,150
(Deficiency) excess of revenue over expenses	(6,337)	(48,838)	(2,148)	1,592	(1,615)	6,878	-	(50,468)	1,485	-	(48,983)
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	564	179	-	344	300	-	1,387	27	-	1,414
Change in funded status of pension and other postretirement benefits	-	(58,513)	(13,321)	-	-	(7,188)	-	(79,022)	-	-	(79,022)
Net assets transferred to (from) affiliates	4,375	(7,269)	(32)	219	1,911	15	-	(781)	781	-	-
Other changes in net assets	-	-	-	-	-	-	-	-	(2,316)	-	(2,316)
Increase in net assets without donor restrictions	$ (1,962)	$ (114,056)	$ (15,322)	$ 1,811	$ 640	$ 5	$ -	$ (128,884)	$ (23)	$ -	$ (128,907)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2020

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	$ -	$ 1,490,516	$ 207,416	$ 53,943	$ 41,348	$ 65,496	$ 21,306	$ -	$ 1,880,025
Contracted revenue	5,369	115,403	400	10	7,427	-	-	(54,581)	74,028
Other operating revenue	26,349	323,151	16,472	10,185	9,482	16,726	1,757	(29,500)	374,622
Net assets released from restrictions	409	13,660	1,335	160	83	613	-	-	16,260
Total operating revenue and other support	32,127	1,942,730	225,623	64,298	58,340	82,835	23,063	(84,081)	2,344,935
Operating expenses									
Salaries	-	947,275	115,809	33,073	28,477	41,085	12,608	(33,504)	1,144,823
Employee benefits	-	227,138	26,988	6,741	6,517	7,123	2,918	(4,553)	272,872
Medications and medical supplies	-	401,165	36,313	5,140	2,941	8,401	1,421	-	455,381
Purchased services and other	13,615	287,948	32,099	14,311	13,767	14,589	7,108	(22,941)	360,496
Medicaid enhancement tax	-	59,708	8,476	2,853	1,747	3,226	-	-	76,010
Depreciation and amortization	14	71,109	9,480	3,601	2,596	5,004	360	-	92,164
Interest	25,780	23,431	953	1,097	252	1,159	62	(25,412)	27,322
Total operating expenses	39,409	2,017,774	230,118	66,816	56,297	80,587	24,477	(86,410)	2,429,068
Operating (loss) margin	(7,282)	(75,044)	(4,495)	(2,518)	2,043	2,248	(1,414)	2,329	(84,133)
Non-operating gains (losses)									
Investment income (losses), net	4,877	19,361	1,305	359	463	292	588	(198)	27,047
Other components of net periodic pension and post retirement benefit income	-	8,793	1,883	-	134	-	-	-	10,810
Other (losses) income, net	(3,932)	(1,077)	(569)	(25)	4,318	(205)	914	(2,131)	(2,707)
Total non-operating gains (losses), net	945	27,077	2,619	334	4,915	87	1,502	(2,329)	35,150
(Deficiency) excess of revenue over expenses	(6,337)	(47,967)	(1,876)	(2,184)	6,958	2,335	88	-	(48,983)
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	591	179	344	300	-	-	-	1,414
Change in funded status of pension and other postretirement benefits	-	(58,513)	(13,321)	-	(7,188)	-	-	-	(79,022)
Net assets transferred to (from) affiliates	4,377	(7,282)	10	1,911	15	219	750	-	-
Other changes in net assets	-	-	(2,316)	-	-	-	-	-	(2,316)
Increase (decrease) in net assets without donor restrictions	$ (1,960)	$ (113,171)	$ (17,324)	$ 71	$ 85	$ 2,554	$ 838	$ -	$ (128,907)

Dartmouth-Hitchcock Health and Subsidiaries
Note to Supplemental Consolidating Information
June 30, 2021 and 2020

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheet and the consolidating statement of operations and changes in net assets without donor restrictions of D-HH and its subsidiaries. All significant intercompany accounts and transactions between D-HH and its subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

DARTMOUTH-HITCHCOCK (D-H)
DARTMOUTH-HITCHCOCK HEALTH (D-HH)

BOARDS OF TRUSTEES AND OFFICERS
(22 D-H Trustees; 13 D-HH Trustees)

Effective: January 1, 2022

Geraldine "Polly" Bednash, PhD, RN, FAAN
(Thomas)
MHMH/DHC/D-HH Trustee
Adjunct Professor, Australian Catholic University

Mark W. Begor, MBA (Kristen)
MHMH/DHC/D-HH Trustee
Chief Executive Officer, Equifax

Duane A. Compton, PhD
MHMH/DHC/D-HH Trustee
Ex-Officio: Dean, Geisel School of Medicine at Dartmouth

Joanne M. Conroy, MD
MHMH/DHC/D-HH Trustee
Ex-Officio: CEO & President, D-H/D-HH
One Medical Center Drive, Lebanon, NH 03756

Paul P. Danos, PhD (Mary Ellen)
MHMH/DHC/D-HH Trustee
Dean Emeritus; Laurence F. Whittemore Professor of Business Administration, Tuck School of Business at Dartmouth

Nancy M. Dunbar, MD (Geoff)
MHMH/DHC Trustee
Medical Director, Blood Bank
Department of Pathology and Laboratory Medicine

Carl "Trey" Dobson, MD (Amy)
MHMH/DHC Trustee
Chief Medical Officer, Southwestern Vermont Medical Center & Medical Director for the D-H Practice, Bennington, Vermont

Elof Eriksson, MD, PhD (Gudrun)
MHMH/DHC Trustee
Professor Emeritus, Harvard Medical School and
Chief Medical Officer, Applied Tissues Technologies, LLC

Elof Eriksson, MD, PhD (Gudrun)
MHMH/DHC Trustee
Professor Emeritus, Harvard Medical School and

Chief Medical Officer, Applied Tissues Technologies, LLC

Gary L. Freed, MD, PharmD (Meghan Freed, MD)
MHMH/DHC Trustee
Medical Director of the Comprehensive Wound Clinic at D-H & Assistant Professor of Surgery, Geisel School of Medicine at Dartmouth

Thomas P. Glynn, PhD (Marylou Batt)
MHMH/DHC Trustee
Adjust Lecturer, Harvard Kennedy School of Government

Jarvis A. Green (Julien Blanchet)
MHMH/DHC Trustee
Founder & Producing Artistic Director, JAG Productions

Roberta L. Hines, MD (Jerome Liebrand)
MHMH/DHC Boards' Chair | D-HH Trustee
Nicholas M. Greene Professor and Chair, Dept. of Anesthesiology, Yale School of Medicine

David S. Jevsevar, MD, MBA (Kori)
MHMH/DHC Trustee
Chair of the Department of Orthopaedics at the Geisel School of Medicine at Dartmouth and Vice President of the Orthopaedic Service Line for Dartmouth-Hitchcock Health

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MHMH/DHC (Lebanon Physician) Trustee
Division Director of Thoracic Anesthesia and Assistant Professor of Anesthesiology and Medicine at Geisel

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MHMH/DHC/D-HH Trustee
Managing Director & CAO, White Mountains Insurance Group, Ltd

Sherri C. Oberg, MBA (Curt)
MHMH/DHC Trustee
CEO and Co-Founder of Particles for Humanity, PBC

David P. Paul, MBA (Jill)
MHMH/DHC Board Secretary | D-HH Trustee
President & COO, JBG SMITH

Charles G. Plimpton, MBA (Barbara Nyholm)
MHMH/DHC/D-HH Trustee
MHMH/DHC Boards' Treasurer
D-HH Board Treasurer & Secretary
Retired Investment Banker

Thomas Raffio, MBA, FLMI (Ellen)
MHMH/DHC Trustee
President & CEO, Northeast Delta Dental

Edward Howe Stansfield, III, MA (Amy)
MHMH/DHC Trustee
D-HH Trustee & Board Chair
Senior VP, Resident Director for the Hanover, NH Bank of America/Merrill Lynch Office

Pamela Austin Thompson, MS, RN, CENP, FAAN
(Robert)
MHMH/DHC/D-HH Trustee
Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)

Marc B. Wolpow, JD, MBA (Robin)
MHMH/DHC/D-HH Trustee
Co-Chief Executive Officer of Audax Group

Member of D-HH, not a member of D-H:

Richard J. Powell, MD (Roshini Pinto-Powell, MD)
D-HH Trustee
Section Chief, Vascular Surgery; Professor of Surgery and Radiology

HANNAH SPEARS, PMHNP-BC

[redacted]

EDUCATION

Indiana University Purdue University-Indianapolis

Indianapolis, Indiana

Master of Nursing: Psychiatric Mental Health Nurse Practitioner, May 2019

Lewis-Clark State College

Lewiston, Idaho

Bachelor of Science in Nursing, December 2011

CERTIFICATION/LICENSURE

Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC) Certification: 2019042523

Washington State Registered Nurse License: RN60263552

Washington State Advanced Registered Nurse Practitioner License: AP60986197

Indiana Registered Nurse License: 28222033A

Indiana APRN Prescriptive Authority: 71010073A

Indiana CSR Prescriptive Authority: 71010073B

DEA Number: MH5374020 and XH5374020

NPI Number: 1669026308

American Heart Association Basic Life Support for Healthcare Provider

RELEVANT EXPERIENCE

Psychiatric Mental Health Nurse Practitioner- Board Certified (August 2021-present)

Skagit Regional Health: Arlington, Washington

- Diagnosed mental health and substance use disorders 10 years and older
- Conducted psychiatric evaluations and medication management in an integrated setting

- Monitored patients prescribed psychotropic medications by assessing medications efficacy and possible side effects.
- Provided patient and family education in areas of health promotion, maintenance, and disease prevention.
- Collaborated with the interdisciplinary team to provide quality care to clients including the Primary Care Providers within the clinic.

Psychiatric Mental Health Nurse Practitioner- Board Certified (July 2020-July 2021)

Community Health Network: Frankfort, Indiana

- Diagnosed mental health and substance use disorders 10 years and older
- Conducted psychiatric evaluations and medication management in an outpatient setting
- Monitored patients prescribed psychotropic medications by assessing medications efficacy and possible side effects.
- Provided patient and family education in areas of health promotion, maintenance, and disease prevention.
- Collaborated with the interdisciplinary team to provide quality care to clients including social workers, case management, other medical providers, and office coordinators

Psychiatric Mental Health Nurse Practitioner- Board Certified (August 2019-July 2020)

Confluence Health: Moses Lake, Washington

- Diagnosed mental health disorders across the lifespan.
- Conducted psychiatric evaluations and executed medication management in the outpatient setting
- Monitored patients prescribed psychotropic medications by assessing the medications efficacy and side effects.
- Provided patient and family education in areas of health promotion, maintenance, and disease prevention.
- Assessed the need for appropriate lab tests if indicated.
- Collaborated with the interdisciplinary team to provide quality care to clients.

Registered Nurse (May 2017-August 2018)

Eskenazi Midtown Mental Health: Indianapolis, Indiana

- Knowledge of psychotropic medication administration, management, and education.
- Ability to remain calm in volatile situation and intervene during crisis to maintain safety of patients and staff while maintaining therapeutic relationships among patients.
- Actively managed various medical conditions associated with high risk medications and high-risk behaviors
- Worked with high risk patients to improve behavioral choices to improve quality of life.

- Collaborated with the interdisciplinary team including social work, medical, psychiatry, nursing, and clinicians.

Registered Nurse Associate Partner (September 2015-May 2017)

IU Health Methodist Hospital: Indianapolis, Indiana

- Prioritized and developed patient care by actively assessing, implementing, and evaluating overall care for mentally ill patients.
- Collaborated with the interdisciplinary team consisting of social work, medical, psychiatry, nursing, and recreational therapy.
- Assisted in facilitating discharge teaching and planning.
- Coordinated patient assignments and staffing needs.
- Ability to stay calm in volatile situation and intervene during crisis to maintain safety of patients and staff while maintaining therapeutic relationships among patients.

Registered Nurse 2/3 (May 2012-July 2015)

Eastern State Mental Hospital (DSHS): Medical Lake, Washington

- Prioritized and developed patient care by actively assessing, implementing, and evaluating overall care for severely mentally ill patients committed patients.
- Supervised and coordinated assignments consisting of 10 staff members on a 30-bed unit
- Ensured that doctor's orders were effectively carried out, including testing, medical procedures, consultation, and stat orders for restraint.
- Participated in daily rounding with the interdisciplinary team including social work, psychologists, psychiatry, medical, and recreational therapy.
- Taught and presided over various process groups including:
    - Anger Management
    - Understanding Mental Illness

RELEVANT CLINICAL EXPERIENCE

Community Mental Health: Indianapolis, Indiana (January 2019-April 2019)

PMHNP Student, School and Home-based Child/Adolescent Outpatient Clinic

- Effectively managed client symptoms by initiating, adjusting, and continuously monitoring medication administration.
- Consulted and collaborated for optimal treatment planning with other health care professional, peers and family members of the client being treated.

Community Mental Health: Indianapolis, Indiana (January 2019-April 2019)

PMHNP Student, Seriously Mental Ill Adult Outpatient Clinic

- Provided patient education on diagnosis, medication, community resources, coping skills, and housing.
- Diagnosed and treated mental health disorders including schizophrenia, bipolar disorder, schizoaffective, personality disorders, and substance abuse among other diagnoses.

Community Mental Health: Shelbyville and Indianapolis, Indiana (August 2018-November 2018)

PMHNP Student, Adult Outpatient Clinic

- Provided patient education on diagnosis, medication, recovery, coping skills, and available resources.
- Diagnosed and treated mental health disorders including depression, anxiety disorder, bipolar, borderline personality disorder, schizophrenia, and substance abuse.

Eskenazi Midtown Mental Health: Indianapolis, Indiana (August 2018-November 2018)

PMHNP Student, Pediatric-Adolescent Outpatient Clinic

- Worked with family members and parents to obtain information and helped them to understand patient's condition and treatment plans.
- Provide client centered care and treatments based on evidence based guidelines by diagnosing according to the latest edition of the DSM and listening to the clients concerns and symptoms.

Eskenazi Midtown Mental Health: Indianapolis, Indiana (May 2018-August 2018)

PMHNP Student, Dual Diagnosis Outpatient Clinic

- Performed duties such as medication management, psychotherapy, and evidence based medicine.
- Effectively managed client symptoms by initiating, adjusting, and continuously monitoring medication administration.
- Recommended appropriate substance abuse medications and psychotropic medications.

Ingrid Farrell PMH-DNP Student, BSN, RN, PHN

[redacted]

I am passionate about providing evidence-based care to my patients. I possess strong communication and collaboration skills. My 20 years of nursing experience, education, attention to detail, and advocacy skills will allow me to be of great service to my future patients, employer, and co-workers.

Education

DOCTOR OF NURSING PRACTICE | MAY 2022 | COLLEGE OF ST. SCHOLASTICA

BACHELOR OF SCIENCE NURSING | 2018 | METROPOLITAN STATE UNIVERSITY

ASSOCIATE OF SCIENCE NURSING | 2001 | COLLEGE OF ST. CATHERINE

Achievements

Member Sigma Theta Tau International Honor Society of Nursing
College of St. Scholastica
Summa Cum Laude
Metropolitan State University

PMH-DNP Clinical Experience

ESSENTIA HEALTH *Pediatric Rotation*

Building therapeutic relationships with patients and their families. Refining skills in diagnostic assessments, medication management, and progress toward therapeutic goals.

PARK AVENUE CENTER *Group Rotation*

Developing and implanting group curriculum for chemical dependency patients with co-occurring mental illness. Performing diagnostic assessments and establishing therapeutic relationships with group and individual patients.

MHEALTH FAIRVIEW *Adult/Geriatric Rotation*

Developing skills in diagnostic assessment, patient interview, medication management, and therapeutic relationships.

Ingrid Farrell PMH-DNP Student, BSN, RN, PHN

Employment Experience

ADJUNCT CLINICAL INSTRUCTOR | COLLEGE OF ST. SCHOLASTICA | AUGUST 2018-CURRENT

Clinical instructor for BSN students on a cardiac renal unit. Responsible for supervising students in the clinical setting and helping them develop clinical skill and reasoning.

REGISTERED NURSE | M HEALTH | APRIL 2006-CURRENT

RN and Charge RN on an acute adult inpatient MH unit. Prior roles as RN and charge RN in the Emergency Department. RN in the Critical Care float pool and ICU working with a wide variety of patient populations throughout the hospital.

REGISTERED NURSE | REGIONS HOSPITAL | MAY 2012- DECEMBER 2013

RN in the ED of a Level 1 Trauma Center. Responsible for rapid assessment and critical interventions for trauma, medical and mental health patients.

REGISTERED NURSE | INNOVATIVE PLACEMENTS INC.| AUGUST 2004-JANUARY 2006

Travel RN for national travel agency. Positions included Medical/Oncology, Cardiac Step-Down unit, and Telemetry unit.

REGISTERED NURSE | UNIVERSITY OF MINNESOTA-FAIRVIEW| FEBURARY 2002- JULY 2004

RN and Charge RN on a Medical/Surgical/Telemetry unit caring for a variety of patients in the acute care setting. Responsible for safe, effective, and compassionate care for a variety of patients.

CURRICULUM VITAE

Rosemary H. Dougherty

FAMILY NURSE PRACTITIONER

[redacted]

Experienced, compassionate, certified and licensed family nurse practitioner seeking a position working with clients with mental health needs. I have just completed a post-masters psychiatric mental health nurse practitioner program at UNH (December, 2021).

Current Licenses and Certification:

License: Registered Nurse-NH
License: Advance Practice Registered Nurse- NH
Certification: Primary Care in Adult and Family Health Nursing, American Nurses Credentialing Center, #320340, expires 9/2/23.

Education:

University of New Hampshire, *Post-Master's Certificate Program (Psychiatric Mental Health Nurse Practitioner) December, 2021- GPA: 4.0*
Rivier University, *Master of Science (Nursing-Family Nurse Practitioner) With High Distinction*
University of Massachusetts/Boston, *Bachelor of Science (Nursing) Summa cum Laude*
University of Maine, *Bachelor of Arts (Public Management) With Highest Distinction*

Professional Experience:

Nurse Practitioner, Easterseals, Manchester, NH*	2018-present
Nurse Practitioner, Easterseals Camp SnoMo, Gilmanton, NH	2011-2019
Nurse Practitioner, HarborCare Health and Wellness, Nashua, NH	2017-2018
Nurse Practitioner, Mt. Ascutney Hospital Clinic, Windsor, VT	2016-2017
Adjunct Faculty, Rivier University (FNP program)	Spring, 2017
Nurse Practitioner, Helen Hunt Health Center, Old Town, ME	2015-2016
Director, Student Health Services, Rivier University	1999-2015
Nurse Practitioner, Student Health Services, Rivier University	1999-2015
Adjunct Faculty, Rivier University (FNP program)	Fall, 2014
Family Nurse Practitioner, private practice, Lowell, MA	1998-2000

**working with youth and adolescents with severe behavioral health and neurological needs*

Mark Guerette, MSN, PMHNP-BC

[redacted]

OBJECTIVE

Highly motivated and organized individual seeking a position as a Psychiatric Nurse Practitioner in an agency which will offer a chance to coordinate with a skilled interprofessional team and enhance the overall level of patient care.

EDUCATION

Rivier University, Nashua, NH – *MSN/PMHNP* (2021) - ANCC Certified

Pikes Peak Community College, Colorado Springs, CO - *ADN*/RN (2006)

University of Maine, BS – Business Management & Behavioral Science (1994)

PROFESSIONAL EXPERIENCE

Behavioral Health Nurse/RN – Concord Hospital, Concord, NH (2015 – 2021)
Staff nurse and resource person responsible for assessment, education, counseling, and direct patient care of individuals with mental health and substance use issues in both an acute ER and voluntary psychiatric setting.

Independent Futures Trader – Manchester, NH (2013 – Current)
Day trading investments to include Forex, Indices, and Commodities.

Travel Nurse/RN – Aureus Medical Group, Omaha, NE (2012- 2013)
Staff nurse working on ICU & Cardiac units with floating assignments to various disciplines throughout the hospital.

Staff Nurse-RN/Cardiovascular Unit - Memorial Hospital, Colorado Springs, CO (2006-2012). Provided direct care to patients with cardiovascular related issues. Duties included health and status assessment, medication management, intake and discharge needs. Exceptional organizational, critical thinking, and interpersonal skills in a fast paced environment. Regularly assumed Charge Nurse role during my tenure.

Clinician/Case Manager - Pikes Peak Mental Health, Colorado Springs, CO (2003-2006)
Provided individual counseling and case management to adult clients with various mental health illnesses. Duties included leading group therapy sessions, conducting intake assessments to determine level of care. Performed case management and crisis intervention for a case load of 35 individuals.

Mental Health Worker/Supervisor - Devereux Cleo Wallace, Colorado Springs, CO (2000-2003). Facilitated group sessions and engaged clients through problem solving activities in a busy residential milieu setting. Worked as part of a treatment team to rehabilitate and educate adolescents so that they could return to their respective environments with effective coping skills.

Mortgage Originator/Broker - American Mortgage Bankers, Barrington, RI (1997-2000) Analyzed and determined client mortgage/financial needs. Lead generation and client placement into financial products through various lending programs.

Youth Counselor/Teacher - Eckerd Family Youth Alternatives, Exeter, RI (1994-1997) Group counselor and teacher in a wilderness educational setting serving adolescents with varied behavioral and mental health issues. Facilitated group sessions to promote self-esteem as well as enhance problem solving and interpersonal skills.

References Available Upon Request

Joseph V. Petrick MSN, APRN

[redacted]

Professional Summary

I am a dedicated lifelong learner, who performs best when knowing that my efforts will directly impact the lives around me. I enjoy using my strengths in analytical thinking to help me contribute to the completion of projects with my team. In addition, my diverse employment background gives me a base from which I draw to bring forth creative solutions to problems facing the team in which I work.

Professional Experience

Concord Hospital, 250 Pleasant Street, Concord, NH — *1/2018- Current*

Registered Nurse

- Care of psychiatric patients in an emergency room setting; medication administration, counseling, safety management, delegation of tasks, patient assessment

Licensed Nurse Assistant — *1/2016-1/2018*

- Trained for management of patients with aggressive behaviors
- Trained to record EKG's and Blood Glucose levels

Journal of Visualized Experiments, 1 Alewife Center, Cambridge, MA — *9/2014-9/2015*

Associate Editor: Neuroscience

- Kept detailed records of conversations with researchers, publication due dates, and progress made towards section goals
- Performed initial editorial reviews on scientific method manuscripts

Ochsner Health Systems, 1514 Jefferson Highway, New Orleans, LA — *10/2013-7/2014*

Patient Escort

- Assisted in patient transfer in hospital
- Provided team with support from experience in previous hospital settings

Americorps: Neighbor to Neighbor, 1040 East Route 40, Rutland, VT — *8/2012-8/2013*

Americorps Member

- Organized volunteer groups
- Lead senior healthy aging programs

Education

MCPHS University, Manchester NH

- Master of Science in Nursing Psychiatric Mental Health Nurse Practitioner, *2021*
- Bachelor of Science in Nursing, *Magna Cum Laude, 2017*

University of Connecticut, Storrs CT

- Master of Science in Physiology and Neurobiology, *2012*
- Bachelor of Science in Physiology and Neurobiology, *2010*

Honors and Organizations

Massachusetts College of Pharmacy and Health Sciences, *Dean's List*

Massachusetts College of Pharmacy and Health Sciences Chapter, *Phi Kappa Phi, Honors Society,*

Certificates/Licenses

NP, Adult Psychiatric Mental Health License, NH
2021

ANCC, Psychiatric Mental Health Nurse Practitioner
2021

Registered Nurse, NH
2021

American Heart Association BLS
2020

Elizabeth Ann Sanders, MD

[redacted] [redacted]

Profile Board Certified in Family Medicine 1997, 2004, 2011.

Employment

11/16-current **Dartmouth Hitchcock/New Hampshire Hospital**, Concord, NH. Consulting Medical provider for adult and pediatric psychiatric patients.

8/11-11/16 **Dartmouth Hitchcock Concord**, Concord, NH. Large, multispecialty group; General family medicine.

2/01-8/11 **Sanders Family Medicine, PLLC**, Concord, NH, owner. General family medicine.

6/97-1/01 **Family Physicians of Hopkinton**, Hopkinton, NH. General family medicine.

3/94-5/95 **Antrim Girls Shelter**, Antrim, NH. Adolescent gynecology and medicine.

1/94-5/95 **Concord Feminist Health Center**, Concord, NH. Office gynecology, colposcopy And LEEP. Special interest in cervical dysplasia.

4/94-5/95 **Planned Parenthood of Northern New England**, Bedford, NH. Gyn consultant, Colposcopy clinics.

1/92-8/93 **Dubai London Clinic**, Dubai, UAE. Small multispecialty group; general OB/Gyn, General adult medicine, some pediatrics.

7/90-10/91 **Fargo Clinic**, Fargo, ND. Large multispecialty group; general OB/Gyn, special Interest in cervical dysplasia, colposcopy and lower genital tract laser.

7/89-5/90 **Clinical Associates**, Baltimore, MD. Large multispecialty group, general OB/Gyn.

Education

5/95-6/97 **Dartmouth Family Practice Residency**, Concord, NH.

9/85-6/89 **State University of New York at Buffalo OB/Gyn Residency**, Buffalo, NY. Russell B. Van Coevering award for excellence in patient care.

9/81-6/85 **University of Minnesota**, Minneapolis, MN, Doctor of Medicine. Volunteer work In Uganda with Minnesota International Health Volunteers; volunteer work with Riverside People's Center (free clinic).

9/80-6/81 **University of Minnesota**, Minneapolis, MN. Graduate work in genetics.

8/76-6/80 **Stanford University**, Palo Alto, CA. BA in English. Women's soccer; semester In Vienna, Austria; volunteer work with homeless in Hemel Hempstead, England.

9/63-6/76 **Breck School**, Minneapolis, MN. National merit scholar.

Member, American Academy of Family Physicians since 1997.
Certified Clinical Densitometrist (CCD).
References available on request.

JOHN P. THOMAS, MD

A Board-Certified Family Physician with over twenty years of primary care experience, including newborn, pediatric, adult, geriatric and procedural care, in both the ambulatory and inpatient settings

MEDICAL PROFESSIONAL EXPERIENCE

New Hampshire Hospital
Physician, Medical Services (November 2020 - present)
Concord, New Hampshire
Manage the medical needs of inpatients of the state psychiatric hospital

Elliot Medical Group
Bedford Village Family Practice (August 2002 - September 2005)
Elliot Family Medicine at Glen Lake (September 2005 - June 2020)
Elliot Internal Medicine and Primary Care at Bedford (June 2020 - November 2020)
Family Physician (August 2002 - November 2020)
Bedford and Goffstown, New Hampshire
Managed a diverse patient panel of 2200 primary care patients
Site Leader, 2016-2020
Member-at-Large, Elliot Ambulatory Operating Board (2019 - 2020)

Hospital Service
Moonlighting Hospitalist (2005 - present)
Voting Member, Exceptional Beginnings Committee (2010 - 2011)
Chief, Section of Family Medicine, Elliot Hospital (2007 - 2009)

Mentor
Dartmouth Hitchcock Medical Students
Family Nurse Practitioner Students (various school affiliations)

Manchester Community Health Center
Family Physician with Obstetrics (July 2000 - August 2002)
Moonlighting On-Call Physician (inpatient and obstetric care) (2005 - 2010)
Manchester, New Hampshire

Hospital Affiliations
Dartmouth-Hitchcock Medical Center (2020 - present)
New Hampshire Hospital, Concord, New Hampshire (2020 - present)

Elliot Hospital, Manchester, New Hampshire (2000 - present)
-Full-time Hospitalist, June 2020 (serving in response to the Covid-19 pandemic)
Catholic Medical Center, Manchester, New Hampshire (2000 - 2002)

Community Service
Voting Member, Greater Manchester Asthma Alliance, 2001 - 2002
Youth Soccer Coach, Tri-Town Soccer Club, 2011 - 2015

Board Certification
American Board of Family Practice, June 2001
Recertification: July 2008, June 2018

Professional Affiliations
American Academy of Family Physicians, 1993 - present
New Hampshire Academy of Family Physicians (NHAFP), 2000 - present
NHAFP Board Member, 2009 - 2012

Skills
Dermatologic Office Procedures, including Radiofrequency Skin Surgery
Gynecologic Office Procedures
Hospital Medicine
Epic and Avatar EMRs; Dragon Software
French Language Semi-Fluency

Interests
Preventive Care and Fitness
Hospital Medicine
Community Health
Teaching Medical Students and Residents
Family Medicine Organization, Support and Advocacy

Publication
Hoang P, Hodgkin D, **Thomas J**, Ritter G, Chilingerian J. *Effect of Periodic Health Exam on Provider Management of Preventive Services* (November 5, 2018). Journal of Evaluation in Clinical Practice. DOI: 10.111/jep.13083.

POSTGRADUATE TRAINING

Penn State/Good Samaritan Hospital Family and Community Medicine Residency Program
Lebanon, Pennsylvania
Family Medicine Residency (1998 - 2000)

Award
Society of Teachers of Family Medicine Resident Teaching Award, 2000

University of Wisconsin School of Medicine Family Practice Residency Program
Madison, Wisconsin
St. Mary's Hospital and University of Wisconsin Hospital, Madison, WI
Verona Family Practice Center, Verona, Wisconsin
Family Medicine Internship (1997 - 1998)

EDUCATION

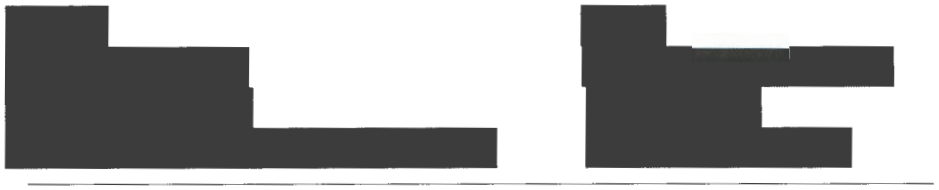
M.D., June 1997
University of Wisconsin-Madison School of Medicine
Madison, Wisconsin

Medical School Awards and Activities
International Rotation: Hue Hospital, Hue, Vietnam, 1997
President, Students for the Health of International Populations (SHIP), 1994 - 95
Member, Student Physicians for Social Responsibility (SPSR), 1993 - 97
Volunteer, MEDIC free clinics, 1993 - 97
Volunteer, Doctors Ought to Care (DOC), 1993 - 97
National Health Service Corps Scholarship, 1993 - 95
Lewis E. and Edith Phillips Scholarship for Outstanding Achievement, 1995
Medical Student Association Leadership Award, 1995
Contributor, Becoming Doctors (Student Doctors Press), 1995 & 2020
Winner, Mischa J. Lustok Creative Writing Contest, 1994

B.S. Mechanical Engineering, May 1987
University of Vermont
Burlington, Vermont

Andrea "Dre" Muschett, Ed.D.

Curriculum Vita



Licensure

Licensed Psychologist, State of New Hampshire-1411
Licensed Psychologist, State of Texas TSBEP-37491

Education

Argosy University – Denver, Colorado 2008-2012
Doctor of Education, Counseling Psychology-Clinical and Forensic Concentrations

University of Houston – Houston, Texas 2004-2006
Master of Social Work

New Mexico State University-Las Cruces, New Mexico 1997-2000
Bachelor of Arts, Criminal Justice

Clinical/Work Experience

Dartmouth Hitchcock 11/2017-Current
Department of Psychiatry, Geisel School of Medicine of Dartmouth College
Director of the Forensic Program at New Hampshire Hospital
Licensed Psychologist

New Hampshire Hospital

Developed the Forensic Program at New Hampshire Hospital with the main focus on inpatient psychiatric forensic patients that are Not Guilty by Reason of Insanity (NGRI) and Incompetent to Stand Trial patients. Provide forensic evaluations and consultations for Secure Psychiatric Unit (SPU) and NHH on risk management. Conducted psychological evaluations and assessments, administered and interpreted psychological instruments, individual and group psychotherapy, recommended treatment, diagnostic clarification and treatment planning. Actively participate in research projects and extensive research in multiple forensic areas: legal, systems, government, police procedures, among many others. Conduct mental health training to law enforcement officers, hospitals and colleges throughout the State of New Hampshire.

Texas Department of Health and Human Services 8/2011-11/2017
Licensed Psychologist

Kerrville State Psychiatric Hospital
Forensic inpatient psychiatric setting with Not Guilty by Reason of Insanity (NGRI) and Incompetent to Stand Trial patients. Conducted psychological evaluations and assessments, administered and interpreted psychological instruments, conducted dangerous risk assessments and forensic consultations. Conducted individual and group psychotherapy, recommended treatment, diagnostic clarification and treatment planning. Participated in research projects and program evaluation; planned and conducted training programs; and performed related work as assigned.

North Texas State Psychiatric Maximum Security Hospital-Vernon Campus
Adolescent Forensic Program conduct Incompetent to Stand Trial evaluations, comprehensive psychological and achievement assessments, programs for patients with co-occurring psychiatric and substance use disorders, and treatment including a full range of rehabilitation therapies, education, individual and group psychotherapy, and family intervention. Administered and conducted clinical interviews, Mental Status Exams, Elopement Risk Assessments, Dangerous Risk Assessments, and Individual Functional Behavioral Analysis. Suicide prevention and crisis intervention services; created individual treatment plans for patients with mental health and/or substance abuse diagnoses.

Adult Forensic Program on Spruce Unit/Maximum Security- conducted competency and malingering evaluations. Perform evaluation of defendants to determine competency to stand trial. Provide reports to the committing courts and attorneys regarding adjudicative competency.

San Antonio State Hospital
Three rotations in the Adolescent, Adult Acute and Forensic Management Units with comprehensive psychological and neuropsychological assessments, programs for patients with co-occurring psychiatric and substance use disorders, and treatment including a full range of rehabilitation therapies, education, individual and group psychotherapy, and family intervention. Administered COPS-D and Suicide Risk Assessments intakes and discharges, restraint debriefings, suicide prevention and crisis intervention services; created individual treatment plans for patients with mental health and/or substance abuse diagnoses.

Jefferson County Human Services, Department of Children, Youth and Families 7/2006- 8/2011
Lead Social/License Worker for Collaborative Foster Care Program, Golden, CO-
Ongoing evaluation and assessment of the safety and risk-level and needs of children, youth and families within the foster care system; managing and evaluation of foster and group centers; crisis management; establishing and/or monitoring safety; and conducted Structured Analysis Family Evaluation (SAFE) psychosocial home studies.

Tomball Regional Hospital RehabCare Center- **8/2005 to 5/2006**
Social Work Intern, Tomball, TX –

A 250 bed acute care; the unit serves those over age 18 with medical diagnosis including but not limited to stroke; knee, hip, and other orthopedic surgery; amputation; spinal cord injury and any condition resulting in limitation in mobility, independent living skills or activities of daily living. Conducted initial assessments, assists patient and family in finding resources to best fit patients needs; attend weekly interdisciplinary team conferences, community meetings; co-facilitate stroke patient support group; individual care coordinator and supportive counseling; and record individual long-term goals and interventions on patient evaluations, and short-term goals on weekly notes.

Texas Department of Protective and Regulatory Services **2003 to 2005**
Child Protective Service- Investigator, Houston, TX –

Intensive investigation unit. Investigated physical abuse and neglect cases ages 0-6 years to assess current or future risk to children by interviewing parents, family members and others; interviewing and examine children; assessing home environment; and gathering pertinent information from other sources. Determined action to be taken to remove or lessen an immediate threat to the safety of a child.

State of Wisconsin Department of Corrections- **2002 to 2003**
Probation/Parole Agent, Milwaukee, WI –

Maintained offender contacts and conduct home visits in accordance with level of supervision; collected urine specimens to monitor offender consumption of alcohol and drugs; prepared assessments and developed of case plans for offenders; and assessed the risk that the offender presents to the public and the nature and causes of the offender's problems to determine level of supervision in accordance with the case classification.

Court House Inc. -Senior Counselor **2000 to 2002**
Marilee Residential Treatment Center, Denver, CO –

For at-risk male youth, which provided outreach and crisis intervention. Prepared daily shift reports and counseling unit planning. Provided counseling and social interaction opportunities for adolescents and other family members; prepared cases, assisted in police intervention, aided victims and families, and participated in prosecution of abusers; provided resources to students; served as a mediator and negotiator providing dispute resolution.

Teaching Experience:

2017	Assistant Professor, Department of Psychiatry Geisel School of Medicine of Dartmouth College
2011	Adjunct Professor-Bachelors Level, *Study* Skills for Success and Business Psychology
2010	Teaching Assistant- Doctorate Level, *Psychology and Criminal Justice*
2009	Teaching Assistant-Masters Level, *Criminal Profiling, Social Research* and *Ethics*

Activities in Clinical and Forensic Education:

- **Mental Health Awareness Training** (2018-Present), in New Hampshire- teach and educate law enforcement, hospital staff, border patrol, EMS, and fire departments on how to identify and help individuals who have a mental illness, as well as the legal process surrounding the involuntary admission process (IEA).
- **Geriatric Nursing Conference Presenter** (09-16-2019), Saint Anselm College-presented on forensic issues in the elderly population
- **Grand Rounds Presenter** (02-21-2019)-New Hampshire Hospital, Concord, NH-
- Presenting on risk evaluation, assessment, minimization, and general forensic psychology topics
- **Training and Lectures** (2014-2017) –Kerrville State Hospital, Kerrville, TX-
- Presenting on current forensic topics, violence risk assessments, filicide cases and secondary psychosis.
- **Co-Facilitator of 8-week Trauma Support Group for Foster Parents** (2009)-Denver, CO- Pilot project through the Kempe Center and The National Child Traumatic Stress Network with Dr. Frank Bennett. This trauma group is to help assist foster and adoptive families in understanding, applying cognitive, and behavior modification through techniques to the children in their care that have been physically, sexually, emotionally abused and maltreated.

Publications:

Maranda A. Upton, Andrea Muschett, Kevin Kurian, Billy James & Todd Sherron (2020): Determining reasonableness: identification of the non-restorable person adjudicated incompetent to stand trial, The Journal of Forensic Psychiatry & Psychology, DOI: 10.1080/14789949.2020.1711958

Community Positions:

Central New Hampshire Special Operations Unit (CNHSOU), Crisis Negotiation Team (CNT) from December 2019-present. CNT team member, on-call 24/7 to assist law enforcement in helping individuals in crisis.

Activities and Committees:

- **Administrative Review Committee** (ARC), New Hampshire Hospital (January 2018-Present)- risk management process designed to mitigate New Hampshire Hospital (NHH) potential liability resulting from the acts or actions of mentally ill patients at risk for violent or aggressive behaviors.
- **Management Services Organization** (MSO), New Hampshire Hospital- To serve as the primary means for accountability to Leadership for the effectiveness and appropriateness of the professional performance and ethical conduct of its members and to strive toward assuring that the pattern of patient care in the Hospital is consistently maintained at the level of quality and efficiency achievable by the state of the healing arts and the resources locally available.

- **Elopement Risk Committee,** New Hampshire Hospital- working to amend the policy to make it more proactive, with the goal to implement an elopement tool to assist the treatment teams evaluating patients risk for elopement.
- **Level of Supervision/Observation Risk Committee,** New Hampshire Hospital- develop a visual representation chart for the level of supervision to assist providers and/or treatment teams.
- **Research Innovation Group (RIG)/Research Journal Club (RJC)/Incubation Research-** to develop, implement, learn, educate, produce and present on research.
- **Criminal Justice Committee-** Merrimack Community Department of Corrections and community partners meet to educate, update, and collaborate with other legal, correctional, and mental health organizations.
- **Community of Practice for competency restoration program**-received a grant from Substance Abuse and Mental Health Services Administration (SAMHSA)-focuses on legal, clinical, and systemic issues including the increase demand for competence evaluations, evidence-based screening and assessment measures, waitlist for competence, best practice for competence restoration programs, building collaborations between state and local agencies.
- **Hillsborough County Coalition of Mental Health and Criminal Justice-** community partners meet to educate, update, and collaborate with other legal, correctional, and mental health organizations.

Professional Affiliations:

American Psychological Association
Crisis Intervention Team International
New England Crisis Negotiation Association
New Hampshire Association
Society for Police and Criminal Psychology

Timothy A. Bailey, MSN, APRN, PMHNP-BC

[redacted]

EXECUTIVE SUMMARY

An altruistic team member that seamlessly adapts to the current situation to meet the needs of stakeholders while maintaining the values and vision of the organization.

PROFESSIONAL EXPERIENCE

New Hampshire Hospital
Concord, New Hampshire

Attending Inpatient Psychiatric Provider, DHMC Affiliate *November 2020 – Present*

- Admitting provider that conducted diagnostic interviews to determine proper treatment plans.
- Designed pharmacological and non-pharmacological therapy recommendations for a wide range of psychiatric symptoms.
- Led an interdisciplinary team that included social workers, registered nurses, psychologists, and mental health workers using collaborative team approach to accomplish mutually agreed upon goals.
- Sought out opportunities to learn and experience situations and treatment modalities that were unfamiliar.

Dartmouth Hitchcock Medical Center
Lebanon, New Hampshire

Registered Nurse - Inpatient *November 2013 – November 2020*

- Executed the nursing process for patients within the Neurology, Cardiology, Oncology, Medical and Surgical Units.
- Incorporated evidence-based research into treatment plan for clients.
- Collaborated with physicians, nurses, therapists, pharmacists, case managers, and other healthcare professionals to provide efficient and effective care to patients.
- Counseled patients and patients' family members on treatment interventions and provided emotional support throughout the process.
- Super User for e-DH upgrades and Clinical Practice Guidelines implementation.

RN Product Manager - ImagineCare *September 2015 – February 2018*

- Guided a multi-vendor development team to meet global requirements for a remote medical sensing project.
- Designed a cloud based solution that incorporated behavior modification design principles to passively encourage engagement, life style modification and self-actualization for at risk populations.
- Nurse Educator that developed, implemented, and evaluated learning activities for new and existing clinical staff.
- Designed evidenced-based clinical care pathways and translated them into system logic using Microsoft Dynamics CRM.
- Collaborated with executive leadership and clinical team to identify gaps between service and product specifications.
- Authored, executed and maintained Integration, UAT, and Regression testing to identify defects and permit deployment of solutions across international environments in a concise and efficient manner.
- Utilized computer applications such as JIRA, Confluence, Visual Studio, Share Point, Liquid Planner, Evernote, Slack, WebEx, and Skype to streamline communication and foster relationships.

Crouse Hospital
Syracuse, New York

Clinical Information System Specialist *December 2012 - October 2013*

- Evaluated unit workflows and provided endorsements for the automation of manual processes.
- Participated in workflow redesign for implementation of computerized physician order entry throughout entire hospital.
- Built computerized provider order entry sets utilizing a Siemens based Common Vocabulary Engine.
- Delivered one-on-one education and support to staff in the use of electronic medical records in a manner that promoted patient safety and confidentiality.
- Actively tested and validated system components and their relationship with pharmacy, laboratory, and radiology interfaces.
- Solicited and responded to end-user concerns about system functionality and design.
- Reported and tracked progress of tasks, issues and projects through use of the Pillars Project Planner application.
- Developed and revised hospital policies and protocols to reflect changes brought by the implementation of technology.

Registered Nurse - Inpatient *August 2011 – December 2012*

- Adhered to general principles of patient care delivery models and the organization of care.
- Established patient care priorities and managed time effectively.
- Defined personal strengths and set goals for continued learning.
- Utilized resources for solving clinical issues to meet patient care/family needs.
- Functioned as a clinical preceptor to RN residents and as a mentor to students in assigned practicum courses.
- Delegated responsibility to appropriate members of the healthcare team in accordance with their education, credentials, and skills.

ACADEMIA EXPERIENCE

The Geisel School of Medicine at Dartmouth College
Hanover, New Hampshire

Clinical Instructor of Psychiatry *November 2020 - Present*

- Engaged in practical instruction of professional students seeking psychiatric education.
- Supervise and evaluate student performance, provide feedback, and assist with the application of academic knowledge to clinical situations.

PSYCHIATRY PRATICUM EXPERIENCE

Veteran Affairs Medical Center
White River Junction, Vermont

Psychiatric Mental Health Nurse Practitioner Student *September 2019 – April 2020*

- Prescribed psychotropic medications for behavioral health issues within the Primary Mental Health Clinic (PMHC) and Specialized Mental Health Services (SMH) under the supervision of an attending provider.
- Led "Whole Health for Life" group sessions within the Residential Recovery Center (RRC).
- Administered Electroconvulsive Therapy (ECT) under the direction and guidance of Dr. Paul Holtzheimer.
- Assessed Veterans for PTSD using the CAPS-5 assessment tool after identifying an index trauma event using the Life Events Checklist (LEC-5).
- Completed Dialectical Behavior Therapy certification.

Dartmouth Hitchcock Medical Center
Lebanon, New Hampshire

Psychiatric Mental Health Nurse Practitioner Student *January 2019 – May 2019*

- Participated in diagnostic interviews to determine proper treatment plans and adjustment of existing medication strategies for a wide range of psychiatric symptoms.
- Worked in a collaborative setting with an interdisciplinary team that included neurologists, social workers, registered nurses, case managers, psychologists, and psychiatrists.
- Sought out opportunities to learn and experience situations and treatment modalities that were unfamiliar.

EDUCATION

Rivier University
Post-Master's Certificate: Psychiatric Mental Health Nurse Practitioner *May 2020*

University of New Hampshire
Master of Science: Nursing focus: Health Informatics *December 2015*

University of Massachusetts
Bachelor of Science: Nursing *May 2011*

Bentley College
Bachelor of Science: Computer Information Systems minor of Psychology *May 2002*

LICENSURES and CERTIFICATIONS

- **State of New Hampshire** Advanced Practice Registered Nurse license # 068623-23
- **State of New Hampshire** Registered Nurse license # 068623-21
- **ANCC** Psychiatric Mental Health Nurse Practitioner certification # 2020065956
- **National Provider Identification (NPI) #** 1063013423
- **Drug Enforcement Agency** Active DEA number

Suzy Kostrzewski
[redacted]

I. Education

2018, Rivier University, Nashua, NH
Post-Masters Certificate, Family Psychiatric Mental Health Nurse Practitioner
2013, University of New Hampshire, Durham, NH
Master of Science in Nursing, Clinical Nurse Leader-certified
New England EMS Institute, Elliot Hospital, Manchester, NH, Paramedic Certificate
Oklahoma State University, Stillwater, OK, Master of Science, Geography/Applied Statistics
Keene State College, Keene, NH, Bachelor of Arts, Geography

II. Licensure and Certification

07/2018-07/2023, Family PMHNP, American Nurses Credentialing Center, #2018019166
07/2021-07/2023, APRN, NH Board of Nursing, #068472-23
07/2021-07/2023, RN, NH Board of Nursing, #068472-21
12/2019-12/2024, Clinical Nurse Leader, Commission on Nurse Certification, #10660133

III. Hospital or Health System Appointments

Attending Psychiatric Nurse Practitioner
New Hampshire Hospital, J Unit
December 2019-present

IV. Other Professional Positions

Psychiatric Nurse Practitioner
NH State Prison – Men's
NH Department of Corrections
Centurian/MHM
10/2018-12/2019

V. Advising/Mentoring/Precepting

- *3 Students* JUL-AUG 2020
- Master's in Physician Assistant Studies
- Franklin Pierce University, Rindge, NH
- Total hours: 328

- *2 Students* OCT-DEC 2020
- PMHNP Post Master's Certificate for current APRNs
- University of New Hampshire, Durham, NH
- Total hours: 157.5

- *4 Students* JAN-AUG 2021
- PMHNP Master of Science in Nursing
- Massachusetts College of Pharmacy & Health Sciences, Worchester, MA
- Regis College, Weston, MA
- Walden University, Minneapolis, MN
- Total hours: 603

VI. Major Committee Assignments, inclusive of Professional Societies

- AUG 2020-present
- Pain Team Committee, Inaugural member, NHH, Concord, NH
- NOV 2020 - present
- Barriers to Discharge Task Force, Inaugural member, NHH, Concord, NH
- DEC 2020- present
- Suicide Awareness Task Force, Co-chairperson, NHH, Concord, NH

VII. Invited Presentations

- 05/2021
- Diagnostic and Treatment Considerations in the Geriatric Patient Population
- Guest lecturer, PMHNP Post-Master's Clinical Course Conference, Semester I
- University of New Hampshire, Durham, NH

- 01/2014
- Patient Management during Moderate Sedation: Improving Pain Assessment
- 3rd Evidence-Based Practice Symposium
- Veterans Administration Medical Center, Manchester, NH

Stacy Ann Sorrell, DNP, PMHCNS, APRN
[redacted]

Education

2020
University of New Hampshire, Durham, NH • Doctor of Nursing Practice
1998
University of Massachusetts Lowell, Lowell, MA • Master of Science, Psychiatric/Mental Health Nursing
1994
University of Massachusetts Lowell, Lowell, MA • Bachelor of Science, Nursing

Certification

ANCC Certified Clinical Nurse Specialist in Psychiatric Mental Health Nursing since 1999

License

New Hampshire Registered Nurse	# 040258-21	Expires 9/22
New Hampshire APRN-PMHCNS	# 040258-23	Expires 9/22
Drug Enforcement Agency (DEA)	# MS3525574	Expires 2/24

Professional Experience

October 2016 – Present
Attending Psychiatric Provider
Dartmouth Hitchcock Department of Psychiatry at New Hampshire Hospital
Concord, New Hampshire

- As treatment team leader for an 8-12 patient caseload of primarily involuntary patients with chronic and persistent mental illness, initiates and facilitates development of individualized treatment plans, designed to promote safe and effective care to diminish symptoms, improve function and facilitate a safe transition to care in a less acute setting
- Provides holistic assessment and individualized, patient-centered care, including prescribing psycho-pharmacological treatment, rehabilitative services, therapy, consults and ECT as indicated
- Works collaboratively with team members, consultants and out-patient providers
- Actively engages in legal aspects of care necessary to treat and promote safety as an expert in the field of Advanced Practice Psychiatric Nursing.
- Active member of multiple committees and Appointed Co-Chair of Utilization Management Committee.

September 2015 – October 2016
Attending Psychiatric Provider
LRGHealthcare at Franklin Regional Hospital
Franklin Regional Hospital Designated Receiving Unit for Involuntary Care
Franklin, New Hampshire

- As treatment team leader, provides holistic assessment and individualized, patient-centered care as team leader for 8-10 patient caseload of primarily involuntary patients with chronic and persistent mental illness.
- Develops and facilitates individualized treatment plans designed to promote safe and effective care to diminish symptoms, improve function and facilitate a safe transition to care in less acute setting
- Actively engages in legal aspects of care as expert in the field of Advanced Practice Psychiatric Nursing
- Works collaboratively with team members, consultants and out-patient resources
- Maintained resource role and many duties from previous position of Clinical Director of Psychiatric Services.

August 2012 – October 2015
Clinical Director of Psychiatric Services LRGHealthcare
LRGHealthcare
Laconia, NH

- Instrumental in developing policies, procedures, safety measures, programmatic schedule and orientation of staff for the new designated receiving unit for involuntary psychiatric patients, to seek approval from necessary governing agencies to open October 2013 and then to provide safe and effective care at Franklin Regional Hospital
- Facilitated and developed policies and procedures for the two psychiatric units and care of patients with psychiatric issues throughout hospital and directed continuous quality improvement program for the Psychiatric Service
- Served as a consultant and clinical resource for issues related to psychiatric patients, challenging behavioral patients and the medico-legal processes related to these patients in non-psychiatric departments
- Provided ongoing community and professional educational offerings related to understanding psychiatric conditions and treatment of these conditions
- Worked with multi-departmental leaders and personnel to support fiscal responsibility and improve customer satisfaction
- Served as a liaison between the hospital system and state and community agencies, being an active member of multiple statewide multisystem groups advocating for improved care for psychiatric patients, including the Behavioral Health Leaders Group and Psychiatric Emergency Service Group facilitated by the Bureau of Behavioral Health
- Provided and facilitated holistic assessment and individualized, patient-centered care for patients with an instrumental role in development of traditional treatment plans and individual plans mitigating safety risks and improving behaviors and responses to care

October 2007 – August 2012
Program Director – Senior Psychiatric Services
LRGHealthcare
Laconia, NH

- Actively involved in comprehensive assessment, treatment plan development and care of patients on Senior Psychiatric Unit
- Served as a hospital resource for mental health issues and with Risk Management of medico-legal issues
- Served as a consultative resource to other units/departments regarding psychiatric patients and psycho-social system issues
- Provided clinical direction of staff and education offerings to improve skill level and understanding of complex issues impacting the patient population served
- Actively involved in marketing of services and fundraising including spear-heading successful fundraising event as Chair of Bruins Alumni Hockey Game to benefit department
- Assisted in facilitation of complicated discharge plans
- Developed continuous quality improvement plans and facilitated changes to enhance services and build relationships with resources in the greater community

Coordinator for Pain Management Center
March 2000 – October 2007
LRGHealthcare
Laconia, NH

- Actively involved in comprehensive assessment and individualized care of chronic pain patients
- Actively involved in marketing of this program and education regarding topics impacting the population served
- Initiated and organized educational programs for the local providers and community members
- Worked collaboratively with Anesthesiology Department, Administration and multiple supporting consultative resources to provide continuous quality improvement for the care of chronic pain patients in the community
- Served as a resource for psycho-social issues related to illness, injury and ineffective coping
- Developed and facilitated group programs for patients and families impacted by chronic pain
- Worked collaboratively with administration on development and significant expansion of Pain Management Center from a program servicing twenty patients at inception of new role to a center servicing hundreds of patients each year
- Strategically led development and implementation of offerings to best meet the needs of patients and medical community, reducing utilization of costly, fragmented, episodic care in emergency departments and urgent appointment settings

September 1998 – March 2000
Care Manager – Pain Management Center
LRGHealthcare
Laconia, NH

- Provided holistic nursing assessment of patients in chronic pain
- Worked with multidisciplinary team members to assess and treat pain management patients
- Provided clinical care/case management of pain program patients
- Assisted with program development and marketing
- Worked with team members, additional healthcare and community professionals to provide programs for patients and community members

August 1994 – September 1998
Staff Nurse – Behavioral Health Services Inpatient Unit
Lakes Region General Hospital
Laconia, NH

- Provided care to inpatients admitted with primary psychiatric and co-occurring substance abuse issues
- Facilitated individual and group therapeutic sessions
- Served as a member of hospital-wide crisis intervention and psychiatric support team
- Developed educational tools for patients explaining medications, diagnoses and coping skills
- Community Outreach teaching Healthy Living Skills in Schools and Co-Leader of Trauma Survivors Skills and Support Group at Community Mental Health Center

June 1993 – August 1994
Nurse Extern to RN – Behavioral Health Services Inpatient Unit
Lakes Region general Hospital
Laconia, NH

- Under direction of Nursing staff, provided care to inpatients admitted with primary psychiatric and co-occurring substance abuse issues

Publications and Presentations

- Sorrell, Stacy A., "Improving Transitions in Care: Focus on the Revocation of Conditional Discharge Process in New Hampshire" (2020). *DNP Scholarly Projects*. 41. https://scholars.unh.edu/scholarly_projects/41
- Margaret Sutton Edmands, EdD, RN, CS; Lee Ann Hoff, PhD, RN; Lynda Kaylor, RN, MS, CS; Lynne Mower, RN, MS, CS; Stacy Sorrell, RN, MS, CS. "Bridging Gaps Between Mind, Body & Spirit: Healing the Whole Person." Journal of Psychosocial Nursing and Mental Health Services. 1999;37(10):35-42
- Presentations in local and east-coast conferences and educational events since 1999 on the following topics: Treatment of Psychiatric Disorders, Understanding Personality Disorders, Treating Patients with Chronic Pain, The Challenge of Dealing with Difficult People/Patients, Supporting Those in Need (related to Psychiatric, Behavioral, Chronic Pain and Dementia Concerns).

Recent Committee and Quality Improvement Work for 2020-2021

Appointed Co-Chair of NHH Utilization Management Committee

Active Member of NHH Ethics Committee

Member of recent NHH Observation Level Sub-Committee

Project Lead - Revocation of Conditional Discharge Quality Improvement Project at NHH

Clinical Preceptor – Preceptor for Psychiatric APRN and Physician Assistant students

Awards

Helen Holbrook Award for Leadership, Lakes Region Behavioral Health 2017

Innovation in Safety Award, LRGHealthcare 2009

Sigma Theta Tau International Eta Omega Chapter 1993

Debra A. Fournier, MHCDS, MSN, RN, APRN, ANP-BC, PMHNP-BC

[redacted]

License and Certifications:

2004 to present	APRN: Advanced Practice Registered Nurse (Adult Primary Care & Psychiatry / Mental Health): State of New Hampshire. License No: 050234-23, expiration date: 11/07/21
2004 to 2024	Adult Nurse Practitioner (ANP) Board Certification, American Nurses Credentialing Center (ANCC). Certification No: 0383367-21
2003 to 2023	Adult Psychiatric and Mental Health Nurse Practitioner (PMHNP) Board Certification, ANCC. Certification No: 0385475-34
2002 to present	RN: Registered Nurse: State of New Hampshire. License No: 050234-21, expiration date: 11/07/21
2008 to present	Approved Ed RN BS Instructor. License No: 00127
1995 to present	Certification: CPR / AED / BLS for Healthcare Providers. AHA
2011 to 2016	Certified Brain Injury Specialist, Academy of Certified Brain Injury Specialists, Brain Injury Association of America. Cert. number: 10309
2002 to 2003	Registered Nurse: State of Connecticut.
1995 to 2005	Certification: Crisis Prevention (CPI) and restraint safety. Valley Regional Hospital, Claremont, NH

Formal Education and Degrees Earned:

2016	MHCDS (Masters in Health Care Delivery Science). Dartmouth College and Tuck School of Business. Hanover, NH
2003	MSN (Master of Science in Nursing) with specialty in Psychiatry-Mental Health and Adult Primary Care. Yale University School of Nursing, Sigma Theta Tau. Post RN clinical experience: Yale-New Haven VA, The Post Traumatic Stress Center in New Haven, CT, Resident Care Clinic at Kendal of Hanover, Dartmouth-Hitchcock Medical Center Consult & Liaison Service in Lebanon, NH.
2002	Certificate in Nursing, Yale University School of Nursing.
1999 to 2000	Organic Chemistry I, II and lab, University of Connecticut, Storrs / Hartford
1999	General Chemistry II, Notre Dame College, Manchester, NH
1998 to 1999	Physics I & II, Dartmouth College, Hanover, NH
1998	General Chemistry, New Hampshire Technical College, Claremont, NH
1992	BA in Psychology, with a minor in Women's Studies. Colby Sawyer College, New London, New Hampshire, summa cum laude.

Professional Experience:

2016 to present	Director, Psychiatric APRN Services at New Hampshire Hospital, Department of Psychiatry, Dartmouth-Hitchcock Health System, Concord, NH
2018 to present	Director of Quality Systems at New Hampshire Hospital, Concord, NH
2016 to present	Nurse Practitioner, Department of Psychiatry, Dartmouth-Hitchcock Medical Center, Lebanon, NH
2016	Instructor, Advanced Clinical Pharmacology (MSN), School of Nursing and Health Sciences Colby-Sawyer College, New London, NH
2015 to 2016	Clinical Research Lead, ACS Level I Trauma Program. Dartmouth-Hitchcock Medical Center, Lebanon, NH.

2013 to 2016	Nurse Practitioner, Division of Trauma and Acute Surgical Care, Section of General Surgery, Department Surgery, Dartmouth-Hitchcock Medical Center, Lebanon, NH
2006 to 2013	Nurse Practitioner, Section of Physical Medicine and Rehabilitation, Department of Orthopedic Surgery, Dartmouth-Hitchcock Medical Center, Lebanon, NH.
2005 to 2006	Nurse Practitioner, Division of Nursing Home Practices, Section of General Internal Medicine, Department of Community and Family Medicine, Dartmouth-Hitchcock Medical Center, Lebanon, NH.
2005 to 2007	Instructor; Mental Health Nursing, Colby-Sawyer College, New London, NH.
2002 to 2004	Nurse Manager / Nurse Practitioner, Behavioral Health Department, Valley Regional Hospital, Claremont, NH.
2002	Psychiatric Nurse, Valley Regional Hospital, Claremont, NH.
1999 to 2002	Study Coordinator, "The Women and Stress / Life Stress Study", University of Connecticut Health Center, Farmington / Hartford, CT.
2001	Abstracter, "Childhood Obesity Meta-Analysis." Yale-Griffin Prevention Research Center, Derby CT.
1997 to 2000	Research Assistant, "The Treatment of PTSD in Female Survivors of Childhood Sexual Abuse," Dartmouth College and The National Center for Posttraumatic Stress Disorder, White River Jct., VT.
1995 to 1999	Behavioral Health Worker, Valley Regional Hospital, Claremont, NH.
1995 to 1997	Emergency Services Clinician, West Central Services, Inc., Claremont, NH.
1994 to 1997	Clinical Case Manager, West Central Community Support Services, Claremont, NH.
1992 to 1994	Family Educator, The Family Place Parent-Child Center, White River Jct., VT.

Academic Appointments:

2016 to present	Instructor, Colby-Sawyer College School of Nursing, New London, NH
2005 to present	Instructor, Geisel School of Medicine at Dartmouth. Hanover, NH
2015 to 2016	Academic Community Partner (mentor to senior Capstone group), Colby-Sawyer College School of Nursing, New London, NH
2005 to 2007	Instructor, Colby-Sawyer College School of Nursing, New London, NH

Publications:

Donnelly, K., Goldberg, S., Fournier, D.: A qualitative study of a group-based yoga intervention designed to facilitate community reintegration for people with traumatic brain injury and their caregivers. *Disability and Rehabilitation.* 2019

Hanson, G., Lyons, K. W., Fournier, D. A., Lollis, S. S., Martin, E. D., Rhynhart, K. K. Handle, W. & Pearson, A. M. Reducing radiation and lowering costs with a standardized care pathway for nonoperative thoracolumbar fractures. *Global Spine Journal.* 2019

Chen, J.J., Blanchard, M.A., Finn, C.T., Plunkett, M.L., Home, K., Fournier, D.A., Suresh, G.K., Nugent, W.C.: Creation of a clinical pathway for guardianship at Dartmouth-Hitchcock Medical Center: A Quality Improvement Collaborative. *Joint Commission Journal on Quality and Patient Safety.* 40(9):389-97. 2014.

Fournier, D.: Mood Disorders (Ch 245) in Buttaro, T. M., Trybulski, J, Bailey, P. P. & Sandberg-Cook, J. (Eds). *Primary Care: A Collaborative Practice 4th Edition.* Mosby, 2012

Fournier, D.: Anxiety Disorders (Ch 246) in Buttaro, T. M., Trybulski, J, Bailey, P. P. & Sandberg-Cook, J. (Eds). *Primary Care: A Collaborative Practice 4th Edition.* Mosby, 2012.

Fournier, D.: Depressive Disorders (Ch 261) in Buttaro, T. M., Trybulski, J, Bailey, P. P. & Sandberg-Cook, J. (Eds). *Primary Care: A Collaborative Practice 3rd Edition.* Mosby, 2008.

Fournier, D.: Posttraumatic Stress Disorder (Ch 264) in Buttaro, T. M., Trybulski, J, Bailey, P. P. & Sandberg-Cook, J. (Eds). *Primary Care: A Collaborative Practice 3rd Edition.* Mosby, 2008.

Hamrin, V., Weyeer, A., Pachler, M. & Fournier, D.: Evaluation of peer-led support groups for graduate nursing students. *Journal of Nursing Education* 45(1): 39-43, 2006.

McDonagh, A., Friedman, M.J., McHugo, G., Ford, J., Sengupta, A., Mueser, K., Demment, C. C., Fournier, D., Schnurr, P.P. & Descamps, M.: Randomized trial of cognitive-behavioral therapy for chronic posttraumatic stress disorder in adult female survivors of childhood sexual abuse. *Journal of Counseling and Clinical Psychology* 73(3): 515-524, 2005.

Fournier, D., Ford, J & Talley, S.: Responses of Adults with Severe Mental Illness Participating in a Trauma-focused Assessment Study. Unpublished thesis 2003.

Posters and Scientific Conference Presentations:

Goldberg, S., Donnelly, K. & Fournier, D. A Community-based Gentle Yoga Program for People Impacted by Traumatic Brain Injury: A Qualitative Study. Poster at American Public Health Association's 146th Annual Meeting, San Diego, CA, November 2018.

Fournier, D., Goldberg, S., Figucia, C., Kennedy, P., Krauss, K., Smith, C. & Springmann, J.: An Interdisciplinary TBI Clinic; Understanding the Patient Experience. Poster at North American Brain Injury Society Annual Conference, Tampa, FL. April 2016.

Fournier, D., Martin, E. & Singer, R.: Do Patients with mild Traumatic Brain Injury Need to be Transferred to a level one Trauma Center? Poster at North American Brain Injury Society Annual Conference, Tampa, FL. April 2016.

Fournier, D., Handel, W., Hawkins, H., Lollis, SS., Pearson, A., Martin, E., Rhynhart, Fulton, Gwen, Carter, D., Batulis, N., Hanson, G.: Multidisciplinary Development of Bracing Protocol for Stable Thoracolumbar Fractures. Poster at American Congress of Rehabilitation Medicine Annual Conference, Dallas, Texas. October 2015.

Fournier, D., Rhynhart, K., Martin, E., Lollis, S.S., Pearson, A., Tobin, D., Hawkins, H., Fulton, G., Plant, C., Sweetland, D.: Management of Non-Operative Spine Fractures. Poster created for DHMC DoS Care Path project. September 2014.

Fournier, D., Pellico, L. & Hamrin, V.: Introduction of a Vicarious Traumatization Prevention Strategy for Nursing Students. Poster presented at the 20th Annual International Society for Traumatic Stress Studies Conference, New Orleans, LA. November, 2004.

Fournier, D. Hamrin, V & Weyeer, A.: The Role of Peer-led Small Groups in Supporting First-year Nursing Students. Poster presented at the International Society of Psychiatric Nurses annual conference. April 2003.

Fournier, D., Thompson, L., & Ford, J.: Somatization, Health Perception and Avoidance Symptoms in Adults with Severe Mental Illness. Poster presented at the 18th Annual International Society for Traumatic Stress Studies Conference, Baltimore, MD. November, 2002

McDonagh-Coyle, A., Friedman, M.J., McHugo, G., Ford, J., Mueser, K., Descamps, M., Demment, C. & Fournier, D.: Psychometric Outcomes of a Randomized Clinical Trial of Psychotherapies for PTSD-CSA. In Symposium, PTSD-CSA Treatment: Psychological, Physiological and Hormonal Responses, Matthew J. Friedman, M.D., Ph.D. (Chair). At the 17th Annual International Society for Traumatic Stress Studies Conference, New Orleans, Louisiana. December, 2001.

Fournier, D., Ford, J.D. & Moffitt, K.H.: Reactions By SMI Adults to Participating in a Trauma Assessment Study. Poster presented at the 17th Annual International Society for Traumatic Stress Studies Conference, New Orleans, Louisiana. December, 2001.

Ford, J., McDonagh-Coyle, A., Fournier, D., Moffitt, K., & Smith, S.: PTSD and Disorders of Extreme Stress (DESNOS): Two Samples of Women in Psychotherapy. Symposium presentation at the 17th Annual International Society for Traumatic Stress Studies Conference, New Orleans, Louisiana. December, 2001.

Fournier, D., Ford, J.D. & Moffitt, K.H.: Patterns of Health Service Utilization – Adults with Trauma Histories. Poster presented the 17th Annual International Society for Traumatic Stress Studies Conference, New Orleans, Louisiana. December, 2001.

McDonagh-Coyle, A., Friedman, M. J., McHugo, G., Ford, J., Mueser, K., Schnurr, P. P., Descamps, M., Demment, C. C. & Fournier, D.: Cognitive Restructuring and Exposure Treatment for CSA Survivors with PTSD. In Symposium, Recent Advances in the Treatment of Chronic PTSD Related to Childhood Abuse and Multiple Traumatization, Marylene Cloitre, Ph.D. (Chair). At the 21st Annual Meeting of the Anxiety Disorders Association of America, Atlanta, GA. March 2001.

Ford, J.D., Fournier, D. & Moffitt, K.H., Disorders of Extreme Stress and PTSD in Women with Severe Mental Illness.: Symposium presentation at the 16th Annual International Society for Traumatic Stress Studies Conference, San Antonio, Texas. November 2000.

McDonagh-Coyle, A., Friedman, M.J., McHugo, G., Ford, J., Mueser, K., Demment, C., Descamps, M. & Fournier, D.: Cognitive Restructuring and Exposure Therapy for PTSD related to Childhood Sexual Abuse. Symposium presentation at 16th Annual Meeting of the International Society for Traumatic Stress Studies, San Antonio, Texas. November 2000.

McDonagh-Coyle, A., Friedman, M.J., McHugo, G., Ford, J., Mueser, K., Demment, C., Descamps, M. & Fournier, D.: Cognitive-Behavioral Treatment for Childhood Sexual Abuse Survivors with PTSD. Symposium presentation at 15th Annual ISTSS meeting, Miami, Florida. November 1999.

Local (Regional) Presentations:

Fournier, D.: Live, Learn, Lecture, Lead: How nurse practitioners can solve the healthcare workforce crisis. Keynote Address. New Hampshire Nurse Practitioner Association Annual Meeting. (Virtual), November 2020.

Fournier, D. : Our Privilege and Our Burden. Nursing Grand Rounds, New Hampshire Hospital, Concord, NH, June 2019.

Fournier, D.: Lessons Learner: Challenges for Advanced Practice Leaders in Integrated Care Settings. Northern New England Nurse Practitioner Conference. Nashua, NH, 2019.

Fournier, D.: Communication After a Crisis. Nursing Grand Rounds, New Hampshire Hospital, Concord, NH, Feb 2019.

Fournier, D.: Safety Culture and Quality Improvement. Nursing Grand Rounds, New Hampshire Hospital, Concord, NH, October 2018

Rice, V., Farver, R., & Fournier, D.: Everything You Need to Know About Borderline Personality Disorder in 75 Minutes or Less. Nursing Grand Rounds, New Hampshire Hospital, Concord, NH, May 2018

Fournier, D.: Fundamental Attribution Errors and Strangely Simple Solutions. Nursing Grand Rounds, New Hampshire Hospital, Concord, NH, April 2018.

Fournier, D.: Translating Ideas into Action. Nursing Grand Rounds, New Hampshire Hospital, Concord, NH, October 2017.

Fournier, D.: Traumatic Brain Injury and Falls. NH State Falls Conference. Bedford, NH. October 2017.

Allen, D. & Fournier, D.: After the Storm. Building Resiliency Following Violence. Nursing Grand Rounds, New Hampshire Hospital, Concord, NH, August 2017

Goldberg, S. & Fournier, D.: LoveYourBrain Yoga; Past, Present and Future. NH Brain Injury Association 34th Annual Conference, Concord, NH, May 2017

Handle, W. & Fournier, D.: Optimizing Neuroplasticity and Resilience in Clinical Practice. NH Brain Injury Association Annual Conference, Concord, NH, May 2017.

Donnelly Pearce, K. & Fournier, D.: Yoga and Meditation for TBI: Evidence, Innovations, and Ways Forward. VCU Brain Injury Rehabilitation Conference, Williamsburg, VA, May 2017

Fournier, D.: Optimizing Neuroplasticity and Resilience in Clinical Practice. American Associate of Neuroscience Nurses. Green and White Mountain Chapter Quarterly Meeting, Hanover, NH, January 2017.

Fournier, D., Figucia, C., Kennedy, P., Krauss, K., Smith, C. & Springmann, J.: From Classroom to Clinic: Researching the Patient Experience to Build a New Model of Care for Patients with Traumatic Brain Injury. Nursing Grand Rounds, DHMC Lebanon, NH, April, 2016.

Fournier, D., Hawkins, H., Handel, W., Sweetland, D.: Closing the Quality and Cost Gaps: Improving the Care of Patients with Non-Operative Traumatic Spine Fractures. Value Grand Rounds, DHMC, Lebanon, NH, September 2015. Nursing Grand Rounds, DHMC February 2016.

Fournier, D.: Update from the World Congress on Brain Injury; Rehab Implications. DHMC, Lebanon, NH, April 2014

Fournier, D.: Resiliency. Palliative Care In-service. Lebanon, NH. April 2014

Fournier, D.: TBI series: TBI, transitions of care, and effects on the family. DHMC, Lebanon, NH Nov 2013, Jan 2014.

Fournier, D.: Assessment and Management of Traumatic Brain Injury in Primary Care. Lecture delivered to General Internal Medicine Associate Providers at Dartmouth-Hitchcock Medical Center, Lebanon, NH. June 2013.

Fournier, D.: Polypharmacy in Geriatrics. Lecture for Geriatric RN / APRN Boot Camp at Dartmouth-Hitchcock Medical Center. Feb 2013, April 2013, June 2013, April 2014.

Fournier, D. & Morneau, G.: Traumatic Brain Injury and Return to Work. Lecture for New England Association of Case Management, Dartmouth-Hitchcock Medical Center. May 2013.

Fournier, D.: Traumatic Brain Injury in the Clinic Setting; What is Resiliency? Workshop at the DHMC Annual Rehab Medicine Conference. Lebanon, NH, Sept 2012.

Fournier, D., Kimball, J.: Recovery After Brain Injury. Lecture delivered at the NH Brain Injury Association Annual Conference, Concord, NH. May 2012.

Fournier, D.: Cervical Collars; Understanding appropriate immobilization following cervical spine injury. Lecture delivered at Residents' Trauma Conference, Dartmouth-Hitchcock Medical Center, June 2011.

Fournier, D: Physical Medicine and Rehabilitation at DHMC. Lecture delivered Dartmouth Medical School, Hanover, NH. April 2011.

Fournier, D., Gallagher, M., Gates, C., Muller, D., Smith, J.: Multidisciplinary Care: Selected Cases from Rehabilitation; Special Nursing Grand Rounds. Delivered October 2010

Silveira, R., Fournier, D.: Brain Injury; The Beauty and the Beast. Lecture series for the Sunapee Visiting Nurses Association, New London, NH. October, 2010

Fournier, D., Atkinson, D., Stinson, M., Pauw, S., Walsh, M.: Rehabilitation Efforts in Haiti. Multiple presentations delivered, including DHMC Medical Grand Rounds April 2010

Fournier, D.: Treating Patients with Traumatic Brain Injury. Lecture series for training staff nurses at DHMC, August and October 2010.

Fournier, D.: Care of Older Adults Following a Trauma: Rehabilitation Issues. Lecture delivered at Residents' Trauma Conference, DHMC, October 2009

Fournier, D.,: Physical Medicine and Rehabilitation at DHMC: Evolution and Future Goals. Lecture delivered at Residents' Trauma Conference, July 2009.

Fournier, D: The Anatomy and Physiology of Mild Traumatic Brain Injury; and why we need to know. NH Brain Injury Association Annual Conference, Manchester NH, May 2009.

Fournier, D: Clinical Evaluation of Depression and Anxiety in Cancer. Keynote Address at Oncology NP Retreat, Stowe, Vermont, October 2008.

Fournier, D.: Nursing and Vicarious Traumatization. Lecture delivered at the Yale School of Nursing. September 2003.

Fournier, D.: Strategies for Passing Standardized Exams. Lecture delivered at Connecticut Mental Health Center, April 2003.

Fournier, D.: Life After Trauma: How 9/11 and other stressors effect our lives. Community lecture delivered at the Blackstone Library, Connecticut. May 2002.

Fournier, D.: PTSD and Nursing Practice. Lecture delivered at the Yale School of Nursing. February, 2002

Fournier, D., Robinson, K., Thompson, L. & Weycer, A.: Issues Facing the Student Nurse in a Psychiatric Setting. Panel discussion at the Yale School of Nursing. January, 2002.

Fournier, D. & Pellico, L.: Vicarious Traumatization and Other Consequences of Caring. Lecture delivered at the Yale School of Nursing. September, 2001.

Fournier, D., Moffitt, K.H. & Ford, J.D., Disorders of Extreme Stress and PTSD in Women with Severe Mental Illness: An Introduction. Presentation at the University of Connecticut's Conference on Women and Gender. March 2001.

Fournier, D.: The Sequelae of Potentially Traumatic Events. Lecture delivered at the Yale School of Nursing. February, 2001

Recent Conferences Attended:

2019	Institute for Healthcare Improvement (IHI) Annual Forum. Orlando, FL
2019	Value Institute Annual Conference at Dartmouth. Lebanon, NH
2018	Patient Experience, Empathy and Innovation Summit. Cleveland, OH
2017	Joint Commission, Behavioral Healthcare Conference. Chicago, IL
2017	NH Brain Injury Association Annual Conference. Concord, NH
2017	Williamsburg Brain Injury Rehab Conference, TBI Model System, Virginia Commonwealth University, Williamsburg, VA
2016	Advanced Practice Provider Executives Leadership Summit, Boston, MA
2016	North American Brain Injury Society (NABIS) Annual Conference on Brain Injury. Tampa, FL.
2015	American Congress of Rehab Medicine Annual Conference; Progress in Rehabilitation Research. Dallas, TX. Member of Brain Injury SIG
2015	Arkansas Trauma Rehabilitation Conference, Arkansas Trauma Rehabilitation Program, Little Rock, Arkansas.
2015	The Dartmouth Institute and the Masters in Health Care Delivery Science Symposium. Hanover, NH
2014	Summit on Health Care Delivery, United Health Care. Minnetonka, MN
2014	International Brain Injury Association, 10th World Congress on Brain Injury. San Francisco, CA
2013	11th Annual North American Brain Injury Conference, New Orleans, LA
2012	NH Brain Injury Association Annual Conference. Concord, NH
2012	Williamsburg Brain Injury Rehab Conference, TBI Model System, Virginia Commonwealth University, Williamsburg, VA
2011	Trauma Rehabilitation, Spaulding Rehab, Boston, MA
2010	American Congress of Rehab Medicine Annual Conference; Progress in Rehabilitation Research. Member of Brain Injury Special Interest Group
2010	Brain Injury Family Intervention Training, TBI Model System, Virginia Commonwealth University, Williamsburg, VA

Other Professional Activities and Awards:

2020 to 2021	Incident Command Executive Leadership Team: Covid-19 Pandemic Response
2017 to 2021	Chair of the New Hampshire Hospital Quality Council (appointed position)

2016 to 2018	Board of Governors Member representing more than 500 associate providers. Elected position (3 year term)
2017 to present	Active Committee Participation within New Hampshire Hospital: Quality Council (Chair: Deb Fournier) Personal Safety Emergency Reviews (co-Chair: Deb Fournier) Executive Safety Committee (Chair: Allen Coen) Adverse Medication Event Committee (Chair: Kelly Cummings) Pharmacy and Therapeutics Committee (Chair: Alex Shakhau) Joint Commission Preparedness (Chair: Libsy Baby-Youry) Medical Staff Organization (President: Lisa Mistler)
2014 to 2016	Committee Participation within Dartmouth-Hitchcock Medical Center: Development of Interdisciplinary TBI Assessment Clinic (Lead: Deb Fournier) Development of Multidisciplinary Poly-Trauma Clinic (Lead: Deb Fournier) Trauma and Acute Care Surgery Research Development (Lead: Deb Fournier) Nursing Research Development (Lead: Gay Landstrom / Jean Coffey) Promoting Professionalism Committee (Lead: Rick Barth) Professional Nurse Advancement Model (Lead: Johanna Beliveau) Graduate School Development (Lead: Gay Landstrom) Strategic Planning for Professional Nursing (Lead Gay Landstrom)
2014	DHMC Department of Surgery Care Path Award for *Management of Non-Operative Spine Fractures* (value $12,500)
2014	Awarded tuition scholarship to the Masters in Health Care Delivery Science program at Dartmouth. (Approximate value $100,000)
2004 to present	Member of the New Hampshire chapter of the American Nurses Association
2003 to 2007	Member of the Women's Supportive Services Board of Directors, Claremont, NH
2001 to 2002	Member of Special Interest Ethics group of the Center for Nursing Policy and Ethics at the Yale School of Nursing
2002 to present	Inducted member of the International Honor Society for Nurses: Sigma Theta Tau – Delta Mu chapter; Colby-Sawyer/DH chapter.
1998 to 2005	Member of International Society of Traumatic Stress Studies

Additional Volunteer Activities

1999 to 2000	Volunteer for local HeadStart Program (provided support to classroom teachers of 3-5 year-old children with multiple psychosocial stressors)
1992 to 1993	Volunteer for Women's Informational Services, Lebanon, NH
1991 to 1992	Volunteer for Women's Supportive Services, Claremont, NH

Supported Research and Selected CPHS Approved Quality Improvement Projects:

2016 to 2019	Participating in the LoveYourBrain Yoga Program: The Experiences of the Traumatic Brain Injury Community. CPHS 2016 study #00029657 ($3000 grant from NH Brain Injury Association) Principle Investigator: Kyla Donnelly Pearce, MPH Co-Investigators: Deb Fournier, APRN, Shari Goldberg, PhD
2015 to 2016	Evaluation of an Interdisciplinary Traumatic Brain Injury Clinic at Dartmouth-Hitchcock; Patient Experience. CPHS 2015 study #00029167 (unfunded). Principle Investigator: Deb Fournier, APRN Co-Investigator: Shari Goldberg, PhD
2015 to 2016	Clinical management and transfer status of patients with mild traumatic brain injury. CPHS 2015 Study #00028907 (unfunded). Principle Investigator: Deb Fournier, APRN

	Co-Investigators: Eric Martin, MD, Kirk Dufty, MD, Bob Singer, MD
2010 to 2016	Management of non-operative traumatic thoracolumbar fractures: TLSO standardization. CHPS 2014 Study # 00028200 (unfunded). Principle Investigator: Deb Fournier, APRN. Physician representatives: Kurt Rhynhart, Adam Pearson, S. Scott Lollis
1995 to 2000 (funding period)	"The Treatment of PTSD in Female Survivors of Childhood Sexual Abuse" The Principal Investigator on this grant was Matthew J. Friedman, M.D., Ph.D. Research Assistant: Deb Fournier

Jeffrey C. Fetter, MD
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Education

August 1993-May 1997	Johns Hopkins University, Baltimore MD	BA
August 1997-May 2001	Case Western Reserve University, Cleveland OH	MD

Postdoctoral Training

June 2001-June 2006	Combined Internal Medicine and Psychiatry Residency Dartmouth-Hitchcock Medical Center, Lebanon NH
June 2005-June 2006	Chief Med-Psych Resident Dartmouth-Hitchcock Medical Center, Lebanon NH
Sept 2019- Sept 2021	Physician Leadership Program University of NH, Paul College of Business and Economics

Licensure/Certification

April 5, 2006-Jun 30, 2022	New Hampshire Medical License #13042
Jan 2018- Dec 31, 2028	Board Certified in Internal Medicine, Diplomate #255543
May 2010-Dec 2030	Board Certified in Psychiatry, Diplomate #60814
April 2010-present	Certified in Transcranial Magnetic Stimulation (Neurostar, Inc.)
Nov 2016-present	DEA Buprenorphine X-Waiver

Academic Appointment
July 2006-Jan 2010, June 2020-present
Assistant Professor of Psychiatry
Geisel School of Medicine at Dartmouth

Hospital Appointments and Clinical Responsibilities

June 2020-Present
Chief Medical Officer
New Hampshire Hospital
Concord, NH

- Clinical oversight of state contract with Dartmouth-Hitchcock Health
- Supervision of 26 Providers

Aug 2018 – June 2020
Chief Medical Officer
Riverbend Community Mental Health Center

Concord, NH

- Supervision of 18 providers: CSP, Inpatient, Child, Integration, MAT
- Assertive Community Treatment Team Psychiatrist
- Integrated Delivery Network (IDN2) Medical Director
    - Medication Assisted Treatment for Substance Use Disorders
    - Psychopharmacology Services and Re-Entry initiatives for county inmates
    - Integrated Primary Care and Behavioral Health Program

Jan 2013-Sept 2018
Chief Medical Officer
NH Department of Corrections
MHM Services, Inc.
Concord, NH

- Supervision of Correctional Health Services for 2400 inmates
- Utilization Management
- Program Development
- Psychiatrist: Special Housing Unit, Residential Treatment Unit

Feb 2015 to Present
Expert Witness

- Independent Psychiatric Examiner, RSA 135-C Physician Certifications (Until June 2020)
    - Cheshire, Merrimack, Rockingham, and Hillsborough Counties Probate Courts
- Correctional Malpractice/Section 1983 Cases

March 2013-July 2016
EKG Interpretation Consultant
Dartmouth Psychopharmacology Research Group

Feb 2010- Dec 2012
Director of Consultation Psychiatry

- Inpatient Psychiatry
- Consultation to Hospitalists and Emergency Room
- ECT, rTMS

Concord Hospital, Concord NH

July 2010-Dec 2012
Cardiometabolic Psychiatry Clinic
Riverbend Community Mental Health Center
Concord NH

July 2006-Jan 2010
Attending Physician with Privileges in Psychiatry and Internal Medicine
New Hampshire Hospital, Concord NH

August 2006-Jan 2013
Consulting Physician with Privileges in Electroconvulsive Therapy

Concord Hospital, Concord NH

Mar 2009-Feb 2010
Cardiometabolic Psychiatry Consult Service
New Hampshire Hospital, Concord NH

Professional Leadership Positions

Dec 2017-Dec 2018
Fellowship Committee, American College of Correctional Physicians

May 2016-May 2018
Psychiatry Representative, NH Medical Society

May 2014-May 2016
Legislative Liaison, NH Psychiatric Society

May 2011-May 2015
President, NH Psychiatric Society

Nov 2013-May 2016
Executive Councilor, NH Medical Society

Mar 2009-Jan 2011
Inpatient Psychiatry Liaison, NH Psychiatric Society

July 2007-Feb 2010
Chair, Pharmacy and Therapeutics Committee, NH Hospital

July 2007-Feb 2010
Chair, Metabolic Syndrome Work Group, NH Hospital

Committee Assignments

June 2003-2006	DHMC Graduate Medical Education Accreditation Committee
Apr-June 2004	Chair, DHMC Psychiatry Resident Curriculum Project
July-Dec 2005	DHMC Resident Work Hours Task Force
Aug 2006-Jan 2007	Pharmacy and Therapeutics Committee, NHH
October 2006-June 2007	Metabolic Syndrome Work Group, New Hampshire Hospital
January 2007-2010	New Hampshire State Institutional Review Board
March 2007-2010	Medical Emergencies Committee, NHH
Sept 2007-2010	Adverse Medication Events Review Committee, NHH
June 2009-Aug 2009	Defensive Measures Task Force, NHH
March 2010-Dec 2012	Pharmacy and Therapeutics Committee, Concord Hospital
July-October 2016	Special Legislative Commission on Syringe Service Programs
October 2013-Sept 2018	MHM Inc. Credentialing Committee

Memberships

American College of Correctional Physicians
Association of Medicine and Psychiatry
American Psychiatric Association
New Hampshire Psychiatric Society
New Hampshire Medical Society

Awards and Honors

April 2001	Case Western Reserve University Health Policy Competition, Honorable Mention
June 2003	Abraham Lenzner, MD Award for Excellence in Consultation Psychiatry
April 2005	Association of Medicine and Psychiatry Martin Fenton, MD Award Med-Psych Resident of the Year
April 2006	Dartmouth Medical School Department of Medicine Excellence in Teaching Award Nominee
May 2006	Dartmouth Medical School Students' Excellence in Teaching Award for Medicine Clerkship
May 2007	Emory University Future Leaders in Psychiatry
April 2017	NH Public Health Association, Friend of Public Health
April 2021	NH Psychiatric Society Leadership Award

Research Experience

Site Investigator for Riverbend: "Cannabis, Schizophrenia and Reward: Self Medication and Agonist Treatment" NIDA D14016, Dartmouth Psychopharmacology Research Group (A. Green, PI)

Principal Investigator: "N-3 Fatty Acids for hypertriglyceridemia in patients with schizophrenia taking atypical antipsychotics." Dartmouth Psychiatry Department Junior Clinical Investigator Research Award.

Site Investigator for New Hampshire Hospital: "Clozapine vs. Risperidone for People with First Episode Schizophrenia and Co-Occurring Substance Use Disorder," Dartmouth Psychopharmacology Research Group (A. Green, PI)

Collaborating Investigator: "Management of Risk of Relapse in Schizophrenia III," NIMH #MH41573 (S. Marder, PI)

Site Investigator for New Hampshire Hospital: "Pilot study for treatment of persistent psychotic symptoms in schizophrenia," feasibility study to prepare for NIMH funded randomized antipsychotic trial. Dartmouth Psychopharmacology Research Group (D. Noordsy, PI)

Teaching Experience

May 2004	Conceived and Organized Psychotherapy Roundtable for Residents
June 2004 and 2005	Taught "Medical Emergencies for Psychiatry Interns" Lecture Series
June 2005-2006	Initiated and Facilitated Med-Psych Residents' Report

June 2006	"Inflammatory Bowel Disease and Mental Illness," Crohn's and Colitis Foundation Symposium at Dartmouth-Hitchcock Medical Center
2006-2010	Supervision of 3rd year medical students on psychiatry clerkship Supervision of 2nd year psychiatry residents Initiated and Organized Weekly Unit "Doc Talk" Seminar
Nov 2007	Internal Medicine Morbidity and Mortality Conference, White River Junction VA Medical Center
Sept 2008	NH Hospital Grand Rounds: "Cardiometabolic Risk and Mental Illness"
May 2009	Dartmouth PRC Seminar: "N-3 Fatty Acids for High Triglycerides in Patients Taking Atypical Antipsychotics"
May 2010	CH Grand Rounds: "Consultation Psychiatry"
May 2010	"Severe Depression and Cardiovascular Disease" New England ECT Annual Meeting
Oct 2011-2013	CH Simulation Center Course "Psychiatric Emergencies: De-escalation"; Conceived and Executed Course; Filmed Video Training, Moderated Simulations
May 2012	NH Hospital Grand Rounds: "Inpatient Violence"
Oct 2012	NH Medical Society Annual Scientific Meeting: "Obesity and Mental Health"
Feb 2012	Concord Hospital Grand Rounds: "Psychiatric Perspectives on Obesity"
Nov 2013	NH Medical Society Annual Scientific Meeting: "Mental Illness: Skills Every Physician Should Have"
Nov 2013	Concord Hospital Symposium: "Inpatient Violence"
Jan 2015	NH Hospital Grand Rounds: "Correctional Medicine Update"
Feb 2017	NH DOC Grand Rounds: "SHU and Analogue Environments"
March 2017	Psychiatric Consultant: Northern NH SWAT Team Hostage Negotiation Training Exercise
Oct 2018	Association of Medicine and Psychiatry National Meeting, Chicago IL: "Correctional Medicine"
April 2019	Kansas University Department of Psychiatry Grand Rounds "Correctional Medicine"
Dec 2019	"Psychiatric Diagnosis and the Law" NH Circuit Court Judge Conference
April 2020-present	Weekly COVID-19 Briefing for NH Community Mental Health Centers
Dec 23, 2020	"COVID-19 and the Mental Health System" NH CMHC Statewide Zoom
Dec 29, 2020	"COVID-19 Vaccination" Riverbend Community Mental Health, Inc.
Jan 7, 2021	"COVID-19 Vaccines for Mentally Ill Patients" NH Office of Public Guardian
Jan 21, 2021	"COVID-19 Vaccine Messaging and Disinformation" National Association of State Mental Health Program Directors
Feb 4, 2021	"COVID-19 Vaccine Messaging and Disinformation" NH Hospital Grand Rounds
Sept 2021-present	Psychiatric Leadership Elective rotation preceptor for 4th year residents

Original Articles:

Aschbrenner, KA. Naslund, JA. Reed, JD. Fetter, JC. Renewed call for lifestyle interventions to address obesity among individuals with serious mental illness in the COVID-19

era and beyond. Translational Behavioral Medicine 11(7) July 2021, pp 1359-1364, https://doi.org/10.1093/tbm/ibab076

Fetter, JC. COVID-19 Vaccination Strategies in Public Psychiatry. Psychiatric Services 2021; 72(2). 10.1176/appi.ps.72203

Fetter, JC. Framework for Psychiatrists' Role in the COVID-19 Response. Community Mental Health Journal 2021. Epub ahead of print.

Fetter, JC. Implementing a Correctional Electronic Medical Record. CorDocs: Newsletter of the American College of Correctional Physicians. 2017;20(2)

Fetter, JC. Chronic Pain in Corrections. CorDocs: Newsletter of the American College of Correctional Physicians. 2016;19(2)

Fetter JC, Brunette M, Green A. N3 Fatty Acids for Hypertriglyceridemia in Patients Taking Second Generation Antipsychotics. Clinical Schizophrenia and Related Psychoses. Summer 2013 73-77A

Fetter JC, Bartels SJ, Parker C. A cardiometabolic psychiatry consultation service in a state psychiatric hospital. Prim Care Companion of CNS Disorders 2011; 13(2)

Fetter JC. Diagnosing and Managing Violence. Prim Care Companion J of CNS Disorders. 2011;13(5)

Shagoury P, Currier M, Bemis R, Fetter JC. A motivational interviewing group to manage cardiometabolic risk on an inpatient psychiatry unit: A chart review. Prim Care Companion to J Clin Psych; 2010; 12(6)

Shagoury P, Currier M, Fetter JC. A motivational interviewing group to manage cardiometabolic risk on an inpatient psychiatry unit: A case study. Prim Care Companion to J Clin Psych 2010; 12(3)e1

Fetter JC. Mirtazapine for MDMA-Induced Depression. Am J Addict. 2005 May-Jun;14(3):300-1

Denard PJ, Fetter JC, Zacharski LR. Rectus sheath hematoma complicating low-molecular weight heparin therapy. Int J Lab Hematol. 2007 Jun;29(3):190-4.

Fetter JC. Psychosocial Response to Mass Casualty Terrorism: Guidelines for Physicians. Primary Care Companion to J Clin Psychiatry 2005; 7(2): 49-52

Fetter JC, Askland KD. Antidepressants for Bipolar Depression. Am J Psychiatry 2005 Aug; 162(8): 1546

Fetter JC. Letter: Weight gain and quality of life among patients taking antipsychotics. Psychiatric Services 2003 Jul;54(7):1041

Fetter JC. The Gift of Therapy: A Letter to a New Generation of Therapists and their Patients. Prim Care Companion J Clin Psychiatry. 2006; 8(3): 181

Poster Presentations:

Mistler, L, Auel E, Sanders E, Thomas J, Moore E, Fetter JC. Awake Proning for COVID-19. Scheduled for Association of Medicine and Psychiatry Annual Meeting Sept 30, 2021

Mistler, L, Auel E, Sanders E, Thomas J, Moore E, Fetter JC. Awake Proning for COVID-19 in a State Psychiatric Hospital. Presented at NH Psychiatric Society Scientific Meeting, April 2021.

Fetter JC, Barton E, Grattan V. Englander C. Hepatitis C Treatment in a Correctional System: 10 Years' Experience.
Presented at National Committee for Correctional Health Care National Conference, Oct. 2014

Fetter JC, Bartels S. Developing a Medication Algorithm for Second Generation Antipsychotic-Induced Metabolic Effects.
Presented at Future Leaders in Psychiatry, Atlanta GA 2007

Fetter JC, Gillock KL, Friedman M, Howard J. Adiposity and Chronic Traumatic Stress.
Presented at Association for Medicine and Psychiatry Annual Meeting, Los Angeles CA, 2006

Scientific Sessions:
Chair, "Weight Gain and Mental Illness"
American Psychiatric Association General Meeting, New Orleans, 2010

Other Activities:
Cubmaster, Cub Scout Pack 86, Concord NH: May 2021-present
Board of Directors, Unitarian Universalist Church of Concord: July 2019-July 2020
Pandemic Policy Committee, Unitarian Universalist Church of Concord: August 2020-present
Fiddle, Limberjack, and 3-string Guitar, Wholly Rollers bluegrass/old time gospel band: 2015-present

Samantha Swetter, M.D.

Date Prepared: 08-19-2021

I. Education

May 2012 - May 2014
Albert Einstein College of Medicine
Doctor of Medicine Program,
Degree: M.D.

July 2009 - May 2012
Albert Einstein College of Medicine
Medical Scientist Training Program
Department of Biochemistry

August 2003 - June 2009
University of Nebraska – Lincoln
B.S. Mechanical Engineering
Pre-medicine Professional Program
Minor: International Engineering
Honors Thesis: "Resistance Characterization of a HiPIMS Plasma Discharge."

II. Postdoctoral Training

July 2014 - June 2018
Psychiatric Residency Training, Chief Resident
The Mount Sinai Hospital; New York, NY

III. Academic Appointments

August 2018 – present
Assistant Professor of Psychiatry
Geisel School of Medicine at Dartmouth

IV. Institutional Leadership Roles

Associate Medical Director; Nov 2020 – present; New Hampshire Hospital
Secretary of Medical Staff Organization's Executive Committee; Nov 2019 - present; New Hampshire Hospital
Chair of Utilization Management Committee; Nov 2018 – present; New Hampshire Hospital

V. Licensure and Certification

New Hampshire, Medical License and DEA

VI. Hospital Appointments

August 2018 – present

General Adult Admissions Unit Psychiatrist
New Hampshire Hospital; Concord, NH
Lead an interdisciplinary team treating patients with serious mental illness on an acute care unit.

Nov 2017 – June 2018
Transcranial Magnetic Stimulation (TMS) Consultant
HPR Treatment Centers; New York, NY
Conduct initial TMS evaluations and brain mapping for TMS.

July 2016 – June 2018
Insurance Appeals Evaluator
The Mount Sinai Hospital; New York, NY
Evaluate insurance claim denials and make formal written appeals to the insurance providers.

September 2016 – September 2017
Per Diem Staff Psychiatrist
St. Joseph's Medical Center; Yonkers, NY
Per diem coverage of consult liaison, emergency room, and 29 inpatient beds on nights and weekends. Responsible for triaging new consults and staffing urgent consults/floor issues.

VII. Professional Development Activities

Structured Interview for Psychosis-Risk Syndromes (SIPS) and Scale for Prodromal Symptoms (SOPS) Training and Certification;
PRIME Research Clinic
Feb 3, 2018

TMS Training and Certification;
Brainsway
Nov 9, 2017

Suboxone Training;
The American Osteopathic Academy of Addiction Medicine
Apr 26, 2017

Transforming Clinical Practice Initiative;
APA learning collaborative on collaborative care for New York residents led by University of Washington
Sep 2016 – Dec 2016

Mental Health Perceptions in Rural Uganda
March 2014-May 2014
Kisoro, Uganda
Develop, implement, and analyze surveys regarding mental health perceptions in the rural communities of Kisoro, Uganda.
Sponsor: Albert Einstein College of Medicine

VIII. Teaching Activities

A. Undergraduate teaching

Physiology Lab Teaching Assistant
May 2008 – Dec 2008
University of Nebraska – Lincoln
Primary course facilitator

B. Undergraduate Medical Education

Assistant Professor of Psychiatry at Geisel School of Medicine at Dartmouth
August 2018 – present
Geisel School of Medicine at Dartmouth
Attending on clinical teaching service for clerkship

Psychiatry Shelf Review for Medical Students
Mar 2015
Icahn School of Medicine at Mount Sinai
Course developer and facilitator

C. Graduate Medical Education (GME) teaching:

Assistant Professor of Psychiatry at Geisel School of Medicine at Dartmouth
August 2018 – present
Geisel School of Medicine at Dartmouth
Attending on clinical teaching service for residents

Resident lectures and clinical supervision at Mount Sinai Hospital
Chief Resident, July 2017 – July 2018
Co-Leader for Psychiatry PGY1 Didactic Course, May 2016 – Jul 2017
Clinical Lectures to Psychiatry PGY1s, Aug 2016 – Mar 2017:
Lectures given include: First break psychosis, Delirium, contraindications to common PRNs, Alcohol use disorder
Clinical Case Lecture to Psychiatry PGY2s, Oct 2015
Ethics Case Lecture to Psychiatry PGY1s, Mar 2015

IX. Engagement, Community Service/Education

Post-secondary education counseling at Frederick Douglas Academy III High School, May 2012 – June 2018, ~8 hours/year
Einstein Community Health Outreach – Student-run No Fee Clinic, Apr 2013 – May 2014 Session Coordinator, ~20 hours/year
Homeless Outreach Program at Einstein, May 2012 – May 2013, Educational Session Facilitator, ~10 hours/year
Volunteer at Bryan LGH Medical Center Emergency Room, Nov 2007 – May 2009, Staff Support, ~40 hours/year
Notetaker for Students with Disabilities at University of Nebraska – Lincoln, Jan 2004 – May 2004, Jan 2009 – Feb 2009, Notetaker, ~20 hours/year

X. Research Activities

Survey of the Organizational Readiness to Implement Coordinated Specialty Care for First Episode Psychosis at New Hampshire Community Mental Health Centers
May 2021-present
Role: Primary Investigator
Percent effort <5%
No sponsoring agency and no direct costs

P. falciparum infected erythrocytes as an aptamer target,
August 2009-March 2012
Albert Einstein College of Medicine, Bronx, NY
Artificially evolve ribonucleic small molecules to elucidate parasite biology and provide novel diagnostic/therapeutic strategies for *Plasmodium falciparum*-infected erythrocytes.
Role: Medical Scientist Training Program Candidate
Sponsor: Albert Einstein College of Medicine

Clotting Factor Purification and Characterization,
May 2008 – May 2009
University of Nebraska – Lincoln
Purification of rFVIII from transgenic murine milk. Characterization of a portable fibrin sealant bandage for arterial hemorrhage
Role: Undergraduate Research Assistance
Sponsor: Undergraduate Creative Activities and Research Experience (UCARE) Program

High Power Impulse Magnetron Sputtering Modeling,
August 2006-May 2008
University of Nebraska – Lincoln
Characterization and equation modeling of plasma field used in kinetic sputtering.
Role: Undergraduate Research Assistance
Sponsor: Undergraduate Creative Activities and Research Experience (UCARE) Program

XI. Program Development

Value-Based Pilot for Health and Recovery Plan Members
The Mount Sinai Hospital
Sep 2016 – June 2018
Type: Clinical
Mission: Engage high-risk mental health populations in wrap-around services to improve health outcomes.
Role: Consolidate referral data to Medicaid Home and Community-Based Services (HCBS) for high-risk populations and help analyze for quality improvement measures.
Outcomes: Referral rate

Tele-supervision and Training Program for Rural Practitioners in Liberia
The Mount Sinai Hospital
Aug 2017 – June 2018
Type: Clinical
Mission: Increase access to mental health services in rural Liberian communities.
Role: Tele-supervisor and mentor for practitioners.

XII. Major Committee Assignments, inclusive of Professional Societies

A. National/International

B. Regional
Treasurer; New Hampshire Psychiatric Society; May 2021 - present

C. Institutional
Chair of Utilization Management Committee; Nov 2018 – present; New Hampshire Hospital
Secretary of Medical Staff Organization's Executive Committee; Nov 2019 - present; New Hampshire Hospital
Community Service Committee Member, American Psychiatric Association; March 2017 - June 2018
Engineers Without Borders – University of Nebraska (EWB-UN),
Co- President of University Chapter, Aug 2008 – May 2009,
Community Health Assessment Committee Chair of University Chapter, Nov 2008 – May 2009
International Association for the Exchange of Students for Technical Experience (IAESTE), President of University Chapter, Sep 2004 – Mar 2007

XIII. Institutional Center or Program Affiliations

New Hampshire Psychiatric Society Feb 2019 - present
American Psychiatric Association Feb 2017 – present
Anxiety and Depression Association of America Oct 2017 – June 2018

XIV. Editorial Boards

Einstein Journal of Biological Medicine, May 2011 – May 2012
Assistant Editor

XV. Awards and Honors

ADAA Alies Muskin Career Development Leadership Program Award, Nov 2017
Global Health Fellow to Uganda, Jan 2013
Grant recipient for undergraduate research (UCARE), May 2006, May 2008
NASA Nebraska Space Grant Scholarship Recipient, Nov 2007
Milton E. Mohr Mechanical Engineering Scholarship Recipient, July 2007
InfoUSA sponsee in "This is India!" Exchange Program, Mar 2007
Department of Education grant recipient for foreign exchange to Brazil (FIPSE), Dec 2006
Society of American Military Engineers Scholarship, Nov 2006
Tau Beta Pi Inductee, Aug 2005
Pi Tau Sigma Inductee, Jan 2005
University Honor's Program, May 2003
Regent's Four Year Tuition Scholarship, May 2003
Engineering & Technology Four Year Scholarship, May 2003

XVI. Invited Presentations

A. International

B. National

C. Regional
New Hampshire Hospital Grand Rounds – Catching Catatonia #^
New Hampshire Hospital, June 2021

New Hampshire Hospital and Severe Mental Illness *
Colby-Sawyer College, Adventures in Learning
January 2021, Virtual Lectures

Grand Rounds – The Borderline Façade #^
Mount Sinai Hospital. Oct 2017

Summer Roundabouts – Widening Your Differential Diagnosis *
Mount Sinai Hospital. Aug 2017
Case-based presentation to residents of all years regarding how to formulate patients and acquire sufficient information for a diagnosis.

"Me Too" *
Albert Einstein College of Medicine. Mar 2017
Invited discussant for presentation on mental illness in physicians and medical students.

XVII. Bibliography

A. Peer-reviewed publications in print or other media

Swetter, S., Fader, R., Christian, T., Swetter, B. (2018). Compulsive Sexual Behavior. Evaristo Akerele (Ed.), *Substance and Non-Substance Related Addictions*. Manuscript submitted. Springer Nature. *

Hanna, J., Swetter, S. (2018). A Case of Delirium and Rhabdomyolsis in Severe Opiate Withdrawal. *Psychosomatics.* 59(4): 405-407. *

Meyer, J.P., Swetter, S.K., & Kellner, C.H. (2018). Electroconvulsive therapy (ECT) in geriatric psychiatry: A selective review. *Psychiatric Clinics of North America*. 41(1): 79-93. *

Cumper, S. (now Swetter), Ahle, G,, Liebman, L., & Kellner, C. (2014). Electroconvulsive therapy (ECT) in Parkinson's Disease: ECS and dopamine enhancement. *JECT. 30*(2), 122-124. *

B. Other scholarly work in print or other media:

Peer-reviewed article in non-indexed publication:
Swetter, Samantha. (2017). Unexpected trauma. *The American Journal of Psychiatry – Residents' Journal. 12*(7),10.

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

Poster Presentation – Recombinant Clotting Proteins for use in Arterial Bandages
University of Nebraska – Lincoln. May 2008

Poster Presentation – High Power Impulse Magnetron Sputtering Modeling
University of Nebraska – Lincoln. May 2008

Patrick R Hattan, MD

[redacted]

Professional Licenses/Certifications:

New Hampshire State Medical License — June 2021-23
American Board of Psychiatry and Neurology-certified physician — Sep 2019-2029

Professional Experiences:

New Hampshire Hospital, Concord, NH — July 2017-present
- Associate Medical Director — October 2020-present
- Attending psychiatrist, acute inpatient psychiatric unit
- Chair, Medical Records Committee of the NHH Medical Staff Organization — Dec 2019-present

Academic Background:

Geisel School of Medicine at Dartmouth, Hanover, NH — July 2017-present
Assistant professor of psychiatry

Cambridge Health Alliance/Harvard Medical School — July 2012-June 2017
Cambridge, MA
Internship in General Internal Medicine
Residency in Adult Psychiatry

Areas of special focus in addition to standard residency curriculum:

PGY4 focus on junior resident supervision and medical student teaching (see below)
PGY4 focus on Emergency Psychiatry
Ambulatory Community Service, CHA Outpatient Psychiatry Dept
- Specialty clinic serving the severe and persistently mentally ill.

Center for Mindfulness and Compassion, CHA Outpatient Psychiatry Dept
- Founding member.

Dartmouth Medical School, Hanover, NH — Aug 2008-June 2012
MD

McGill University, Montreal, QC, Canada — Sep 2003-June 2008
Bachelor of Arts and Science, major concentrations in Biomedical Studies and History
Graduated with *Great Distinction* (*Magna Cum Laude* equivalent)

New Hampshire Technical Institute, Concord, NH — Sep 2001-Dec 2002
Part-time post-secondary studies, undeclared concentration

Peer-reviewed Publications:

Barnes N, Hattan P, Black DS, Schuman-Olivier Z. *An Examination of Mindfulness-Based Programs in US Medical Schools*. Mindfulness. Published online: 2016, Oct 6. DOI 10.1007/s12671-016-0623-8.

Bambico FR, Lacoste B, Hattan PR, Gobbi G. *Father absence in the monogamous California mouse impairs social behavior and modifies dopamine and glutamate synapses in the medial prefrontal cortex*. Cerebral Cortex. 2015 May; 25(5): 1163-75. DOI 10.1093/cercor/bht310.

Bambico FR, Hattan PR, Garant JP, Gobbi G. *Effect of delta-9-tetrahydrocannabinol on behavioral despair and on pre- and postsynaptic serotonergic transmission.* Progress in neuro-psychopharmacology and biological psychiatry. 2012 Jul 2; 38(1): 88-98. DOI 10.1016/j.pnpbp.2012.02.006.

Poster Presentations:

Barnes N, Black DS, Hattan P, Schuman-Olivier Z. *The Emergence of Academic Mindfulness Centers Associated with Medical Schools (AMCAMS).* Poster presentation at the Mind and Life International Symposium on Contemplative Studies. Oct 2014.

Bambico F, Hattan P. *Cannabinoids elicit antidepressant-like behaviour and activate serotonergic neurons through the medial prefrontal cortex*. Poster presentation at Programs and Abstracts of the 17th Annual Symposium on the Cannabinoids. June 2007.

Supervisory/Teaching Experience:

Clinical supervision of PGY2 general adult psychiatry house officers and 3rd year medical students — July 2017-present
Dartmouth-Hitchcock Medical Center/Geisel School of Medicine at Dartmouth

Individual psychotherapy supervision — Jul 2016-June 2017
Supervised a PGY2 resident for 4 psychotherapy cases and 1 therapy group
Cambridge Health Alliance/Harvard Medical School

Medical student teaching — Nov 2016-Dec 2016
Cambridge Health Alliance/Harvard Medical School

Chiefship of the PGY1 psychiatry intern class — Jul 2016-June 2017
Cambridge Health Alliance/Harvard Medical School

Individual psychopharmacology supervision
Supervised three PGY3 residents in a Transitions Clinic serving patients needing short-term treatment while between providers
Cambridge Health Alliance/Harvard Medical School

Neuroanatomy Teaching Assistant, 300-level anatomy course — Sep 2007-Dec 2007
Department of Anatomy and Cell Biology, McGill University

Lectures/Presentations:

Hattan P, *The History of New Hampshire Hospital*
New Hampshire Hospital Grand Rounds — October 2021

Hattan P, Nagarajan T, Stanciu C, Praharaj D, *The Neurobiological Effects and Pharmacological Management of Inhalant Use Disorder*
New Hampshire Hospital Case Conference March 2021

Hattan P, *Engima: Treatment Planning with a High-Risk Patient Who Does Not Want to be Understood*
New Hampshire Hospital Case Conference May 2018

Hattan P, *Introduction to Psychopharmacology, parts 1 and 2* Nov 2016
Post-doctoral Psychology seminar, Cambridge Health Alliance/Harvard Medical School

Hattan P, *De-escalating the Agitated Patient* June 2016
PGY1 intern orientation for general internal medicine, psychiatry, and transitional residents, Cambridge Health Alliance/Harvard Medical School

Hattan P, *Fundamentals of Neuroanatomy* Jan 2016
Brain & Behavior: PGY3 psychiatry seminar, Cambridge Health Alliance/Harvard Medical School

Hattan P, *Depression in Animals and Animal Models* Mar 2015
Brain & Behavior: PGY3 psychiatry seminar, Cambridge Health Alliance/Harvard Medical School

Hattan P, *Antipsychotic Medications for the Treatment of Psychosis* Oct 2014
Psychopharmacology: PGY3 psychiatry seminar, Cambridge Health Alliance/Harvard Medical School

Hattan P. *Antipsychotic Medications, QTc Prolongation, and Sudden Cardiac Death.*
Consult/Liaison Psychiatry: PGY2 psychiatry seminar, Cambridge Health Alliance/Harvard Medical School June 2014

Hattan P, *Metastatic Struma Ovarii* June 2011
Dept of Obstetrics & Gynecology Grand Rounds, California Pacific Medical Center, San Francisco, CA

Employment Experience:

Research Assistant Sep 2007-Aug 2008
Department of Neurobiology and Psychiatry, McGill University
- Obtained proficiency in single-cell electrophysiology and behavioral modeling in experimental animals. Researched novel antidepressants and animal bonding.

House staff 2003
Killarney International Youth Hostel, Ireland

Teaching Assistant, grades kindergarten – 5 2000-2002
Salisbury Elementary School, Salisbury, NH

Extracurricular/Honors:

Patient Care Award, Cambridge Health Alliance May 2014

- Recognized by the hospital for compassionate patient care based on patient-based survey

Gold Humanism Honors Society, Dartmouth Medical School June 2012
- Elected by classmates for representing the values humanism in medicine

Psychiatry Department Award, Dartmouth Medical School June 2012
- Recipient from the graduating class of 2012

American Medical Student Association, DMS chapter Sep 2008-Aug 2011
- Chapter president 08/09-08/11

Adult Mentor Sep 2006-June 2007
Big Brothers Big Sisters of Greater Montreal

Personal Information:

DOB July 27, 1982
Native of Salisbury, New Hampshire
Interests: American history, outdoor sports, cooking.

CURRICULUM VITAE

Corneliu Natanael Stanciu

Bachelor of Sciences, Honors, Immunology Specialist
M.D., Psychiatric Medicine – Addiction Psychiatry
Medical Review Officer (M.R.O.)
Fellow, American Society of Addiction Medicine (F.A.S.A.M.)
Fellow, American Psychiatric Association (F.A.P.A.)

Current Position:

Director of Addiction Services
New Hampshire Hospital
Concord, NH
Assistant Professor of Psychiatry
Department of Psychiatric Medicine
Geisel School of Medicine
Dartmouth College, Hanover, NH

Address **Personal:** [redacted]

Professional: [redacted]

Contact **e-mail:** [redacted]

Phone: [redacted]

References: Available upon request

CORNELIU N. STANCIU, M.D.

EDUCATION & TRAINING

American Association for Physician Leadership — Tampa, FL
Certified Physician Executive (CPE) — May 2020-in progress

American Psychiatric Association — Washington, DC
Buprenorphine and Medication Assisted Treatment (MAT) Trainer — June 2019

Dartmouth-Hitchcock Medical Center, Geisel School of Medicine — Lebanon, NH
Addiction Psychiatry Fellowship — July 2017– July 2018

Duke University — Durham, NC
Electroconvulsive Therapy (ECT) Fellowship — March 2018

American Association of Medical Review Officers — Charlotte, NC
Medical Review Officer (MRO) Fellowship — February 2018

East Carolina University, Brody School of Medicine
Vidant Medical Center — Greenville, NC
Psychiatric Residency — July 2013– June 2017

SABA University School of Medicine — Saba, Netherlands-Antilles
Doctorate of Medicine (MD) — September 2008 - May 2013

University of Toronto — Toronto, ON
Honors Bachelor of Science, Immunology Specialist — September 2004 – May 2008

LICENSES/CERTIFICATIONS

American Board of Psychiatry and Neurology (General Psychiatry) – certified 2018 (#73502)
American Board of Psychiatry and Neurology (Addiction Psychiatry) – certified 2019 (#73502)
North Carolina Medical License (#2016-01576)
New Hampshire Medical License (#18205)
Buprenorphine and Office-based Treatment of Opioid Dependence Waiver
Probuphine Dual Prescriber / Implanter License
USMLE Steps 1-3
BLS, ACLS - certified
Lean Six Sigma Yellow Belt - trained
Crisis Prevention Institute - certified
Basic Certificate in Quality and Safe-Institute for Healthcare Improvement
CISCO Java Programming Certificate

CLINICAL EXPERIENCE

Outpatient: Child, Adult, Geriatric, ID and Substance Abuse experience (IOP, Methadone, Buprenorphine)
Inpatient Dual Diagnosis: Adult, Geriatric, ID experience
Consult Liaison and Emergency Department experience
Tele-medicine experience
Outpatient and Inpatient Adult, Geriatric, Child, College, ID and Dual diagnosis experience

Outpatient Substance Abuse treatment including Buprenorphine training and Methadone exposure
Inpatient Substance Abuse detoxification
Residential Substance Abuse treatment experience
Consult Liaison and Emergency psychiatry
Experience in the Veterans' Affairs system at outpatient, inpatient and substance abuse level
Proficient in the practice of Electroconvulsive therapy (ECT)
Experience with Transcranial Magnetic Stimulation (TMS)
Trained in Crisis prevention, de-escalation and nonviolent intervention
Practices various forms of psychotherapy
Medical case review and analysis

HONORS/AWARDS

Psychiatry Educator of the year Award, Dartmouth's Geisel School of Medicine	2020
Fellow, American Psychiatric Association	2020
Fellow, American Society of Addiction Medicine	2019
East Carolina University, Department of Psychiatry Academic Resident Award	2017
American Society of Addiction Medicine Ruth Fox Scholar	2017
Best Resident Paper in Administrative Psychiatry Award	2017
Governor's Institute on Substance Abuse Scholarship	2017
American Psychiatric Association MindGames Jeopardy Competition Award	2017, 2015, 2014
North Carolina Psychiatric Association Poster Presentation Award	2016, 2015, 2014
Vidant Medical Center EHR Excellent Clinical Documentation Award	2014
Dofasco Technology and Ingenuity Award	2004
Canadian Nuclear Society Innovative Research Award	2004
Manulife Financial Award for Creative Solutions to Health-related Issues	2004

RESEARCH LEADERSHIP

American Journal of Preventive Medicine, Ad hoc Reviewer	2021-present
Certified Publons Academy Mentor	2020
Psychiatric Times Section Editor Addiction/Substance Use/Compulsive Disorders	2020-present
American Association of Addiction Psychiatry Newsletter, Associate Editor	2018-present
Current Psychiatry Career Choices Section Editor	2018-2019
Journal of Alcoholism and Drug Dependence, Editorial board	2017-present
Journal of Depression and Anxiety, Editorial board	2017-present
International Journal of Mental Health and Addiction, Ad hoc Reviewer	2017-present
American Journal of Psychiatry Residents' Journal, Special Section Editor	2017

LEADERSHIP, APPOINTMENTS & COMMITTEES

Board of Directors, Hampshire Towers Association	2020-present
Rep. Burgess President's Council member	2020-present
New Hampshire Hospital Pain Team Chair	2019-present
New Hampshire Therapeutic Cannabis Program Medical Oversight Board member	2019-present
New Hampshire Board of Medicine, Medical Review Subcommittee member	2019-present
New Hampshire Hospital Pharmacy and Therapeutics Committee member	2018-present

American Association of Addiction Psychiatry, Scientific Program Committee member	2016-present
East Carolina University Chief Academic Resident	2016-2017
North Carolina Psychiatric Association Executive Committee ECU representative	2015-2016
East Carolina University Medical Student Education Committee resident representative	2014-2016
North Carolina Addiction Committee	2014-2017
North Carolina Psychiatry and the Law Committee	2013-2017
North Carolina Clinical Committee	2013-2017
East Carolina University Christian Medical and Dental Association	2013-2017

PROFESSIONAL MEMBERSHIPS

American Academy for Physician Leadership (AAPL)	2020 – present
American Association of Medical Review Officers (AAMRO)	2018 – present
American Association of Psychiatric Administrators (AAPA)	2017 – present
American Society of Addiction Medicine (ASAM)	2016 – present
American Association of Addiction Psychiatry (AAAP)	2014 – present
North Carolina Medical Society (NCMS)	2014 – 2019
North Carolina Psychiatric Association (NCPA)	2013 – 2019
American Psychiatric Association (APA)	2012 – present
American Medical Association (AMA)	2012 – present
University of Toronto Pre-Medical Society	2006
University of Toronto Immunology Association	2005

PUBLICATIONS

Journal

Ahmed S, Roth RM, Stanciu CN and Brunette MF "The Impact of THC and CBD in Schizophrenia: A Systematic Review". (2021) Front. Psychiatry 12:694394.

Stanciu, CN; Brunette, MF, et al. "Evidence for Use of Cannabinoids in Mood Disorders, Anxiety Disorders, and PTSD: A Systematic Review" (2021) Psychiatric Services. 1:72(4)429-436.

Stanciu, CN; Ahmed, S, et al. "Pharmacotherapy for Management of Kratom Use Disorder, A Systematic Literature Review with Survey of Experts" Wisconsin Medical Journal – accepted and pending publication in 2021

Teja, N; Dodge, CP; Stanciu, CN. "Abuse, Toxicology and the Resurgence of Propylhexedrine: A Case Report and Review of literature" Cureus Journal. 12(10). 2020

Stanciu, CN; Gibson S. Et al."An Efficient and Smooth Methadone-to-Buprenorphine Transition Protocol Utilizing A Transdermal Fentanyl Bridge And Pharmacokinetic Inducer: The Stanciu Method." Cureus Journal. 12(5). 2020

Ahmed, S; Stanciu, CN. Et al. "Effectiveness of Gabapentin in Reducing Cravings and Withdrawal in Alcohol Use Disorder: A Meta-Analytic Review." Primary Care Companion for CNS Disorders. 2019 Aug 22;21(4)

Stanciu, CN; Gnanasegaram SA." Naltrexone and Its Noroxymorphone Minor Metabolite – A Case Report" Journal of Psychoactive Drugs. 2019

Stanciu, CN; Gnanasegaram SA. Et al. "Kratom Withdrawal – A Systematic Review with Case Series" Journal of Psychoactive Drugs. 2018

Stanciu, CN; Gnanasegaram SA; et al. "Physician Wellness and Substance Use – A Brief Review" Journal of Alcoholism & Drug Dependence. 2018. 6:3

Stanciu, CN. "The State of Opioid Medication Assisted Treatment (MAT)" Journal of Alcoholism & Drug Dependence. 2018. 6:3

Ahmed, S; Stanciu, CN. "Survey of Physician Attitudes Towards Psychogenic Non-Epileptic Seizures and Driving" Epilepsy & Behavior. (83)2018.

Stanciu, CN. "Addiction and Mental Health: The New Norm" American Journal of Psychiatry, Residents' Journal. 2017. 12:12

Ahmed, S; Stanciu, CN. "Addiction and Suicide: An Unmet Public health Crisis" American Journal of Psychiatry, Residents' Journal. 2017, 12:12

Fisher, A; Stanciu, CN. "Amphetamine-Induced Delusional Infestation" American Journal of Psychiatry, Residents' Journal. 2017. 12:12

Stanciu, CN; Penders TM; Wuensch KL et al. "Underutilization of Screening Tools for Alcohol Use Disorders Part I: Results from Survey of Practices among North Carolina Mental Health Providers and Brief Review of Available Instruments" Journal of Alcoholism & Drug Dependence. 5:5. 2017

Stanciu, CN; Penders TM; Wuensch KL et al. "Underutilization of Pharmacotherapy for Treatment of Alcohol Use Disorders Part II-Results from a Survey of Practices among North Carolina Mental Health Providers and Brief Review of Efficacy of Available Pharmacotherapies" Journal of Alcoholism & Drug Dependence. 5:5. 2017

Stanciu, CN; Gnanasegaram SA; Ganpat PP. "Does 'Hotboxing' Get You High and Can You test Positive? – A Brief Review of Second-Hand Cannabis Exposure, Intoxication and Urine Drug Screens" Journal of Alcoholism & Drug Dependence. 5:5. 2017

Stanciu, CN; Gnanasegaram SA. "Strategies for Mitigating Risk in those with Substance Use Disorders" Journal of Psychiatric Administration and Management. 2017. 6(1).

Stanciu, CN; Glass, M. et al. ""Meth Mouth' - An Interdisciplinary Review of a Neglected Dental and Psychiatric Condition" Journal of Addiction Medicine. 2017

Stanciu, CN; Penders TM. Et al. "Behavioral profile of Flakka and Bath salts" Current Drug Abuse Reviews. 2017. 9:1-5.

Stanciu, CN; Gnanasegaram SA. "Loperamide, The "Poor Man's Methadone" – Brief Review" Journal of Psychoactive Drugs. 2017; 49:1

Broszko, M; Stanciu, CN. "Survey of EKG monitoring practices: A necessity of prolonged nuisance?" American Journal of Psychiatry, Residents' Journal. 2017

Stanciu, CN; Glass, OM; Penders, TM. "Use of Buprenorphine in Treatment of refractory depression – review of current literature" Asian Journal of Psychiatry, 2017; (26) 94-98

Stanciu, CN; Penders TM; Rouse EM. "Recreational Use of Dextromethorphan, "Robotripping" – A Brief Review" The American Journal on Addictions, 2016

Penders, TM; Stanciu, CN et al. "Bright Light Therapy as Augmentation of Pharmacotherapy for Treatment of Depression – A MetaAnalysis" The Primary Care Companion to the Journal of Clinical Psychiatry, 2016

Stanciu, CN; Glass, OM; Penders, TM. "Gabapentin (Neurontin): An Adjunct for Benzodiazepine Withdrawal – Case Series" Journal of Addiction and Dependence 2015; 1:2.

Stanciu, CN; Penders, TM. "Hallucinogen Persistent Perception Disorder Induced by New Psychoactive Substituted Phenethylmines - Review with Illustrative Case" Current Psychiatry Reviews 2015.

Stanciu, CN; Glass, OM. "Pain Killers that Cause Pain – Addressing a Rising, Poorly Recognized Complication" American Journal of Psychiatry Residents' Journal 2015.

Stanciu, CN; Penders TM; Rouse EM. "Mania Following Misuse of Dextromethorphan - A Case Report and Brief Review of "Robotripping"" Journal of Addiction Medicine 2015.

Penders, TM; Stanciu, CN et al. "Psychogenic Polydisia, Hyponatremia and Osmotic Myelinolysis – A case report and brief review" BMJ Case Reports 2015.

Stanciu, CN; Oxentine HN; Penders, TM. "Delusional Infestation Following Misuse of Prescription Stimulants" Psychosomatics 2014, 10:04

Penders, TM; Stanciu, CN. "New Psychoactive Substances in the Internet Age" Journal of Policy Analysis and Management 2014, 03:01.

Rossetti, S; Hoogeveen, AT; Liang, P; Stanciu, CN. et al. "A Distinct Epigenetic Signature at Targets of a Leukemia Protein" BMC Genomics 2007, 8:38

Other

Stanciu, CN; William Fletes "Reducing Opioid-involved Overdose Deaths: States' Prevention and Response Efforts". Psychiatric Times 8/2021

Stanciu, CN "Digital Therapeutics for Substance Use Disorders: From Research to Practice" Psychiatric Times 8/2021

Praharaj, DR.; Stanciu, CN "What to Expect When Your ADHD Patients are Expecting" Psychiatric Times 3/2021

Stanciu, CN "Neuroticism-Depression: What is it and does it play a role in College drinking?" Psychiatric Times 2/2021

Stanciu, CN "How Frailty in older Adults with Depression Hinders Antidepressant Response" Psychiatric Times 1/2021

Stanciu, CN "An Inside Look at Depression Treatment Among Patients With Addictive Disorders" Psychiatric Times 12/2020

Stanciu, CN "Is There Evidence to Support the use of Kratom for the Self-Treatment of Depression?" Psychiatric Times 11/2020

Stanciu, CN; Gnanasegaram, SA. "Adjunctive Atypical Antipsychotics in Major Depressive Disorder: What's the Impact?" Psychiatric Times 10/2020

Stanciu, CN; Gnanasegaram, SA. "Then and Now: Addressing Comorbid PTSD and MDD" Psychiatric Times 9/2020

Stanciu, CN; Teja, N. "Is There a Role for Saffron Phytotherapy in Treating Depression?" Psychiatric Times 7/2020

Stanciu, CN "Talking to pregnant Patients About Cannabis Use" Psychiatric Times 6/2020

Stanciu, CN; Gnanasegaram, SA. "Augmentation Strategies for Depression" Psychiatric Times 6/2020

Stanciu, CN "Can Low Dose Naltrexone Help Patients with Depression?" Psychiatric Times 5/2020

Stanciu, CN "A Promising, Yet Controversial, Approach to Treating Depression" Psychiatric Times 4/2020

Stanciu, CN "What Changes Are Shaping Opioid Treatment Programs During the COVID-19 Pandemic?" Psychiatric Times 3/2020

Stanciu, CN "Best Practices in using Telemedicine for ADHD During the COVID-19 Pandemic" Psychiatric Times 3/2020

Stanciu, CN; Brooks, N. "A Clinician's Brief Guide to the use of Chronotherapy" Psychiatric Times 3/2020

Stanciu, CN; Hybki, BG; Penders, TM. "Kratom: What we know, what to tell your patients" Current Psychiatry 2020; 19(3) 37-42.

Stanciu, CN; Teja, N. "An Overview of Cannabis use in Individuals with Affective Disorders" Psychiatric Times 2/2020

Stanciu, CN. "An Overview of Cannabis use in Pregnancy" Psychiatric Times 1/2020.

Stanciu, CN; Gnanasegaram, SA; Penders, TM. "Medication Assisted Treatment on a Budget – The Two You Should Be Aware Of" Psychiatric Times 2019.

Saeed, SS; Stanciu, CN. "Injectable Extended-release Naltrexone for Opioid Dependence: 3 Studies" Current Psychiatry 2019; 18(1) 39-42.

Gnanasegaram; S; Stanciu, CN; Ahmed, S. "How the EAGLES Trial Should Redefine Our Approach To Smoking Cessation" Current Psychiatry, 2018.

Ahmed, S; Stanciu, CN; Esang, M. "'Robotripping': What Trainees Need to Know" Current Psychiatry, 2018.

Stanciu, CN; Ahmed, S; Penders, T. "Opioid Overdoses and Naloxone: What Everyone Needs to Know" Psychiatric Times, 2018.

Stanciu, CN; Penders, TM. "Career Choices: Medical Directorship and Leadership in Psychiatry" Current Psychiatry, 2018.

Stanciu, CN; Wadhwania, M. "Career Choices: Community Mental health in an Urban / Public Setting" Current Psychiatry, 2018.

Stanciu, CN; Ganpat, PP. "Career Choices: Consultation-liaison Psychiatry" Current Psychiatry, 2018.

Stanciu, CN; Gnanasegaram, S. "Career Choices: State Hospital Psychiatry" Current Psychiatry, 2018. 17:1:47-53.

Stanciu, CN; Rolley, J. "Summary of AAAP Symposium on Medical Update – The State of The Art of Evidence- Based Non-opioid Pain management" The American Journal on Addictions, 2017. 26:239-240.

Stanciu, CN; Gnanasegaram, SA. "Don't Balk at Using Medical Therapy to Manage Alcohol Use Disorder" Current Psychiatry (Residents' Voices), Vol 12 No 2, February 2017; 50-52

Stanciu, CN. "New Substances and New Means of Acquisition Deserve New Monitoring Strategies" AAAP quarterly newsletter, Trainee's column, Fall 2016; 32:3.

Penders, TM; Stanciu, CN. "Prescribing for Those with Substance Use Disorders" North Carolina Psychiatry Association newsletter July 2016

Saced, SS; Anand, V; Stanciu, CN. "Top Research That May Change How You Treat Patients With Substance Use Disorders" Psychiatric Times 2015, 32:4.

Stanciu, CN. "Online Drug Marketplaces – Digital Drug Dealers" AAAP quarterly newsletter, Trainee's column, Winter 2015; 31:1.

Position Statements

Stanciu, CN; Gnanasegaram, SA. "Let's Talk About Your Tobacco use" Psychiatric News Residents' Forum Apr. 2017

Stanciu, CN; Gnanasegaram, SA. "Don't Balk at Using Medical Therapy to Manage Alcohol Use Disorder" Current Psychiatry (Residents' Voices), Vol 15 No 9, Sept. 2016

Stanciu, CN; Gnanasegaram, SA. "An Underutilized , Evidence-based, Treatment for Alcohol Use Disorder" Psychiatric News Residents' Forum Oct. 2015

BOOKS

Stanciu, CN. "Deciphering The Addicted Brain – A Guide to Understanding and Helping a Loved One Towards Recovery" 2018. CreateSpace Independent Publishing Platform. ISBN-13:978-1725976948

TEACHING ACTIVITIES

Rotation supervisor, Child&Adolescent Substance Use Disorders (addiction fellows) Dartmouth-Hitchcock Medical Center, Lebanon, NH	2019-present
Business of medicine elective for PGY-4 residents Dartmouth-Hitchcock Medical Center, Lebanon, NH	2019-present
Addiction medicine elective for PGY-4 residents Dartmouth-Hitchcock Medical Center, Lebanon, NH	2019-present
Long acting Buprenorphine 'Sublocade' (departmental lecture) Dartmouth-Hitchcock Medical Center, Lebanon, NH	2018
Alcohol and Opioid use Disorders (medical student lecture) Dartmouth-Hitchcock Medical Center, Lebanon, NH	2017-present
Teaching and mentoring medical students and PGY1-5 residents and fellows Dartmouth-Hitchcock Medical Center, Lebanon, NH	2017-present
Substance Abuse (resident lecture) East Carolina University, Greenville, NC	2017
Trauma and Stressor-related Disorders (resident lecture) Fayetteville Veteran's Affairs, Fayetteville, NC	2017
Identification and Management of Withdrawals (resident lecture) East Carolina University, Greenville, NC	2016
Introduction to Schizophrenia (resident lecture) East Carolina University, Greenville, NC	2016
Electroconvulsive Therapy Introduction (resident lecture) East Carolina University, Greenville, NC	2016
Tobacco and Tobacco Products Awareness, Peach.Love.Pirates.Cure 8th Annual Cancer Awareness Event East Carolina University, Greenville, NC	2016
Psychiatry Shelf Exam Review (medical student lecture) East Carolina University, Greenville, NC	2014-2016
Teaching and mentoring 3rd and 4th year medical students East Carolina University, Greenville, NC	2013-2017
SABA University Physiology Teacher's Assistant SABA University, Netherlands-Antilles	2009
SABA University Anatomy Teacher's Assistant SABA University, Netherlands-Antilles	2008

PRESENTATIONS

Poster Presentation

"Pharmacotherapy for Management of 'Kratom use disorder': A Systematic Literature Review with Survey of Experts"
American Psychiatric Association conference 2021
Virtual

"Abuse, Toxicology, and the Resurgence of Propylhexedrine: A Review"
American Academy of Addiction Psychiatry conference 2019
Rancho Bernardo, California

"Integrating Psychiatry and Dentistry When Treating Patients With 'Meth Mouth'"
East Carolina University GME Research Day — 2017
Greenville, North Carolina

"Digital Epidemiology of New Drugs of Abuse"
American Academy of Addiction Psychiatry conference — 2016
Bonita Springs, Florida

"There's a pill for that, but I am not comfortable prescribing it"
North Carolina Psychiatric Association conference — 2016
Asheville, North Carolina

"Ouch it Still Hurts – Pain Killers that Cause Pain, A Review of a Rising and Poorly Recognized Complication"
North Carolina Psychiatric Association conference — 2015
Winston Salem, North Carolina

"Survey of Electroconvulsive Therapy practices"
North Carolina Psychiatric Association conference — 2015
Winston Salem, North Carolina

"Outpatient QTc monitoring: A necessity or prolonged nuisance?"
North Carolina Psychiatric Association conference — 2015
Winston Salem, North Carolina

"Bright Light Therapy as Augmentation of Pharmacotherapy for Treatment of Depression – A Meta-Analysis"
American Psychiatric Association conference — 2015
Toronto, Ontario

"Survey of Electroconvulsive Therapy Practices"
International Society for ECT and Neurostimulation — 2015
Toronto, Ontario

"Bright Light Therapy as Augmentation of Pharmacotherapy for Treatment of Depression – A Meta-Analysis"
North Carolina Psychiatric Association conference — 2014
Asheville, North Carolina

"Psychogenic Polydipsia, Hyponatremia, and Osmotic Myelinolysis – A Case Report"
East Carolina University Neuroscience symposium — 2014
Greenville, North Carolina

"Psychogenic Polydipsia, Hyponatremia, and Osmotic Myelinolysis – A Case Report"
North Carolina Medical Society conference — 2014
Greensboro, North Carolina

"Delusional Infestation Following Misuse of Prescription Stimulants – A Case Report"
American Academy of Addiction Psychiatry conference — 2014
Aventura, Florida

"Cavitation:Cancer of the Hydraulic Machinery"
Bay Area Science and Engineering Fair 2004
Hamilton, Ontario

"What are the noxious effects of Acid Rain"
Hamilton-Wentworth Science and Engineering Fair 2003
Hamilton, Ontario

CME Oral Presentation

"Best Practices in Managing Patients with Kratom Addiction"
Columbia / NY state Division on SUD, Grand rounds 2021

"Best Practices in Managing Patients with Kratom Addiction"
American Society of Addiction Medicine annual meeting 2021

"The Neurobiological effects and pharmacological management of Inhalant Use Disorder"
Dartmouth / New Hampshire Hospital Case Conference 2021

"Best Practices in Managing Patients with Kratom Addiction"
American Academy of Addiction Psychiatry annual meeting 2020

"Follow-up Clinical Round Table Discussion: Best Practices in Managing Patients with Kratom Addiction"
SAMHSA's Providers Clinical Support System webinar 2020

"Best Practices in Managing Patients with Kratom Addiction"
SAMHSA's Providers Clinical Support System webinar 2020

"Cannabinoids and Mental Health – An Overview"
Dartmouth / New Hampshire Hospital Grand Rounds 2020

"Kratom, A Substance of Increasing Concern"
American Academy of Addiction Psychiatry annual meeting 2019

"Kratom, A Controversial Botanical of Increasing Concern"
Dartmouth-Hitchcock Medical Center Grand Rounds 2019

"Follow-up Q&A: Kratom, A Substance of Increasing Concern"
SAMHSA's Providers Clinical Support System webinar 2019

"Pain Management and The Role of Opioids"
Dartmouth / New Hampshire Hospital Grand Rounds 2019

"Kratom, A Substance of Increasing Concern"
Oregon Pain Guidance Spotlight On Practice 2019

"Kratom, A Substance of Increasing Concern"
SAMHSA's Providers Clinical Support System webinar 2018

"Review of New Designer Drugs"
American Academy of Addiction Psychiatry annual meeting 2018

"Opioid Prescribing, from Heroin to 'Sublocade'– MAT Throughout the Years"
Dartmouth / New Hampshire Hospital Grand Rounds 2018

"Opioid Prescribing, from Heroin to 'Probuphine' – MAT Throughout the Years"
White River Junction Veterans Affairs Grand Rounds 2018

"A Case of Synthetic Cannabinoid – Case Conference"
American Academy of Addiction Psychiatry annual meeting 2017

"Strategies for Improving Delivery of Care to Those With Underlying Problematic Alcohol Use"
East Carolina Graduate Medical Education (GME) Research Day 2017

"Is Your Teen Using? Identifying and Addressing Adolescent Substance Use in a New Era"
Eastern Carolina 5th Annual Mental Health Expo 2017

"Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): doubleblind, randomized, placebo-controlled clinical trial"
East Carolina University Journal Club paper presentation 2017

"Opioids and chronic pain, challenges in management and review of complications"
East Carolina University Grand Rounds 2016

"Bright Light Therapy as Augmentation of Pharmacotherapy for Treatment of Depression – A MetaAnalysis"
East Carolina University GME Research Day 2015

"Evidence Based Practices on reducing re-hospitalizations"
Collaboration of Care Conference, Greenville NC 2015

"Utility of Integrated Pharmacogenomic testing to support treatment of major depressive disorder in a psychiatrically ill outpatient setting"
East Carolina University Journal Club paper presentation 2015

INTERNSHIPS AND PROJECTS

Development of a screening and referral instrument for substance use in a Seriously Mentally Ill (SMI) population. 2019-present
Dartmouth / New Hampshire Hospital
- Developing and piloting an instrument to gear referrals to our service.

Improvement in Medical Practice (PIP) for Alcohol Use Disorders (AUD) 2017-2018
- Collaboration in development of guidelines comprising of the latest evidence for handling AUD, for incorporation into an ABPN, MOC compliant, PIP

Survey of implementation of alcohol dependence pharmacotherapy among NC providers 2016-2018
- State wide survey designed to determine causes of underutilization of FDA approved pharmacotherapies in the treatment of those with alcohol use disorders.

Digital Epidemiology of New Drugs of Abuse 2013-2018
- Online survey tracking use patters of cannabis synthetic canabinoids and bath salts in NC with feedback -- http://www.ecu.edu/areyouawarenc/

Bright Light Therapy 2013-2017
- meta-analysis supporting improvement and remission from major and bipolar depression using augmentive BLT with plan to pursue RCT grant

Gabapentin in augmenting Benzodiazepine taper 2013-2015
- case series of patients we tapered-off benzodiazepines faster relying on similar pharmacodynamics with plan to pursue RCT grant.

Electroconvulsive Therapy Survey 2013
- multi-institutional survey intended to track clinician's preference for various parameters (electrode placement, current) across country.

Neuroblastoma research (Dr Herman Yeger's laboratory) 2007-2008
The Hospital for Sick Children - Toronto, Ontario
- used drug induced genetic reprogramming to reverse aberrant epigenetic modifications that have set developmental programs off-track in NUB-7 neuroblastoma cell line

Autism research (Dr Stephen Scherer's laboratory) 2006-2007
The Hospital for Sick Children - Toronto, Ontario
- studied genomic imprinting and aberrant methylation patterns of susceptibility genes hypothetically involved in autistic phenotype

Leukemia research (Dr Nicoletta Sacchi's laboratory) 2005-2006
Roswell Park Cancer Institute – Buffalo, NY
- examined epigenetic modifications induced by AML1-MGT16 chimeric protein on AML1 target genes involved in proliferation, cell death

MEDIA INTERACTIONS

Interview, Medscape Cardiology, July 2021. "Rising Meth-related Heart Failure Admissions a 'Crisis,' Costly for Society"
https://www.medscape.com/viewarticle/955232

Podcast interview, Kratom Science, January 2021. Kratom Science Podcast
https://www.kratomscience.com/podcast/43-kratom-addiction-w-dr-cornel-stanciu-and-dr-thomas-penders/

Dartmouth-Hitchcock Provider Pearls: 60 seconds to success. Treating Addictive Disorders During the COVID-19 Pandemic. December 2020.
https://www.youtube.com/watch?v=sr3Qlcdhtbo&feature=youtu.be

Interview, Medscape Medical News, December 2019. AAAP conference interview.
https://www.medscape.com/viewarticle/922914

Dartmouth-Hitchcock Provider Pearls: 60 seconds to success. Three Practices to promote Shared Decision Making. September 2019.
https://www.youtube.com/watch?v=aNXc-98V2Pw&feature=youtu.be

Interview, WMUR, Manchester, New Hampshire, March 20, 2019 "European study sparks local debate about cannabis use being linked to psychotic episodes"
https://www.wmur.com/article/european-study-sparks-local-debate-about-cannabis-use-being-linked-to-psychotic-episodes/26888075

Interview, Current Psychiatry, March 2019. Ahmed, S; Stanciu, CN "Career Choices: Addiction psychiatry" Current Psychiatry, 18(3): 33-36

Interview, WebMD, February 2019. "Regulations are On Hold as Kratom Debate Rages"
https://www.webmd.com/mental-health/addiction/news/20190211/regulations-are-on-hold-as-kratom-debate-rages

Interview, Medscape Medical News, December 2018. AAAP conference interview.

ASAM weekly Oct 31 2017 – top news "Does 'Hotboxing' Get You High and Can You Test Positive? – A Brief Review of Second Hand Cannabis Exposure, Intoxication and Urine Drug Screens"
http://email.asam.org/t/t-2B9E4CC3D6AA2598

American Society of Addiction medicine, Member Focus – "Member Connect, Ruth Fox Winner":
http://email.asam.org/t/ViewEmail/t/DD7CCA632A55A1AC/F12E84C8B352594D46778398EADC2510

Psychiatric Advisor featured article, March 02, 2017 – "Bright Light Therapy For Nonseasonal Depression: An Emerging Intervention"
http://www.psychiatryadvisor.com/depressive-disorder/bright-light-therapy-underutilized-for-nonseasonal-depression/article/641554/

Interview, WNCT channel 9, Greenville, North Carolina, April 18, 2016 "New ECU website hopes to get better picture of drug problem in the East"
http://www.wnct.com/2016/04/18/new-ecu-website-hopes-to-get-better-picture-of-drug-problem

Podcast, American Journal of Psychiatry Residents' Journal
"Pain Killers that Cause Pain – Addressing a Rising, Poorly Recognized Complication"

The East Carolinian newspaper Jan 26, 2016 "Brody doctors using survey to track area drug use"
http://www.theeastcarolinian.com/news/article_3503ee24-c3ca-11e5-9fd0-13f4079e6da8.html

Interview, YouTube channel, October 22, 2015. "Dangers of Vaping"
http://www.youtube.com/watch?v=3a9Lw-zKXXg

Interview, WNCT channel 9, Greenville, North Carolina, March 30 , 2015 "Website aims to give insight into drug abuse problem"
http://www.wnct.com/story/28653360/website-aims-to-give-insight-into-drug-abuse-problem

ASAM weekly Feb 10 2015 – top news "Mania After Misuse of Dextromethorphan: A Case Report and Brief Review of 'Robotripping'"
http://createsend.com/t/y-C993A42302D58417

Interview, WNCT channel 9, Greenville, North Carolina, September 10, 2014 "Potentially laced marijuana leading some to act psychotic"
http://www.wnct.com/story/26500745/dangerous-marijuana-side-affects-lead-to-increased-er-visits

SABA University Spotlight on Alumni "Epidemic of Opioid Addiction Turns a Surgeon-in-the-making to Psychiatry"
https://www.saba.edu/our-graduates/alumni-stories/item/6-epidemic-of-opioid-addiction-turns-a-surgeon-in-the-making-to-psychiatry

SABA University Blog: "At The Frontlines of the Opioid Addiction Crisis"
https://www.saba.edu/blog/at-the-frontlines-of-the-opioid-addiction-crisis

MEDICAL EXPERT AND LEGAL

Drug Enforcement Agency (DEA); Manchester, NH — 2019
- Assisted with expert opinion on a case involving forged stimulant scripts

New Hampshire Board of Medicine — 2019-present
- Review and expert opinion on cases against licensed physicians

New Hampshire Professionals' Health Program — 2019-present
- Involved in monitoring and treatment planning of licensees

LANGUAGE SKILLS

English - fluent
Romanian - fluent
French – conversational

CURRICULUM VITAE

Aliaksandr Shakhau

ADDRESS:

[redacted]

Employment history

September 2001 – March 2005	Assistant professor, Department of Histology, Cytology and Embryology, Vitebsk State Medical University, Vitebsk, Belarus
June 2008 – June 2009	Research assistant/volunteer, Department of Neurology and Psychiatry, Saint Louis University, St. Louis, MO, 63104
July 2015 – Current	Instructor in Psychiatry, Department of Psychiatry Geisel School of Medicine at Dartmouth. Attending Psychiatrist, Inpatient Geriatric Unit New Hampshire Hospital 36 Clinton Street Concord, NH 03301 Attending psychiatrist, Healthy aging and brain care clinic at Dartmouth Hitchcock Medical center One medical center Dr, Lebanon, NH 03756

Education and training

September 1993 – June 1999	Medical School Vitebsk State Medical University M.D. program, Vitebsk, Belarus
September 1999 – September 2001	Postgraduate research, Department of Histology, Cytology and Embryology, Central Scientific Laboratory of Vitebsk State Medical University Vitebsk, Belarus
July 2011 – June 30, 2013 PGY-1 PGY-2	Psychiatry Residency program Department of Neurology and Psychiatry, Saint Louis University, St. Louis, MO, 63104

July 1, 2013 – June 30, 2015
PGY-3 PGY-4

Psychiatry Residency program
Department of Psychiatry
1 Medical Center Drive, Lebanon, NH 03756
Dartmouth Hitchcock Medical Center
The Geisel School of Medicine at Dartmouth

Awards:

1. 2014 GMHF Honors Scholar by the Geriatric Mental Health Foundation (GMHF).
2. 2012 Caring physician award nominee at St. Louis University hospital.
3. 2018 Dartmouth Hitchcock Department of Psychiatry Teacher of the Year Award.
4. 2019 Dartmouth Giesel School of Medicine Psychiatry Clerkship Award

PROFESSIONAL DEVELOPMENT ACTIVITIES.

1. ABPN (adult psychiatry) certified 9/24/2015.
2. Chairperson, NHH Pharmacy and Therapeutics committee.
3. Director, Medical Student Clerkship and Residency Training at NHH.
4. Director, Psychiatric Case Conference at NHH.

Teaching activities:

1. Supervising and coordinating training models for Fellows, residents and students at Geriatric inpatient unit at NHH.
2. Supervising fellows and residents at outpatient geriatric clinic "Healthy aging and brain care clinic " at Dartmouth Hitchcock Medical Center.
3. Leading introductory course into Geriatric psychiatry for PGY-1 DHMC residents
4. Supervising PGY-2, medical students, geriatric fellows at NHH.
5. Delivering didactics for fellows, PGY- 2 and -3, students at NHH and DHMC.
6. Supervising therapy with geriatric fellows.

Memeberships:

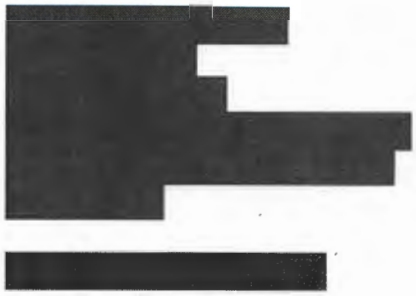
NH Medical society, AAGP, APA, Neuroscience Educational Institute.

Publications and presentations

- 1st Annual NHH Mental Health and Aging Conference. 2019. Professional and public presentations, Delirium at LTC.
- Frailty Among Older Adult State Hospital Patients. Poster presentation at 2018 AAGP meeting.
- NHH.Grand round 2019. Delirium in Psychiatric patients.
- NHH Grand round 2018. Geriatric pharmacology, pharmacokinetic and pharmacodynamics.
- Post stress blood pressure hypotension as a result of influence of autonomic nervous system activation of cardiovascular system in young people. I.V Solodkova, A.P.Solodkov, V.I.Brazulevich, A.V. Shakhau // Reabilitation of patients with cardiovascular desease in Belarus Republic; Vitebsk 1997, p. 132-133
- Features of stress reaction in rats with various emotional activity. A.V. Shakhau, I.U. Shcherbinin // Theoretical and practical questions of medicine and pharmacology. Materials of conference of students and young scientists; Vitebsk 2000, p. 43-45

- Model of a hypobiotic condition of the organism caused by combined action of hunger and a deep prolonged hypothermia. O.A.Bobr, A.V.Shakhau, O.V.Morozova // Materials of the anniversary scientifically-practical conference devoted 40 years of Central scientific laboratory and 55 years of student scientific society VSMU; Vitebsk 2003, p.241-243
- Influence of an autonomic nervous system on degree of arterial pressure change in the conditions of a psychoemotional stress. Questions of fundamental and applied medicine. // A.P. Solodkov, I.V. Solodkova, A.V.Shakhau / Theses of conferences of student scientific society and young scientists. – Vitebsk,-1995. p.35
- Frailty Among Older Adult State Hospital Patients. Poster presentation at 2018 AAGP meeting.

Thatcher R. Newkirk, MD



I. Education

Dates	Institution	Degree	Related Information
07/2018-07/2019	Dartmouth-Hitchcock Medical Center	Geriatric Psychiatry Fellowship	
06/2014-06/2018	St. Elizabeth's Medical Center	Adult Psychiatry Residency	Chief resident 06/2016-06/2017
08/2010-05/2014	Tufts University School of Medicine	M.D.	
09/2007-05/2009	Harvard University Extension School	Health Careers Program Diploma	Post-baccalaureate pre-medical program
09/2003-05/2007	Oberlin College	B.A.	Major: sociology, minor: English

II. Postgraduate Training

Dates	Institution	Specialty	Related Information

III. Academic Appointments

a. Current Dartmouth/Geisel Affiliations

Dates	Institution	Title	Related Information
07/2019-current	Geisel School of Medicine	Clinician educator	Roles in teaching both medical students and psychiatry residents

b. Other Current Academic Affiliations

c. Past Academic Affiliations

IV. Institutional Leadership Roles

V. Licensure and Certification

Date	Title of Licensure/Certification	State	Number	Related Information
10/13/2020	Geriatric Psychiatry	NH	#3618	ABPN
09/26/2019	Psychiatry	NH	#76244	ABPN

VI. Hospital of Health Systems Appointments

VII. Other Professional Positions

VIII. Professional Development Activities

IX. Teaching Activities

a. Undergraduate Teaching

b. Undergraduate Medical Education: Classroom

Dates	Title	Institution	Role	Hours/Year	# of Students	Related Information
Fall 2018	Psychiatric Interviewing Course	Geisel School of Medicine	Instructor	20	8	Gave feedback on interviews and reviewed journal entries
Fall 2016	Medical Interviewing Course	Tufts University School of Medicine	Instructor	20	6	Gave feedback on interviews and reviewed journal entries
Fall 2015	Medical Interviewing Course	Tufts University School of Medicine	Instructor	20	6	Gave feedback on interviews and reviewed journal entries
Fall 2014	Medical Interviewing Course	Tufts University School of Medicine	Instructor	20	6	Gave feedback on interviews and reviewed journal entries

c. Undergraduate Medical Education: Clerkship or Other Clinical Training

Dates	Title	Institution	Role	Hours/Year	# of Students	Related Information
2021	Psychiatry Acting Internship	Geisel School of Medicine	Preceptor	40	1	I have been a preceptor for one of these rotations
2019-Present	Psychiatry Clerkship	Geisel School of Medicine	Preceptor	120	1	I have been a preceptor for an average of about three clerkships per year. I have one student at a time. I have worked as a preceptor for a total of five clerkships so far.

d. Graduate Medical Education (GME) teaching

Dates	Title	Institution	Role	Hours/Year	# of Students	Related Information
2019-Present	Inpatient Psychiatry Rotation	Dartmouth-Hitchcock Medical Center	Preceptor	60	1	I have been a preceptor for one of these rotations
2019-Present	Geriatric Psychiatry Didactics	Dartmouth-Hitchcock Medical Center	Lecturer	2	8	I give two lectures in geriatric psychiatry to residents each year: a lecture to the PGY-2s about cognitive evaluation and a lecture to the PGY-4s about managing neuropsychiatric symptoms in dementia

e. Other Clinical Education Programs

f. Graduate Teaching

g. Other Professional/Academic Programs

X. Primary Research Advising

a. Undergraduate Students

b. Graduate Students
c. Medical Students
d. Residents/Fellows
e. Others

XI. Advising/Mentoring (Other)

a. Undergraduate Students
b. Graduate Students
c. Medical
d. Residents/Fellows
e. Non-degree Program Students
f. Faculty
g. Others

XII. Engagement, Community Service/Education

Dates	Institution	Title	Role	Hours/Year	Related Information
3/31/2021	Adult Protective Services	Mental Health Day	Lecturer	1	Presented on Suicide in the Elderly
10/10/2019	New Hampshire Hospital	Mental Health and and Aging Conference	Lecturer	1	Presented on Managing Agitation in Dementia

XIII. Research Activities

a. Sponsored Activity (Grants and Contracts)
b. Pending Submissions
c. Protected Time Activities

XIV. Program Development

XV. Entrepreneurial Activities

XVI. Major Committee Assignments, Inclusive of Professional Societies

a. National/International
b. Regional
c. Institutional

Dates	Committee Name	Role	Institution/Organization	Related Information
July 2019-Present	Incapacitated and Vulnerable Adult Fatality Review Committee	Representative from New Hampshire Hospital	State of New Hampshire	Review cases of preventable causes of death in vulnerable populations with other state agencies

XVII. Institutional Center or Program Affiliations

XVIII. Editorial Boards

XIX. Journal Referee Activity

XX. Awards and Honors

Date	Award Name	Related Information
2015-2016	Excellence in Teaching Award	I received this award in residency for my work with medical students. It was the only time this award was given to anyone in my four years of residency.

XXI. Invited Presentations

a. International

b. National

c. Regional/Local

Date	Title	Sponsoring Organization	Location	Related Information
03/26/2021	Northeast Regional Psychiatric Nursing Conference	St. Anselm College	Manchester, NH	Lecture on Managing Agitation in Dementia
09/06/2019	Geriatric Nursing Conference	St. Anselm College	Manchester, NH	Lecture on Suicide in the Elderly

XXII. Bibliography

a. Peer-Reviewed Publications in Print or Other Media

Most Significant Publications

Original Peer-Reviewed Articles

Reviews

Books/Book Chapters/Monographs

b. Other Scholarly Work in Print or Other Media

Editorially-Reviewed Publications

Print Resources

Electronic Resources

Large-Team Publications

XXIII. Personal Statement

I joined the Dartmouth-Hitchcock community as a geriatric psychiatry fellow in the summer of 2018. I am originally from Maine and one of the major driving forces behind choosing Dartmouth was the opportunity to move back to northern New England. After spending far too much of my life in densely populated cities, I had promised myself that I would eventually return to the woods where I could get back to running on trails for as long as the deteriorating cartilage in my knees would allow. I also wanted to have a career in academic medicine with a primary focus in medical education. After months of research, it became clear that Dartmouth-Hitchcock was the only setting that would be able to fulfill this mixture of interests. My hope going forward

is to construct a career that will weave together my two greatest intellectual passions: tackling challenging psychiatric cases and improving medical education.

I have been thrilled with the clinical opportunities that I have had at Dartmouth-Hitchcock. I currently spend ninety percent of my clinical time at New Hampshire Hospital where I get to manage the most acute and complicated geriatric psychiatry cases in the entire state. My patients almost always have multiple medical comorbidities and roughly half have co-occurring neurodegenerative conditions, such as Alzheimer's disease or Lewy Body dementia. Many of these patients are homeless or on the verge of becoming homeless, and oftentimes their families are either nowhere to be found or unwilling to help out. All of these overlapping challenges make inpatient geriatric psychiatry at New Hampshire Hospital the ultimate interdisciplinary setting. Every case involves regular coordination from occupational therapy, social work, medicine, and psychiatry. The teamwork required to restore these patients to their highest level of functioning is one of the most rewarding parts of my job.

The other ten percent of my clinical work is split between an outpatient clinic at Dartmouth-Hitchcock Medical Center and monthly visits to Kendal nursing home in Hanover. The outpatient clinic has given me the opportunity to see less acute psychiatric problems in higher functioning older adults. These patients typically require diagnostic evaluations or medication tweaks rather than the dramatic treatment overhauls that my inpatients need. Kendal is a unique place where I have had the chance to learn about nursing home and assisted living care in a higher socioeconomic status population. I have found Kendal to be particularly rewarding because the staff there is so appreciative of my efforts and respectful of my time. In the upcoming months, I will be transitioning out of my outpatient clinic and Kendal in order to allow for more time to focus on medical education at New Hampshire Hospital.

My experience teaching so far has been largely positive, but a bit unfocused at times. Rather than having a few educational areas where I have been able to fully commit myself, my efforts have been distributed across many different settings, modalities, and learners. I have been a preceptor for third-year medical students during their clerkships, fourth-year medical students during their sub-internships, and second-year residents during their New Hampshire Hospital rotations. Each year, I contribute to didactics for both PGY-2 and PGY-4 residents. I have lectured for the geriatricians at Dartmouth-Hitchcock Medical center, the nursing staff at Glencliff nursing home, and the rehab staff at NHH. At New Hampshire hospital, I have done presentations for Grand Rounds, Case Conference, and the first annual Mental Health and Aging conference. Outside of Dartmouth-Hitchcock and its affiliates, I have lectured for Adult Protective Services, the Geriatric Nursing Conference at St. Anselm College, and the Northeast Regional Psychiatric Nursing Conference at St. Anselm College. I am currently in the process of stepping into the role of Sub-Internship Director at New Hampshire Hospital. In the upcoming years, I hope to focus my educational efforts primarily on this new position as I arrange the sub-internship schedules, work as a preceptor for sub-interns, and create didactics.

I believe that my career at Dartmouth-Hitchcock is off to a good start. My colleagues in the geriatric psychiatry department and I are currently fine-tuning our individual and collective responsibilities to better fulfill our mission. We are welcoming a new geriatric psychiatrist in the fall and we anticipate that this will help free us up to have more time for research and education. After years of attempts, we are finally moving forward with research at New Hampshire Hospital. We are currently analyzing tools for measuring frailty. We hypothesize that frailty is more prominent in the severely mentally ill population than it is in age-matched controls. Our long-term goal is to determine if frailty impacts treatment response to standard psychiatric treatments based on our collective anecdotal experience that it is harder to bring frail patients to remission. In short, all of the pieces are starting to fall into place for me to have a successful career in academic medicine. I look forward to continuing to provide the best geriatric psychiatry care and clinician education possible.

And I get to run in the woods.

DANIEL W. LAMPIGNANO

[redacted]

PROFESSIONAL EXPERIENCE

New Hampshire Hospital **Attending Psychiatrist**	Concord, NH **01/2021 - present**
Dartmouth-Hitchcock Medical Center **Clinical Assistant Professor of Psychiatry**	Lebanon, NH **01/2021 – present**
Known Point Technologies, Inc. **Founder and CEO**	Concord, NH **01/2020 – present**
Locum Tenens Psychiatrist **McLeod Regional Medical Center,** Florence, SC **Glens Falls Hospital,** Glens Falls, NY	 **08/2020 – 12/2020** **09/2020**
SUNY Upstate Medical University **Fellowship in Forensic Psychiatry**	Syracuse, NY **07/2019 – 07/2020**
Greenville Health System/University of South Carolina School of Medicine **Resident Physician in Psychiatry, Chief Resident of Academics**	Greenville, SC **06/2015 – 06/2019**
Textbook of Radiographic Positioning and Related Anatomy **Consultant/Reviewer**	 **04/2012 - 12/2014**
Dartmouth Psychiatric Research Center **Consultant**	Lebanon, NH **08/2013 - 01/2014**
Fletcher Allen Health Care/University of Vermont **Internship in Internal Medicine**	Burlington, VT **06/2010 – 07/2011**
New England Center for Emergency Preparedness **Research Analyst/Curriculum Coordinator**	Lebanon, NH **07/2005 – 08/2006**

EDUCATION

University of Colorado School of Medicine **Doctor of Medicine** Capstone Project: **"A geriatric fall: An example in systems-based improvement through process mapping and the Vanderbilt Healthcare Matrix"**	 **08/2006 – 05/2010**
Dartmouth College **M.S. in the Evaluative Clinical Sciences** Area of Concentration: Biostatistics and epidemiology	 **08/2004 – 05/2005**
University of Arizona **B.S. in Psychology with Honors** Areas of Concentration: Cognitive psychology; visual perception Minor: Biochemistry Honors Thesis: "The role of object memories in boundary assignment"	 **08/1998 – 05/2002**

LICENSURE

Medical Licenses	
South Carolina	**Exp 6/30/2021**
New York	**Exp 3/31/2021**

CERTIFICATIONS

Diplomate of the American Board of Psychiatry and Neurology	**9/17/2019**

NeuroStar TMS Certification
Basic Cardiac Life Support
NIMS/ICS 100, 200, 700
Managing the Lost Person Incident, National Association of Search and Rescue
Wilderness Search and Rescue, Canine Handler
Advanced Human Remains Detection, Canine Handler
Advanced Water Human Remains Detection, Canine Handler

RESEARCH EXPERIENCE

SUNY Upstate Medical University
Virginia Department of Emergency Management
Lethality as Predictor of Position
Using measures of lethality as a predictor of distance from last known point among outdoor suicide completers.

Greenville Health System/University of South Carolina School of Medicine
The Association between Menstrual Cycle and ED Psychiatric Presentation
Investigating the association between menstrual cycle, psychiatric presentation to the emergency department and prevalence of PMDD symptoms.

Greenville Health System/University of South Carolina School of Medicine
Injectable Psychotropic Compatibility
Developing new data on the compatibility of commonly used, psychotropic, injectable medications.

Greenville Health System/University of South Carolina School of Medicine
Antibiotic Stewardship among Inpatient Populations
Synthesis of evidence, measurement of current prescribing practices and change implementation as part of multidisciplinary effort investigating how best to teach quality improvement.

Greenville Health System/University of South Carolina School of Medicine
Continuous Quality Improvement and Safety
Effort focusing on optimizing the hospital medical event reporting system and assessing the effect of various interventions in quality and safety.

Greenville Health System/University of South Carolina School of Medicine
Psychotropic Medication Prescribing Practices
Descriptive study characterizing psychotropic practice patterns within and between various departments at Greenville Memorial Hospital.

Dartmouth College School of Medicine, Department of Psychiatry
Implementation Science in Addiction Medicine
Provided content and structure expertise in the establishment of a NIDA Center of Excellence for therapeutic interventions and innovations in addiction treatment

University of Colorado School of Medicine
Inpatient Fall Prevention
Assessed fall prevention strategies in place at a major medical center, identified opportunities for improvement and implemented new strategies in cooperation with major stakeholders

University of Colorado School of Medicine
Course Development in Continual Quality Improvement
Developed curriculum for medical students in process literacy and quality improvement

Dartmouth College, Center for the Evaluative Clinical Sciences
Endoscopy Suite Quality Improvement Initiative
Assessed patient through-put, identified opportunities for improvement and designed new processes in cooperation with major stakeholders

Dartmouth College, Center for the Evaluative Clinical Sciences
Physician Perception of Internal Transparency Initiatives
Led a multidisciplinary team in developing and administering a survey instrument, presented findings to hospital leadership

Dartmouth College, Center for the Evaluative Clinical Sciences
Surgical Infection Prophylaxis Task Group
Investigated the cause of a spike in peri-surgical infections through process mapping, presented findings to department leadership

University of Arizona, Department of Psychology
Visual Perception Laboratory, Research Assistant
Designed and conducted vision studies using human participants, analyzed data, presented findings and prepared manuscripts

PUBLICATIONS AND PRESENTATIONS

Lampignano DW. (2019, November). *Evasion in Critical Incidents.* Speaking presentation to Syracuse Police Department Crisis Negotiation Training Group.

Lampignano DW. (2018, July). *Lost and Missing Patients, How and Where.* Speaking presentation at South Carolina Society of Medical Assistants, Greenville Chapter monthly meeting.

Lampignano DW. (2017, January). *Mental Health Among Lost and Missing Persons.* Grand Rounds, Dept. of Psychiatry, Greenville Health System/University of South Carolina School of Medicine; Greenville, SC.

Lampignano DW. (2016, May). *Scopolamine for management of extrapyramidal side effects as a result of antipsychotic medication use: A case report.* Speaking presentation at Southeastern Symposium on Mental Health; Greenville, SC.

Lampignano DW. (2016, April). *Short-acting intramuscular antipsychotics for acute agitotion: prescribing practices at Greenville Memorial Hospital.* Grand Rounds, Dept. of Psychiatry, Greenville Health System/University of South Carolina School of Medicine; Greenville, SC.

Lampignano DW, Sharma TR. Scopolamine for Management of Extrapyramidal Side Effects as a Result of Antipsychotic Medication Use: A Case Report and Brief Review of the Literature. The Primary Care Companion for CNS Disorders. 2016;18(3):10.4088/PCC.15l01874. doi:10.4088/PCC.15l01874.

Peterson MA, Lampignano DW. *Implicit memory for novel figure-ground displays includes a history of cross-border competition.* Journal of Experimental Psychology: Human Perception and Performance. 2003, Aug; 29(4): 808-822.

Lampignano D, Peterson M. (2001, March). *Memories for novel shapes seen as grounds?* Poster presented at Cognitive Neuroscience Society Annual Meeting; New York, NY.

COMMITTEE INVOLVMENT

Greenville Health System/University of South Carolina School of Medicine
Program Evaluation Committee
Post-graduate year 3 and 4 representative

Hospital-wide Quality Improvement Initiative
Department of psychiatry resident member

Quality Improvement Committee
Psychiatry house staff representative

Residency Education Committee
Post-graduate year 1 representative

RELATED SERVICE AND VOLUNTEER EXPERIENCE

La Cruz Roja, Cuernavaca, Mexico
Student Clinician
Patient triage, assessment and management

Stout Street Clinic, Denver, CO

Student Clinician
Provided supervised medical care and coordination to the indigent population

South Carolina Foothills Search and Rescue, SC
Canine Handler
Serving South Carolina, aiding law enforcement in the search and recovery of lost and missing persons

New England Canine Search and Rescue, NH/VT
Operational Leader, Canine Handler, Development Committee Chair, Medical Committee Chair
Serving New Hampshire and Vermont, aiding law enforcement in the search and recovery of lost and missing persons, developed medical readiness objectives

Front Range Rescue Dogs, Colorado
Canine Handler
Served Colorado, aiding law enforcement in the search and recovery of lost and missing persons

Bundesrettungshunde Noerdlicher Breisgau-Oberrhein, Germany
Canine Handler, Instructor
Served region surrounding Freiburg, Germany, instructed teams and demonstrated techniques in the training and use of airscent canines in the search and recovery of lost and missing persons

Arizona Search, Track and Rescue, Arizona
Canine Handler, Field Support, Mantracker
Served Arizona, Germany, aiding law enforcement and private parties in the search and recovery of lost and missing persons

AWARDS AND HONORS

Resident of the Year, 2018-2019
Excellence in Psychotherapy, 2018
Outstanding PRITE Performance, 2018
National Merit Scholar
Phi Beta Kappa, Alpha of Arizona

PROFESSIONAL AFFILIATIONS

Phi Beta Kappa – Alpha of Arizona Chapter
South Carolina Psychiatric Association
American Medical Association
American Psychiatric Association
American Academy of Psychiatry and the Law
American Society of Clinical Psychopharmacology

Mohamed W. ElSayed, MBBCH, MSc

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LICENSURE AND CERTIFICATION

2019	Advanced Cardiac Life Support (ACLS)
2019	Basic Cardiac Life Support (BCLS)
2016	ECFMG Certificate (# 0-856-356-1)
2015	Master's Degree in Neurology and Psychiatry.
2012	Licensed Physician by Physician's Council, Cairo, Egypt.
2011	Bachelor's degree in Medicine & Surgery (MB; B.Ch.)

EDUCATIONAL BACKGROUND

Post-graduate training

July 2021 – Present	Clinical Assistant Professor at Geisel School of Medicine – Inpatient Psychiatrist at New Hampshire Hospital, Concord, NH
July 2020 – June 2021	Chief resident of research, academics, and PGY-4 residents – SUNY Downstate Medical Center, Brooklyn, NY
July 2019 – June 2020	Third-year clinical psychiatry resident (PGY-3) – SUNY Downstate Medical Center, Brooklyn, NY
July 2018 – June 2019	Second-year clinical psychiatry resident (PGY-2) – SUNY Downstate Medical Center, Brooklyn, NY.

July 2017- June 2018	Clinical Internship (Medicine, Neurology, and Psychiatry)- SUNY Downstate Medical Center, Brooklyn, NY.
Dec 2015 – Feb 2017	Visiting research scientist/ Clinical observer- Schizophrenia Neuropharmacology Research Group (SNRGY)- Yale University School of Medicine- VA Connecticut Healthcare System.

Trained on:

- MATRICS Consensus Cognitive Battery (MCCB)
- UCSD Performance-Based Skills Assessment (UPSA-B).
- Positive and Negative Syndrome Scale (PANSS) for Schizophrenia
- Clinician-Administered Dissociative States Scale (CADSS)
- Psychotomimetic States Inventory (PSI)
- Visual Analog Scale (VAS).
- EEG acquisition systems: Neuroscan, Biosemi, and Cognionics.
- MATLAB programming, EEGLab, using Yale supercomputers "Louise" and "Farnam" (Linux-based computers with 32-64 cores) to run the scripts.
- Setting up subjects for polysomnography (PSG)

Oct 2012 – Sep 2015	Master's Degree of Sciences (M.Sc.) in Psychiatry and Neurology, Department of Neuropsychiatry, Ain Shams University, Cairo, Egypt Supervisor: Heba H. Elshahawi, MBBCh, M.Sc, M.D. Thesis topic: Identifying patterns of nicotine smoking in a sample of Egyptian patients with Bipolar disorder.
Oct 2012 – Sep 2015	Resident of combined psychiatry and neurology program, Ain Shams University Hospitals, Cairo, Egypt. Director: Ahmed Saad, MBBCh, M.Sc., MD, Professor

Trained in the following services:

- Outpatient psychiatric clinic (General psychiatry, Child psychiatry, Addiction psychiatry, Sleep medicine, Smoking cessation)
- Psychiatric emergency
- Inpatient psychiatric units
- Consultation/ Liaison psychiatry
- Inpatient detox
- Electroconvulsive therapy (ECT)
- Outpatient neurology clinic
- Inpatient general neurology unit
- Inpatient Stroke unit
- Neurology critical care unit

March 2012	Visiting medical student, Upstate Medical University, Syracuse, NY Public Health Clerkship Supervised by: Dr. Cynthia Morrow, MD, MPH.
February 2012	Visiting medical student, Upstate Medical University, Syracuse, NY Physical Medicine and Rehabilitation Supervised by Faisal M Siddiqui, MD
March 2011 – March 2012	Clinical Internship, Ain Shams University Hospitals, Cairo, Egypt Director: Dr, Mohamed Eltayeb, M.B.B.Ch, M.Sc., M.D., Professor

Transitional year, rotated at:

- Internal Medicine (2 months)
- Obstetrics and Gynecology (2 Months)
- Pediatrics (2 months)
- Radiology (1 month)
- Cardiology (1 month)
- General Surgery (2 months)

- Anesthesia and Emergency (2 months).

Medical Education

March 2004 – Dec 2010	The Faculty of Medicine Ain Shams University, MB.B.Ch with overall Excellent with Honor. (ranked 13th over 1600 students)

RESEARCH EXPERIENCE

Ongoing Research Projects:

June 2020 – Present	Role: Co-Investigator PI: Yaacov Anziska, MD, Professor Department of Neurology, SUNY Downstate Medical Center, Brooklyn, NY Neurological and Psychiatric Manifestations of Patients presenting with COVID-19 Illness – A Chart Review Study
July 2020 - Present	Role: Co-Investigator PI: Michael Myers, MD, Professor Department of Psychiatry, SUNY. Downstate Medical Center, Brooklyn, NY A Longitudinal Study to Assess Mental Health of children of SUNY Downstate Staff for the First Year After Quarantine.
June 2020 - Present	Role: Co-Investigator PI: Michael Myers, MD, Professor Department of Psychiatry, SUNY. Downstate Medical Center, Brooklyn, NY A Longitudinal Study to Assess Mental Health of SUNY Downstate Staff After the COVID-19 Pandemic in collaboration with the American Medical Association (AMA).
June 2020 - Present	Role: Co-Investigator PI: Michael Myers, MD, Professor Department of Psychiatry, SUNY. Downstate Medical

	Center, Brooklyn, NY A Longitudinal Study to Assess Mental Health of Medical Students at SUNY Downstate for the First 4 Years After the COVID-19 Pandemic.
May 2020 – Present	Role: Co-Investigator PI: Michael Myers, MD, Professor Department of Psychiatry, SUNY Downstate Medical Center, Brooklyn, NY A Longitudinal Study to Assess Mental Health of Residents and Fellows at SUNY Downstate for the First Year After the COVID-19 Pandemic.
January 2019 – Present	Ph.D. student at SUNY School of Graduate Studies, the Biomedical Engineering Track Mentors: 1. Mohamed Sherif, MD, PhD Assistant Professor of Psychiatry, Brown University 2. William Lytton, MD Professor of Physiology, Pharmacology, Neurology and Biomedical Engineering at SUNY Downstate Health Sciences University

Previous Research Experience:

Dec 2015 – Feb 2017	Visiting research scientist/ Clinical observer: PI: Deepak Cyril D'Souza, MD; Professor Department of Psychiatry - Schizophrenia Neuropharmacology Research Group (SNRGY)- Yale University School of Medicine - VA Connecticut Healthcare System.

LEADERSHIP ROLES, VOLUNTEER WORK, MISSIONARY TRIPS AND ADMINISTRATIVE EXPERIENCE

Research Month 2019	This involved working under the supervision of Dr. Ramaswamy Viswanathan at SUNY Downstate Medical Center. We used Dextromethorphan and CYP2D6 inhibitors (other than Quinidine) for the treatment of series of cases presenting with agitation

	and dementia. Our work was presented as a poster in the APA Annual Meeting, 2019, San Francisco, CA.
March 2018 – July 2018	Quality Improvement project for Prescribing and Dispensing Intranasal Naloxone for patients with a high risk of opioid overdose at the Comprehensive Psychiatric Emergency Program (CPEP), Kings County Hospital Center, Brooklyn, NY
	The project involves an interdisciplinary approach (Psychiatrists, Internists, Nurses, and Addiction counselors) to develop a policy for prescription and dispensing of intranasal Naloxone at CPEP I worked with Dr. Susan Whitley, Dr. David Estes, and Dr. Georgia Gaveras to develop the policy and ensure proper implementation through continuous follow-up.
Aug 2015	Psychiatrist and Neurologist, Bedaya Medical Missions, Ain Shams University Fayoum Governorate, Egypt
	One-week charitable medical mission trip conveyed medical and mental health care and health education for a village in an underserved area in Fayom governorate.
Dec 2011	Lab worker, Gawala Medical Missions, Ain Shams University Shabramant village, Giza Governorate, Egypt
	Two-day medical mission in the suburban area of Shabramant, an underserved area of Giza governorate.
Sep 2011	Clinical Intern, Bedaya Medical Missions, Ain Shams University Fayoum Governorate, Egypt

	Director: Dr. Ashraf Kurtam, MBBCh, M.Sc., MD, Professor
	One-week charitable medical mission conveyed health care and health education for a village in an underserved area in Fayom governorate.
Jan 2011- Feb 2012	EMS Team Member, Field Hospital. Cairo, Egypt
	I was a member of the field hospital interns responsible for helping those who were injured during the revolution of January 25th, 2011. I was providing first aid measures for toxic gas inhalation and different types of wound injury together with the referral of more severe injuries to the nearest emergency departments

PROFESSIONAL AND HONORARY MEMBERSHIPS

2020- present	Nyapati Rao and Francis Lu International Medical Graduate fellowship award by AADPRT *(Mentor: David Ross, MD, PhD)*
2019- present	Alpha Omega Alpha Honor Society House staff/ resident member
2019- present	American Association for the Advancement of Science
2018 – present	American Society of Clinical Psychopharmacology (ASCP)
2017 – present	American Psychiatric Association
2017 – 2021	Brooklyn Psychiatric Association
2017- present	American Medical Association
2015 – present	Public Health in the Arab World (PHAW)
2015 – present	Egyptian Psychiatric Association
2012 – present	Egyptian Medical Syndicate
2011 – present	Bedaya Medical Missions Committee

SCHOLASTIC ACTIVITIES

- Mentoring International Medical Students:

  I am one of the mentors of PsychSign (Psychiatry Student Interest Group Network) working with medical student mentees of international background to advance their career in psychiatry in the United States and Canada.
- Chief Resident for Research, Academics and PGY-4 Residents (July 2020 – June 2021)

In addition to the duties of chief residency, the position included helping residents with their research projects, career guidance, development of residents' portfolios and hands-on supervision in critical appraisal of academic manuscripts. The position also included organizing and planning new courses for all PGY classes.

- PBL and POPS psychiatry session during medical student clerkships with Dr. Daniel Friedman on January 2021 at SUNY Health Sciences University, Brooklyn, NY.
- Medical Students Research Guidance (May 2020 – June 2021)

I worked with medical students to familiarize them with possible research opportunities available at the department of psychiatry. This involved connecting them with the laboratories and PIs at Downstate who matched their interest.

- Teaching Evidence-Based Medicine and Medical History Taking courses to First- and Second-Year Medical Students (8/2020 – June 2021):

I work with other facilitators to design and deliver the evidence-based medicine and medical history taking courses to first- and second-year medical students. The Evidence-Based Medicine course includes familiarizing students with the principle and guide them through reading pre-selected articles and teaching them how to critique the articles. On the other hand, the history taking course aims at training medical students on history taking with simulated patients under guidance from the instructor.

- Teaching Psychopharmacology for Psychology Interns (10/2019 – 1/2020) and (10/2020 – 2/2021):

I taught a three month-course about basic psychopharmacology principles for psychology interns rotating at Kings County Hospital for their last year of training.

- Teaching Neurobiology of Mental Disorders to Third Year Medical Students (4/2019 – 2/2020):

I taught the St. George's University (SGU) MSIII students about the neurobiology of different mental disorders during their six-week psychiatry rotation.

- Teaching Substance Use and Substance-Related Disorders to Third Year Medical Students and Second Year Psychiatry Residents:

I taught SUNY Downstate Medical Center MSIII students and PGY-2 psychiatry residents lectures about neurobiology of substance use disorder and substance-related disorders.

- Chief Resident for Academics (Sep 2014- Sep 2015):
  The position involved the duties of PGY-1 and PGY-2 residents on their residency. The role included -yet was not limited to- guidance during early residency, teaching residents about evidence-based practice and critical appraisal and call and rotation schedules.

Publications:

- "Does Degarelix Hold Potential for the Treatment of Pedophilic Disorder?" ElSayed, M., Gupta, R. (2020). JAMA Psychiatry. doi: 0.1001/jamapsychiatry.2020.2594
- "Dextromethorphan with CYP2D6 Inhibitors to Treat Agitation in Neurocognitive Disorders," Viswanathan, R., Elsayed, M. *Submitted.*

Posters/Abstracts:

- "Correlation between previous Posttraumatic Disorder and Recent Posttraumatic symptoms in physician trainees during the COVID-19 pandemic" Wang, M., ElSayed, M., Arthur, P., Al-Katib, A., Myers, M. Poster submitted for presentation at the 2022 Annual APA Meeting.
- "Hypo-arousal and Hyper-arousal Delirium in Hospitalized Patients with COVID-19: A Chart Review Study" ElSayed, M., Mohammedpour, F., Viswanathan, R., Anziska, Y., Park, S., Arthur, P., Foroughi, M. Poster accepted for presentation at the Academy of Consultation-Liaison Psychiatry Annual Meeting (CLP 2021).
- "Effects of the COVID-19 Pandemic on Sleep Behavior of Children of Frontline Workers Over Time" Davis, G., Galanter, C., ElSayed, M. Poster accepted for presentation at the AACAP's 68th Annual Meeting, October 2021.
- "Encephalopathy in Patients with Covid-19 infection" Mohammedpour, F., ElSayed, M., Anziska, Y., Viswanathan, R., Calvo, L., Abdelwahab, L., Zhang, D.

Poster accepted for presentation at the American Neurological Association (ANA 2021), October 2021.

- "Effectiveness of Lorazepam in Conjunction with Steroids and Immunosuppressant in Treatment of Catatonia Secondary to Systemic Lupus Erythematosus Cerebritis (SLE-C) – A Case Report" Park, S., ElSayed, M. Poster presented at the 2021 American Society of Clinical Psychopharmacology (ASCP) 2021.
- "Mental Health of Residents and Fellows at SUNY Downstate Health Sciences University during the Pandemic of COVID-19" ElSayed, M., Alkatib, A., Arthur, P., Myers, M. Poster presented at the 59th Annual Meeting of the American College of Neuropsychopharmacology.
- "Mental Health on the Frontlines: A Study of Residents and Fellows at SUNY Downstate Health Sciences University During the COVID-19 Pandemic" Arthur, P., AlKatib, A., ElSayed, M., Myers, M., Pato, M. Poster presented at the American Psychiatric Association Annual meeting 2021.
- "Neurogenic Maturational Correlates of the Anxiolytic Effect of Fluoxetine in Macaques" Schoenfeld, E., ElSayed, M., Coplan, J. Poster presented at the Annual Meeting of the American Neurological Association 2020.
- "Weight Gain Associated with Long-Acting Injectable Form of Aripiprazole (Abilify Maintena): A Case Report" ElSayed, M., Eloma, A., McAfee, SG. Poster accepted for presentation at the American Psychiatric Association Annual meeting 2021.
- "Giving Ethanol instead of BZD to Prevent Alcohol Withdrawal in a Hospitalized Pt with Alcohol Use Disorder Undergoing EEG to detect Seizure Activity" Ramchandani, K., Kramer, E., Viswanathan, R., ElSayed, M. Poster accepted for presentation at the American Psychiatric Association Annual Meeting 2021.
- "An Unusual Obsession Presentation in a Man with OCD and Comorbid Schizophrenia: A Case Report" ElSayed, M., Mayevskiy, V., Huangthaisong, P. Poster accepted for presentation at the American Psychiatric Association Annual Meeting 2021.
- "Breakthrough Manic Symptoms Upon Changing Injection Site of a Long-Acting Injectable Antipsychotic: A Case Study" Hashem S., ElSayed, M. Poster accepted for presentation at the American Psychiatric Association Annual meeting 2021.
- "Psychosocial Management of Opioid Use Disorder: Where Do We Stand?" ElSayed, M., Kumar, V., Khan, A., Whitley, S. Poster accepted for presentation at the American Psychiatric Association Annual meeting 2020

- "Factors yielding partial response to Naltrexone in pathological gambling," ElSayed, M., Ramsubick, C., AbdelWahab, L., Thompson, K. Poster accepted for presentation at the American Psychiatric Association Annual meeting 2020
- "Dextromethorphan-guaifenesin cough syrup to treat agitation in patients with neurocognitive disorders," Viswanathan, R., ElSayed, M. Poster presented at American Psychiatric Association Annual meeting 2019; San Francisco, CA, U.S.A., May 2019.
- "Emotional responses causing vaso-occlusive crises in sickle cell patients: a case report and literature review," Arthur, P., ElSayed, M., Viswanathan, R. Poster presented at American Psychiatric Association Annual meeting 2019; San Francisco, CA, U.S.A., May 2019.
- "Diagnosis, Medical and Psychosocial management of Opioid Use Disorder: Where do we stand?", ElSayed, M., Rodriguez Penney, A., Kumar, V., Whitley, S. Poster presented at SUNY. Downstate Medical Center Annual Research Day 2019; Brooklyn, NY, U.S.A., April 2019.
- "Neural noise and its relationship with the psychosis-like effects of THC", Cortes-Briones, J., Skosnik, P., Cahill, J. D., Sherif, M., ElSayed, M., Ranganathan, M., D'Souza, D.C. Poster presented at National Institute of Drug Abuse/ Marijuana and Cannabinoids: A Neuroscience Research Summit; Bethesda, MD, USA, March 2016.
- "The Effect of Fatty Acid Amide Hydrolase (FAAH) Inhibition on Sleep Architecture in Cannabis Withdrawal," Skosnik P. D., Morgan, P. T., Makriyannis, A., Creatura, G., DeWosrop, D., Deaso, E., Cortes-Briones, J. A., ElSayed, M., Ranganathan, M., D'Souza, D. C. Poster presented at: National Institute of Drug Abuse/ Marijuana and Cannabinoids: A Neuroscience Research Summit; Bethesda, MD, USA, March 2016.
- "The Human Cannabinoid Receptor Mediates Neural Plasticity in the Cerebellum," ElSayed, M., Cortes-Briones, J. A., Cahill, J. D., Luddy, C., Ranganathan, M., D'Souza, D. C., Skosnik, P. D. Poster presented at Yale Neuroday 2016; Orange, CT, U.S.A., August 2016

Awards:

- Distinguished Resident Teaching Award (2020 – 2021): from psychiatry department at SUNY Downstate Health Sciences University

Invitations:

- Invited to attend and present a poster at the 59th Annual meeting of the American College of Neuropsychopharmacology (ACNP) in Phoenix, Arizona, 2020.
- Invited to attend and give an oral presentation at the 16th World Conference for Tobacco or Health in Abu Dhabi, UAE, March 2015.

Presentations:

- "The Other Face of the Pandemic: The Experience of Medical Students, Junior Doctors and Healthcare Staff" presented at the Annual Resident and Poster session organized by the Brooklyn Psychiatric Society, Brooklyn, NY, April 2021.
- "A Year of the Pandemic: How COVID-19 Affected Our Lives (Experiences from Patients, Residents, Medical Students, and Staff" Psychiatry Grand Round, Psychiatry department, SUNY Downstate Health Sciences University, Brooklyn, NY, February 2021.
- "Cannabis effects on brain structure," Schizophrenia and Neuropharmacology Research Group at Yale (SNRGY) weekly meeting, VA Connecticut Healthcare System; West Haven, CT, U.S.A., January 2016.
- "History of the tobacco industry and anti-tobacco campaigns," World Conference for Tobacco or Health (WCTOH) closing ceremony; Abu Dhabi, ARE, March 2015.
- "Case Presentation: Childhood Major Depressive Disorder," Psychiatry Grand Round, Psychiatry department, Ain Shams University Hospitals; Cairo, E.G.Y., October 2014.
- "Case Presentation: Dissociative Amnesia," Psychiatry Grand Round, Psychiatry department, Ain Shams University Hospitals; Cairo, E.G.Y., June 2014.
- "Case Presentation: Lateral Medullary syndrome secondary to Vertebral Artery Dissection," Neurology Grand Round, Neurology department, Ain Shams University, Cairo, Egypt, April 2014.
- "Case Presentation: Borderline personality disorder with the co-morbid major depressive disorder," Psychiatry Grand Round, Psychiatry department, Ain Shams University Hospitals; Cairo, E.G.Y., June 2013.
- "Case Presentation: Multiple Cranial Neuropathies secondary to bronchogenic carcinoma," Neurology Grand Round, Neurology department, Ain Shams University Hospitals; Cairo, E.G.Y., April 2013.

- "Case Presentation: Rapidly progressive Dementia," Neurology Grand Round, Neurology department, Ain Shams University Hospitals; Cairo, E.G.Y., January 2013.

COMMITTEES AT SUNY DOWNSTATE:

- Recruitment Committee for residency applicants (2020)
- Grand Rounds Committee (2020)
- Program Evaluation Committee (2020)

COMMUNITY PSYCHIATRY:

- Organized a "Virtual Resident Movie Night" featuring the documentary "Look! I'm in college!) and invited the two Emmy Awards winner and director Mr. Ken Browne along with the cast of the movie on May 2021.
- Shared in the "Out of darkness" walk of the American Foundation for Suicide Prevention (AFSP) in 2018

ENGINEERING COURSES:

May 2021-Present	• Python for Data Science course at eCornell training
September 2020 – December 2020	• Biomedical Materials course at SUNY School of Graduate Studies.
August 2019 – December 2019	• Basics of programming using C language course at SUNY School of Graduate Studies.
Jan 2019 – May 2019	• Biomedical Instrumentation course at NYU Tandon School of Engineering.

HOBBIES Reading novels, cooking Middle Eastern food, volunteer work

LANGUAGES Fluent in English and Arabic

VISA STATUS J-1 visa (Alien physician category)

Zachary M Herrmann

[redacted]

PRESENT APPOINTMENT/POSITION

July 2021 – Present, Clinical Assistant Professor of Psychiatry, Geisel School of Medicine at Dartmouth

July 2021 – Present, Psychiatrist – Inpatient, New Hampshire Hospital

EDUCATION

July 2017 – June 2021, John Peter Smith Hospital, Ft. Worth TX (active), Psychiatry Residency (PGY-1 – PGY-4)

July 2016 – June 2017, South Nassau Communities Hospital, Oceanside NY, Osteopathic Internship (PGY-1)

August 2012 – June 2016, Philadelphia College of Osteopathic Medicine, Philadelphia PA, Doctor of Osteopathic Medicine

September 2009 – June 2012, University of Cincinnati, Cincinnati OH, Bachelor of Science, Chemistry (Biochemistry Concentration)

September 2006 – August 2009, University of Cincinnati Clermont Campus, Batavia OH, Associates of Technology, Commercial Aviation

LICENSURE & CERTIFICATION

Texas Medical License #R8575, exp. August 2023
New Hampshire Medical License #21447, exp June 2023
DEA Registration Number Active, NH
Buprenorphine X-Waiver
Clozapine REMS #HCP12081827706
California Institute of Integral Studies Certificate in Psychedelic Therapies and Research, March 2020- March 2021
MAPS MDMA-Assisted Psychotherapy training pt A-E, *In Progress*
Duke-NUS Clinical Research Certificate Course I, March 2020
Certified Flight Instructor (Instrument Airplane), exp. Feb 2022
Commercial Pilot's License #3327051 (ASEL, AMEL, Instrument rated)
ACLS/BLS Certification, exp. 10/2022

PEER-REVIEWED PUBLICATIONS

Herrmann Z, Jaini P, Hsu J, Rush, A: *Two Cases Comparing the Presentations and Outcomes of Heroin-Induced Toxic Leukoencephalopathy.* Journal of Psychiatric Practice, 2022 (Accepted).

Deshpande A, Herrmann Z, Hsu J, Rush AJ: *HHV-6 and Schizophrenia: An unusual presentation or an unproven etiology?* Prim Care Companion CNS Disord (Accepted)

Herrmann Z, Elbasheer O, DeMoss D, et al. Treatment-resistant high output ileostomy secondary to subtherapeutic valproic acid. Prim Care Companion CNS Disord. 2021;23(4):20l02760.

Hsu J, Herrmann Z, Kashyap S, Claassen C. Treatment of Cannabinoid Hyperemesis With Olanzapine: A Case Series. J Psychiatr Pract. 2021;27:316-321.

Pratt LM, Gunasekaran M, Voit S, et al: *Food Waste as a Source of Biofuels.* Jnl of Sci and Tech Dev 2012 (Vietnam); 15:47-56.

WORKS IN PROGRESS

Herrmann Z, Slabaugh S, De Leo J, et al: *Scaling Psychedelics: A Review of Current Experiential Measures*.

Herrmann Z, Teigen K, Rush AJ, et al: *Predicting Treatment Failures: An I-SpotD Secondary Analysis*

Sub-investigator, *NRX-101 for Maintenance of Remission From Severe Bipolar Depression in Patients With Acute Suicidal Ideation and Behavior: The SBD-ASIB Study.* NeuroRx, Inc.: John Peter Smith Hospital. Clinical Trials #NCT03396068. June 2019 – June 2021

Study Physician, *A Probiotic Intervention to Prevent Relapse Following Hospitalization for Mania*. UT Southwestern: John Peter Smith Hospital. Clinical Trials #NCT03383874. May 2019 – June 2021

INTERNATIONAL PRESENTATIONS

Deshpande A, Herrmann Z, Mauntana S, Rush AJ: *HHV-6 and Schizophrenia: An unusual presentation or an unproven etiology?* Poster Presentation. Academy of Consult-Liaison Psychiatry 2020, 13 November 2020, Online Conference.

Kashyap S, Hsu J, Herrmann Z, DeMoss S: *Break the Cycle: A proposed treatment algorithm for cannabinoid hyperemesis syndrome.* Oral Paper Presentation. Academy of Consult-Liaison Psychiatry, 15 November 2019, San Diego, CA.

Herrmann Z, Jaini P, Hsu J, et al: *Case Series: Two cases comparing the presentations and outcomes of Heroin-induced toxic leukoencephalopathy*. Poster Presentation. Academy of Consult-Liaison Psychiatry, 14 November 2019, San Diego, CA.

Slabaugh S, Herrmann Z, Gillan A, DeMoss D: *Tuberculosis Psychosis: Tuberculosis meningoencephalitis presenting as major depressive disorder with psychotic features*. Poster Presentation. Academy of Consult-Liaison Psychiatry, 14 November 2019, San Diego, CA.

NATIONAL PRESENTATIONS

Slabaugh S, Herrmann Z, Gillan A, DeMoss D: Tuberculosis Psychosis: Tuberculosis meningoencephalitis presenting as major depressive disorder with psychotic features. Poster Presentation. Academy of Medicine and Psychiatry, 15 October 2020, Online Conference.

Murad M, Slabaugh S, Jaini P, Khan M, Herrmann Z, Haliburton, J. *Case report: suicide attempt secondary to autoimmune hypothyroid*. Poster Presentation. Academy of Medicine and Psychiatry, 15 October 2020, Online Conference.

Elbasheer O, Herrmann Z, Slabaugh S, DeMoss D: *Case Report: High output ileostomy secondary to subtherapeutic valproic acid.* Poster Presentation. Academy of Medicine and Psychiatry, 15 October 2020, Online Conference.

Lawn V, Blondeaux S, Herrmann Z: *Student-run activities decreasing stigma of mental illness among medical students.* Conference Session. AACOM Conference, 25 April 2015, Fort Lauderdale, FL.

LOCAL PRESENTATIONS

Herrmann Z, Slabaugh S: *Psychedelic-Assisted Psychotherapy: Novel Treatments and Emerging Paradigms.* Psychiatry Grand Rounds Presentation. John Peter Smith Hospital, 16 April 2021, Fort Worth, TX.

*Slabaugh S, Herrmann Z, Gillan A, DeMoss D: *Tuberculosis Psychosis: Tuberculosis meningoencephalitis presenting as major depressive disorder with psychotic features*. Oral Presentation. John Peter Smith Hospital Research Day, 5 June 2020, Fort Worth, TX.
*1st place for case study podium presentations.

Herrmann Z, Jaini P, Hsu J, et al: *Case Series: Two cases comparing the presentations and outcomes of Heroin-induced toxic leukoencephalopathy*. Poster Presentation. John Peter Smith Hospital Research Day, 5 June 2020, Fort Worth, TX.

Deshpande A, Mauntana S, Herrmann, Z: *HHV-6 and Schizophrenia: An Unusual Presentation or an Unproven Etiology?* Poster Presentation. John Peter Smith Hospital Research Day, 5 June 2020, Fort Worth, TX.

Herrmann Z: *Journal club: Olanzapine Versus Placebo in Adult Outpatients with Anorexia Nervosa: A Randomized Clinical Trial.* Journal Club. 2 February 2020, John Peter Smith Hospital, Fort Worth, TX.

Herrmann Z: *MDMA-assisted psychotherapy for treatment of PTSD: A review of the history and theory with assessment of phase 2 pooled analysis.* Journal Club. 11 October 2019, John Peter Smith Hospital, Fort Worth, TX.

Herrmann Z, Mischel N, Wolfshohl K, et al: *Divalproex Diarrhea – High output ileostomy secondary to valproic acid*. Poster Presentation. John Peter Smith Hospital Research Day, 7 June 2019, Fort Worth, TX.

Herrmann Z: *Cryptic Catatonia*. M&M Case Conference. 22 February 2019, John Peter Smith Hospital, Fort Worth, TX.

Herrmann Z: *Depakote Diarrhea: High Output Ostomy Secondary to Subtherapeutic Valproic Acid*. M&M Case Conference. 27 July 2018, John Peter Smith Hospital, Fort Worth, TX.

OTHER PUBLICATIONS

Peer Reviewer, *Foundations in MDMA and Psilocybin Safety, Therapeutic Applications & Research.* Online CME Course. 28 August 2020, Psychedelic.Support

Peer Reviewer, *Understanding Psilocybin: Effects, Neurobiology, and Therapeutic Approaches.* Online CME Course. 28 August 2020, Psychedelic.Support

TEACHING EXPERIENCE

May 2021, John Peter Smith Hospital, Fort Worth, TX. Lectured on evidence for ketamine in Psychiatry to PGY I & II residents.

January 2021, John Peter Smith Hospital, Fort Worth, TX. Presented *Non-ordinary States of Consciousness and their Healing Potential* to PGY I & II residents.

October 2020, John Peter Smith Hospital, Fort Worth, TX. Guest lecturer for Q&A session with 3rd year medical students on Psychiatry.

August 2020, John Peter Smith Hospital, Fort Worth, TX. Guest lecturer for Q&A session with 3rd year medical students on Psychiatry.

August 2020, John Peter Smith Hospital, Fort Worth, TX. Presented *Schizophrenia Spectrum and Other Psychotic Disorders* to PGY I & II residents.

July 2020, John Peter Smith Hospital, Fort Worth, TX. Presented *Non-ordinary States of Consciousness and their Healing Potential* to Psychology department during weekly didactics.

October 2018 – March 2020. John Peter Smith Hospital, Fort Worth, TX. Monthly lecture to medical students on personality disorders and Bipolar disorder treatments.

March 2020, Benbrook Public Library. Benbrook, TX. Benbrook library guest lecturer on mental health.

January 2020, John Peter Smith Hospital, Fort Worth, TX. Presented National Neurology Curriculum Institute *Expert Videos: Dopamine System/Therapeutic Targets* & various papers related to same topic to PGY III & IV residents.

September 2019, John Peter Smith Hospital, Fort Worth, TX. Presented National Neurology Curriculum Institute *Default Mode Network: Basics for Psychiatrist* to PGY III & IV residents.

May 2019, Haltom City Library, Haltom City, TX. Haltom City library In-service day guest lecturer on mental health.

September 2018, John Peter Smith Hospital, Fort Worth, TX. Psychiatry residency lecture on cranial nerve dysfunction.

August 2018, John Peter Smith Hospital, Fort Worth, TX. Safety article review: *Bayramzadeh S, (2017) An Assessment of Levels of Safety in Psychiatric Units, Health Environment Research & Design, 10(2), 66-80.*

PAST APPOINTMENTS/POSITIONS

July 2020 – August 2021, Tele-psychiatrist, MindCare Solutions, Various locations in Texas

- Provide telepsychiatry services for multiple psychiatric hospitals throughout the state of Texas. This includes rounding and initial psychiatric evaluations.

September 2018 – June 2021, Internal Moonlighting, John Peter Smith Hospital (JPS), Fort Worth, TX
- Provide services on behalf of JPS for Acclaim physician group as needed for inpatient and emergency psychiatric services.

March 2010 – June 2015, Sporty's Flight Academy, Batavia OH
- Certified Flight Instructor – Trained pilots of all experience levels to obtain Recreational, Private, Commercial certificate and Instrument privileges.

November 2009 – May 2012, Cincinnati Children's Hospital Medical Center, Cincinnati OH
- Emergency Services Representative – Registered new patients at bedside and in trauma suite, coordinated units in ED.

January 2007 – November 2009, United Parcel Service, Cincinnati OH
- Package Handler – Sorted boxes, loaded and unloaded trailers.

LEGAL EXPERIENCE

Testifying expert in psychiatry, New Hampshire Circuit Court Probate, Concord, NH, Aug 2021 - Present

State expert witness in psychiatry, Tarrant County Statutory Probate Courts, Fort Worth, TX, approximately 20 cases, July 2017 – June 2021

SCHOLARSHIPS & AWARDS

John Peter Smith Hospital

• Recognition for Research Excellence	2020
• Outstanding Resident Researcher	2019-2020
• Best PGY-III PRITE Score	2019-2020
• Outstanding Resident Teacher	2018-2019
• Resident of the Quarter (3rd)	2018
• Best PGY-I PRITE Score	2017-2018

Philadelphia College of Osteopathic Medicine

• Mason W. Pressly Memorial Award	2015-2016
• PCOM Student Services Award: Osteopathic Program	2013-2014
• Board of Trustees Scholarship	2014-2016
• PCOM Foundation Scholarship	2012-2015
• PCOM Alumni Scholarship	2013-2014

University of Cincinnati

• Choose Ohio First Scholarship	2010-2012
• Vorbeck Aviation Scholarship	2008-2009
• Sporty's Foundation Scholarship	2008-2009
• Clermont Philharmonic Orchestra Scholarship	2008-2009

LEADERSHIP & COMMITTEES

Resident Physician Member, Pharmacy & Therapeutics Committee, John Peter Smith Hospital, July 2020 – June 2021

Member-at-Large, Resident Executive Board, John Peter Smith Hospital, July 2019 – June 2020

Moonlighting Chair, John Peter Smith Hospital Psychiatry Residency, March 2019 – June 2021

Representative, New York College of Osteopathic Medicine Educational Consortium (NYCOMEC) Resident Board, July 2016 - June 2017
Represented South Nassau Communities Hospital Traditional Rotating Internship (TRI)

Philadelphia College of Osteopathic Medicine Student Government Association:
Class Representative, March 2014 – June 2016
Clinical Rotations Liaison, March 2014 – March 2015

PCOM Representative, Council of Osteopathic Student Government Presidents (COSGP), April 2013 – April 2014
President, 2013 – March 2014

MEMBERSHIP

American Medical Association (AMA), ME# 04177161212. December 2019 - Current

Academy of Consult-Liaison Psychiatry (ACLP), Resident member #46424. January 2020 - Current

American Psychiatric Association (APA), General member #251127. January 2018 – Current

New Hampshire Psychiatric Society, General member. August 2021 - Current

Texas Society of Psychiatric Physicians, General member. January 2018 – June 2021

Student Osteopathic Medical Association (SOMA), General member. October 2012 – June 2016

Student American Academy of Osteopathy (SAAO), General member. January 2014 – June 2016

VOLUNTEER WORK

Life Zone HIV/AIDS Awareness Organization (Approximately 50 hours), November 2013 – June 2015
- Assisted with demonstrations and lectures at various high schools throughout the Philadelphia and Trenton area.

Philadelphia College of Osteopathic Medicine Outreach (Approximately 35 hours), August 2012 – June 2016
- Volunteered during medical school at various events, charity walks, park clean-ups, high school physicals and science museum events.

MEDIA

Herrmann Z. Guest. *"Shaping the Next Generation of Doctors."* The JPS Podcast. 2020 June 9. jpshealthnetwork.libsyn.com

HOBBIES & INTEREST

Flying, meditation, spending time with my partner, spending time with my dogs, computers, enjoying the outdoors, guitar, reading about the psyche, gaming, hot yoga.

Lindsay A. Wood

[redacted]

Prepared Sept 13, 2021

Education

2013 –2017	MD	Hofstra/ Northwell School of Medicine
2011 –2012	*Certificate* Post-baccalaureate Premedical program	Bryn Mawr College
2007 –2011	BA Major: English, Minor: Philosophy	Vassar College

Postdoctoral Training

2017 –2021	Residency General Adult Psychiatry	Zucker Hillside Hospital

Academic Appointments

August 2021 – Present	Clinical Instructor in Psychiatry	Dartmouth-Geisel School of Medicine
	Faculty Inpatient Psychiatrist	New Hampshire Hospital

Licensure and Certification

August 2021	Controlled Substance Registration (DEA Certificate)	Active
August 2021	New Hampshire State Medical License	Active
April 2021	Basic Life Support (BLS) Provider	Active
August 2019	New York State Medical License	Active

Teaching Activities

Undergraduate Medical Education

Dates	Course	Institution	Role	Time Commitment
Jan 2021 – March 2021	I.C.E. (Initial Clinical Experience)	Donald and Barbara Zucker School of Medicine	Preceptor (for 2nd year medical students)	4 hours per wk 2 students

		at Hofstra/ Northwell		
	Description: Provided guidance on introducing 2 medical students in their second year to Psychiatric Interviews and encounters through didactic lessons, observed interviews, and further debriefing and analysis. This serves as a clinical introduction to the field of psychiatry prior to students beginning their 3rd year clerkships.			

Graduate Medical Education

Dates	Course	Institution	Role	Time Commitment
July 2020 – June 2021	Behavioral Health Crisis Center	Zucker Hillside Hospital	Preceptor (for 2nd year residents and 3rd and 4th year medical students)	4 hours per 2 weeks 1 medical student or resident per session, ~15 total
	Description: Observed and guided psychiatric interviews in the walk-in urgent care setting of 3rd year and 4th year medical students and 2nd year residents. Modeled patient counseling, provision of care, and discussion of disposition and follow-up care.			

Engagement, Advocacy, Community Service, Community Education

Dates	Organization	Role	Time Commitment
Spring 2017	Hofstra School of Medicine, Medical Education Department	Participant, Medical Education Elective/ Curriculum Design	40 hrs/ yr
	Participated in medical education elective, proposed and designed novel standardized patient experience curriculum for patient with gender dysphoria		
Fall 2014	"The Healer's Art" Course	Participant	20 hrs
	Participated in course invested in evolving compassionate care methods and personal reflection to address the culture of physician burnout		
2016 - 2017	Hofstra School of Medicine, Clinic Corps	Supervising Volunteer	2 hrs/ wk
	Provided direct medical care and supervised junior medical students to provide free healthcare to underserved members of Queens community		
2012-2013	Hofstra School of Medicine Reproductive Rights Club	Co-president	2 hr/ wk
	Coordinated lectures, informational sessions, volunteer work at local community organizations associated with improved		

	reproductive health access		
2010 - 2011	Vassar College Prison Initiative/ Bridging the Gap	Participant/ Group co-facilitator	50 hr/ yr
	Participated in interactive program with incarcerated individuals at a local federal correctional institution, promoting decarceration and rehabilitation		

Program Development

Dates	Organization	Role	Time Commitment
May 2020 – July 2021	RISE (Fighting Racial Inequities and Supporting Systemic Equity)	Member, Curriculum Committee	50 hrs/yr
	Designed and implemented workshops and changes to policy of psychiatry department and residency program, leading efforts to address systemic inequities within various levels of institution, including but not limited to additions and changes in resident and medical school curriculum.		

Invited Presentations

Local/ Regional:

Date	Title/ Topic	Sponsoring Organization	Location	Notes
June 9, 2021	Topic: Of Forests, Trees and Being Caught in the Weeds: A Case-Based Odyssey through Diagnostic and Therapeutic Frameworks	Zucker Hillside Hospital Department of Psychiatry Grand Rounds	Zucker Hillside Hospital Glen Oaks, NY	*^ Grand Rounds presentation as a part of the series "Clinical Research Psychiatry" featuring the research and scholarly projects of graduating 4th year residents.
June 2019	The Battered Brain - Neuropsychiatric Implications of Brain Injury: Spotlight on Chronic Traumatic Encephalopathy (CTE).	Academic Talk sponsored by Department of Consult Liaison Psychiatry at Northwell Health	Long Island Jewish Hospital Glen Oaks, NY	Academic Talk sponsored by Consult-Liaison Department with open invitation to Psychiatry Department

R. Joseph Wendling, Jr.
Curriculum Vitae, August 2021.

Education:

1986-1992	Iowa State University, Bachelor of Science in Horticulture
1988	Ealing College of Higher Education, London, England
1992-1996	University of Iowa College of Medicine, MD
1996-2000	University of Michigan Department of Psychiatry Residency
2000-2001	Dartmouth College Department of Psychiatry Geriatric Fellowship

Certification/Licensing:

USMLE I, II and III- passed
State of New Hampshire license #10979
State of Vermont license.
ABPN- certified through 2021
ABPN-Geriatric certification through 2022

Research:

Iowa State University:
The effectiveness of silver thiosulfate in prevention of ethylene oxide induced senescence in *Streptocarpus sp.*.

The effect of day/night temperature differences on flower induction of day-neutral strawberries, 'Tristar' and 'Tribute'..

University of Michigan-
The rate of complications with ECT in the geriatric population and its correlation with cerebrovascular risk factors.

Employment:

Dartmouth Hitchcock Medical Center, Glencliff Home, Medical director
2012-present

West Central Services, Adult outpatient program, Elders Program, Nursing home consultant.
July 2001- present

Valley Regional Hospital, Behavioral Health Unit, Assistant Medical Director 2003-2005

Lilly Lecture Bureau, 2001- 2003

St. Joseph Hospital, Psychiatric Emergency room physician, Mount Clemens, Michigan,
1999- 2000

References: Available upon request.

PERSONAL INFORMATION (UPDATED 6-23-2021)

Name: John Anthony Hinck MD
Present Position: Attending Psychiatrist at New Hampshire Hospital

Medical School Name: Cornell University Medical College
Primary Degree Awarded: MD
Year Completed: 1989

GRADUATE MEDICAL EDUCATION

Graduate Medical Education Program Name: Dartmouth Medical School
Specialty/Field: Residency in Psychiatry
Date From: 6/1989
Date To: 6/1993

Graduate Medical Education Program Name: Dartmouth Medical School
Specialty/Field: Fellowship in Geriatric Psychiatry
Date From: 6/1993
Date To: 6/1995

CERTIFICATION INFORMATION

American Board of Psychiatry and Neurology, Psychiatry 11-1994, #40081
Recertified 12-2004; Recertified 2-2014.

Specialty: Geriatric Psychiatry
ABMS Board-Certified: Yes
Original Certification Year: October 1995; #1412
Certification Status: expired 2005

Specialty: Adolescent Psychiatry
ABMS Board-Certified: No. (Certified by American Board of Adolescent Psychiatry)
Original Certification Year: 1999
Certification Status: expired 2009

LICENSURE

State: NH
Date of Expiration: 6/30/23

ACADEMIC APPOINTMENTS

Description of Position: Instructor in Clinical Psychiatry

Date of Appointment: June 1993
Date of Appointment Ended: April 1995

Description of Position: Assistant Professor of Psychiatry

Date of Appointment: April 1995
Date of Appointment Ended: present

ADDITIONAL INFORMATION

CONCISE SUMMARY OF ROLE/RESPONSIBILITIES IN PROGRAM:

1) TEACHING THE 3RD YEAR DARTMOUTH MEDICAL STUDENTS AT NEW HAMPSHIRE HOSPITAL FROM 1995 THROUGH 2012 (ADMISSION UNIT)

2) TEACHING THE 3RD YEAR DARTMOUTH MEDICAL STUDENTS AT DHMC 8/2015 TO 6/2016

3) TEACHING 4TH YEAR MEDICAL STUDENTS FROM GEISEL SCHOOL OF MEDICINE AND OTHER MEDICAL SCHOOLS (INCLUDING JEFFERSON, NEW ENGLAND MEDICAL, QUINNIPIAC AND WAKE FORREST) AT NEW HAMPSHIRE HOSPITAL JULY 2013 TO PRESENT (SUB-INTERNSHIP ELECTIVE ON FORENSIC/CONTINUING CARE UNIT, AND ADMISSION UNIT)

4) SUPERVISION OF 1ST YEAR PSYCHIATRY RESIDENTS AT DARTMOUTH HITCHCOCCK MEDICAL CENTER , 2015 TO 2016.

5) SUPERVISION OF 2ND YEAR DARTMOUTH PSYCHIATRY RESIDENTS ON AN INPATIENT UNIT AT NEW HAMPSHIRE STATE HOSPITAL: 2010 TO 2012.

6) TEACHING 4TH YEAR PSYCHIATRY RESIDENTS FROM GEISEL SCHOOL OF MEDICINE AT DARTMOUTH: JULY 2013 TO PRESENT (ELECTIVE ON CONTINUING CARE UNIT)

AWARDS:

GEISEL SCHOOL OF MEDICINE AT DARTMOUTH
DEPARTMENT OF PSYCHIATRY
2014 TEACHER OF THE YEAR AWARD

EXCELLENCE IN TEACHING AWARD, DARTMOUTH MEDICAL SCHOOL
NOMINATED FOR 2005 TO 2006 ACADEMIC YEAR

CURRENT PROFESSIONAL ACTIVITIES / COMMITTEES (LIMIT OF 10)

- Attending Psychiatrist at New Hampshire Hospital, E Unit.
- Team Leader of E and F Admissions Unit.
- Vice President of the Medical Staff Organization of New Hampshire Hospital 2016 to present
- Member of the Medical Staff Organization Executive Committee 2016 to present
- Chairman of the New Hampshire Hospital Ethics Committee 2014 to present
- Member of the NH Bureau of Behavioral Health's Committee for the Protection of Human Subjects 2012 to present
- President, New Hampshire Psychiatric Society, April 2021 to present

SELECTED BIBLIOGRAPHY (LIMIT OF 10)

Most representative Peer Reviewed Publications / Journal Articles from the last 5 years:

- Chen JJ "JJ",Dahle D, Hinck J, deNesnera A (2015) A Cautionary Tale: The Process of Mental Health Treatment and Restoration to Sanity of Individuals who are found Not Guilty by Reason of Insanity in New Hampshire. Ann Psychiatry Ment Health 3(5):1042

PARTICIPATION IN LOCAL, REGIONAL AND NATIONAL ACTIVITIES / PRESENTATIONS / ABSTRACTS / GRANTS FROM THE LAST FIVE YEARS: (LIMIT OF 10)

- "It Takes a Village." Compassionate Care and Benefits from a Lifestyle Change Intervention. New Hampshire Hospital Schwartz Rounds 9-22-16
- "History of Psychiatry: The State Hospitals." Presented at DHMC on 2-28-2017, and on 2-27-18 to the 4th Year Psychiatry Residents.
- "History of Forensic Psychiatry: Four Important Cases." Presented at DHMC on 2-27-18 to the 4th Year Psychiatry Residents.
- Management of Weight Gain in a Patient Associated with Psychiatric Medication.

CME Case Conference 11-18-2018. Presented at NHH.

- "When will this end?" A case of a patient with periodic catatonia. Presented at New Hampshire Hospital. Schwartz Center Rounds. 1-31-19.

- "The STRIDE Weight Loss and Lifestyle Intervention: The New Hampshire Hospital Experience."
  The New Hampshire Hospital Grand Rounds.
  December 19. 2019

Dartmouth Hitchcock

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Jeffrey Fetter	Chief Medical Officer	339,900	100%	339,900
Samantha Swetter	Associate Medical Director	288,400	100%	288,400
Patrick Hattan	Associate Medical Director	288,400	100%	288,400
Corneliu Stanciu	Staff Psychiatrist	289,573	100%	289,573
Aliaksander Shakhau	Staff Psychiatrist	292,410	100%	292,410
Thatcher Newkirk	Staff Psychiatrist	265,225	100%	265,225
John Hinck	Staff Psychiatrist	281,271	100%	281,271
Daniel Lampignano	Staff Psychiatrist	267,800	100%	267,800
Mohamed ElSayed	Staff Psychiatrist	260,000	100%	260,000
Zachary Hermann	Staff Psychiatrist	260,000	100%	260,000
Lindsay Wood	Staff Psychiatrist	260,000	100%	260,000
Joseph Petrick	PMHNP	127,000	100%	127,000
Mark Guerette	PMHNP	127,000	100%	127,000
Rosemary Dougherty	PMHNP	127,000	100%	127,000
Ingrid Farrell	PMHNP	127,000	100%	127,000
Hannah Spears	PMHNP	127,000	100%	127,000
Susan Kostrzewski	PMHNP	128,000	100%	128,000
Stacey Sorrell	PMHNP	133,785	100%	133,785
Timothy Bailey	PMHNP	127,000	100%	127,000
Debra Fournier	PMHNP	157,891	100%	157,891
Andrea Muschett	Forensic Psychologist	121,000	100%	121,000
Robert Wendling	Medical Director (Glencliff)	108,150	100%	108,150
Elizabeth Sanders	General Medical Director	284,322	100%	284,322
John Thomas	Internist/Hospitalist	272,950	100%	272,950

31 mac

Lori A. Shibinette
Commissioner

Ellen LaPointe
Interim Chief
Executive Officer

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

February 18, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to enter into a contract with Mary Hitchcock Memorial Hospital (VC#177160), Lebanon, NH, in the amount of $60,821,398 for the provision of psychiatric and medical services at New Hampshire Hospital (NHH), the planned New Hampshire Forensic Hospital (NHFH), and Glencliff Home, with the option to renew for up to six (6) additional years, effective upon Governor and Council approval through June 30, 2026. 42% General Funds. 58% Other Funds (Provider Fees).

This request represents one (1) of three (3) corresponding requests with Mary Hitchcock Memorial Hospital for the following services: 1) Psychiatric and Medical Services; 2) Neuropsychology Services; and 3) Clinical and Administrative Services. This request is contingent upon Governor and Council approval of all three (3) requests.

Funds are available in the following accounts for State Fiscal Years 2022 and 2023, and are anticipated to be available in State Fiscal Years 2024 through 2026, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-94-940010-87500000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ACUTE PSYCHIATRIC SERVICES

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	102-500731	Contracts for Prgm Svc	94058000	$5,881,431
2023	102-500731	Contracts for Prgm Svc	94058000	$12,963,866
2024	102-500731	Contracts for Prgm Svc	94058000	$13,352,781
2025	102-500731	Contracts for Prgm Svc	94058000	$13,753,364
2026	102-500731	Contracts for Prgm Svc	94058000	$14,165,965
			Subtotal	***$60,117,407***

05-95-91-910010-57100000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: GLENCLIFF, PROFESSIONAL CARE

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2022	101-500729	Medical Payments to Providers	91000000	$73,193
2023	101-500729	Medical Payments to Providers	91000000	$150,778
2024	101-500729	Medical Payments to Providers	91000000	$155,302
2025	101-500729	Medical Payments to Providers	91000000	$159,960
2026	101-500729	Medical Payments to Providers	91000000	$164,758
			Subtotal	***$703,991***
			Total	**$60,821,398**

EXPLANATION

The Department currently has an agreement with the Mary Hitchcock Memorial Hospital, which was competitively bid in 2016, to provide physician, clinical, and administrative services in seven (7) service areas: New Hampshire Hospital; Glencliff Home; Medicaid; Children, Youth, and Families; Behavioral Health; Elderly and Adult Services; and Developmental Services. The existing agreement includes an option to renew services through June 30, 2025. However, House Bill 2, of the 2021 Regular Legislative Session, appropriated $30 million to the Department for the purpose of constructing a 24-bed forensic psychiatric hospital.

Consequently, the Department needed to reassess the existing contracted services to incorporate the new clinical needs arising from the planned New Hampshire Forensic Hospital and released competitive bids for 1) Psychiatric and Medical Services and 2) Neuropsychology Services. The Sole Source request listed below is to continue the other five (5) service areas that would have been continued under the existing agreement. The Contractor is uniquely experienced and qualified to provide the complex array of clinical and administrative services to the Department in these five (5) service areas, which enable the Department to meet a wide range of specialized health and clinical needs of New Hampshire residents.

The following table outlines the Department's reprocurement strategy, which includes three (3) distinct actions. The Department will terminate the current agreement upon approval of the contracts specified in the table. As noted below, the neuropsychology, psychiatric, and medical services components of the existing contract have been bid out to incorporate the new forensic psychiatric hospital needs rather than incorporating them into an existing agreement.

Reprocurement Strategy		
Description of Service Area	**Procurement**	**DHHS Areas Served**
Psychiatric and Medical Services	RFP issued July 2021	NHH Glencliff Forensic Hospital*
Neuropsychology	RFP issued November 2021	NHH Forensic Hospital*
Clinical and Administrative Services	New Sole Source	Medicaid Children, Youth, and Families Behavioral Health Elderly and Adult Services Developmental Services
* The Department anticipates the Forensic Hospital will open in State Fiscal Year 2024.		

Approximately 2500 individuals will be served annually.

The purpose of this request is for the Contractor to deliver psychiatric and medical services to NHH, the planned NHFH, and Glencliff Home by providing highly qualified personnel to meet staffing needs and working with the Department to continue developing and refining an integrated mental health care system by applying principles of managed care for clinical treatment.

The Department will monitor services by reviewing quality assurance and monitoring plans, and monthly, quarterly and annual reports provided by the Contractor.

The Department selected the Contractor through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from July 30, 2021 through September 29, 2021. The Department received four (4) responses for Service Area 1 - Psychiatric Services and three (3) responses for Service Area 2 - Non-emergent Medical Care that were reviewed and scored by a team of qualified individuals. The Scoring Sheets are attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreement, the parties have the option to extend the agreement for up to six (6) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request, the State's ability to provide essential psychiatric and medical services to adults at NHH, the planned NHFH, and Glencliff Home will be severely limited, putting those individuals at serious risk.

Area served: Statewide.

Respectfully submitted,

Lori A. Shibinette
Commissioner

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

Project ID # RFP-2022-NHH-03-PSYCH

Project Title Psychiatric and Medical Services: Area #1

	Maximum Points Available	Dartmouth-Hitchcock	Ondek Healthcare	Wellpath Recovery Solutions	Luke Medical (Disqualified
Technical					
1. Staffing and Recruitment	200	190	0	157	N/A
2. Retention	50	45	5	38	N/A
3. Employee Leave Policies and Practices	50	45	0	45	N/A
4. Performance Monitoring	100	82	5	80	N/A
5. Quality Assurance	150	130	5	140	N/A
6. Staffing Ratio (Service Area #1 only)	50	50	0	50	N/A
Subtotal - Technical	600	542	15	510	0
Cost					
Appendix E, Staffing List (cost)	150	135	0	70	N/A
		0	0	0	0
Subtotal - Cost	150	135	0	70	0
TOTAL POINTS	750	677	15	580	0

	Reviewer Name	Title
1	Joseph Caristi	Chief Financial Officer, NHH
2	Rosemary Costanzo	Chief Nursing Officer, NHH
3	Cynthia Babonis	Director of Social Work, NHH
4	Laura "Beth" Nagy	Director of Therapeutic Services, NHH
5	Ellen Lapointe	Chief Operating Officer, NHH
6	Heather Moquin	Chief Executive Officer, NHH

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

Project ID # RFP-2022-NHH-03-PSYCH

Project Title Psychiatric and Medical Services: Area #2

	Maximum Points Available	Dartmouth-Hitchcock	Ondek Healthcare	Wellpath Recovery Solutions
Technical				
1. Staffing and Recruitment	200	192	0	165
2. Retention	50	45	7	40
3. Employee Leave Policies and Practices	50	47	0	45
4. Performance Monitoring	100	80	0	83
5. Quality Assurance	150	138	0	143
		0	0	0
Subtotal - Technical	550	502	7	476
Cost				
Appendix E, Staffing List (cost)	150	135	0	75
		0	0	0
Subtotal - Cost	150	135	0	75
TOTAL POINTS	700	637	7	551

	Reviewer Name	Title
1	Joseph Caristi	Chief Financial Officer, NHH
2	Rosemary Costanzo	Chief Nursing Officer, NHH
3	Cynthia Babons	Director of Social Work, NHH
4	Laura "Beth" Nagy	Director of Therapeutic Services, NHH
5	Ellen Lapointe	Chief Operating Officer, NHH
6	Heather Moquin	Chief Executive Officer, NHH

FORM NUMBER P-37 (version 12/11/2019)

Subject: Psychiatric and Medical Services (RFP-2022-NHH-03-PSYCH-01)

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

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mary Hitchcock Memorial Hospital		1.4 Contractor Address One Medical Center Drive Lebanon, NH 03756	
1.5 Contractor Phone Number (603) 650-7549	1.6 Account Number 05-95-94-940010-87500000; 05-95-91-910010-57100000	1.7 Completion Date June 30, 2026	1.8 Price Limitation $60,821,398
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Edward J. Merrens, MD 8AGA3CFGA0GG438... Date: 3/2/2022		1.12 Name and Title of Contractor Signatory Edward J. Merrens, MD Chief Clinical Officer	
1.13 State Agency Signature DocuSigned by: Joseph T. Caristi 3FA927B12BA948F... Date: 3/2/2022		1.14 Name and Title of State Agency Signatory Joseph T. Caristi Chief Financial Officer, N	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Takhmina Rakhmatova FDF621C625C34AC... On: 3/2/2022			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

Contractor Initials DS EJMM
Date 3/2/2022

2. SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials DS EJMM

Date 3/2/2022

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omissions of the

Contractor Initials EJMM

Date 3/27/2022

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $1,000,000 per occurrence and $2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A *("Workers' Compensation").*

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

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

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

Contractor Initials EJMM

Date 3/2/2022

New Hampshire Department of Health and Human Services
Psychiatric and Medical Services

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up to six (6) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 7, Personnel, is amended by modifying subparagraphs 7.1 and 7.2 to read:

7.1. The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor certifies that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2. Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor's personnel involved in this project, shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

1.3. Paragraph 9, Termination, is amended by modifying subparagraph 9.2 to read:

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, deliver to the Contracting Officer, not later than thirty (30) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached Exhibit B. In addition, at the State's discretion, the Contractor shall, within thirty (30) days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

1.4. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

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

1.5. Paragraph 14, Insurance, is amended by modifying subsection 14.1.2. to delete the text in its entirety and replace it to read:

14.1.2. Professional liability insurance in the amount of $1,000,000 per occurrence and $3,000,000 per annual aggregate.

1.6. Paragraph 14, Insurance, is amended by modifying subparagraph 14.2 to read:

14.2. The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire or registered to conduct business in the State of New Hampshire.

1.7. Paragraph 17, Amendment, is amended by adding subparagraph 17.1, to read:

17.1 In the event the State wishes to change the location(s) in which the services are performed by the Contractor hereunder, in whole or in part, the State shall provide Contractor with reasonable advance written notice of the same. Thereafter, the parties shall meet in good faith in order to mutually agree upon possible adjustments to the terms and conditions, if required, which shall be documented in the form of an amendment to this Agreement in accordance with paragraph 17.

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall provide psychiatric and medical services at New Hampshire Hospital (NHH), the planned New Hampshire Forensic Hospital (NHFH), and Glencliff Home. The Contractor shall provide services in the following service areas:

1.1.1. **Service Area #1** - Psychiatric care for adults admitted to New Hampshire Hospital (NHH), New Hampshire Forensic Hospital (NHFH), and Glencliff Home.

1.1.2. **Service Area #2** - Non-emergent medical care for adults admitted to New Hampshire Hospital and New Hampshire Forensic Hospital.

1.2. For the purposes of this agreement, all references to days shall mean calendar days, unless otherwise specified.

1.3. For the purposes of this agreement, all references to business hours shall mean Monday through Friday from 8 AM to 4 PM, excluding state and federal holidays.

1.4. **All Services Areas - General Requirements**

1.4.1. The Contractor shall deliver psychiatric and medical services to NHH, the planned NHFH, and/or Glencliff Home by:

1.4.1.1. Providing highly qualified personnel as described in the following sections;

1.4.1.2. Working with the New Hampshire Department of Health and Human Services ("Department") to continue developing and refining an integrated mental health care system by applying principles of managed care for clinical treatment; and

1.4.1.3. Assisting with educational and training programs, at the direction of the Chief Executive Officer of the Inpatient Mental Health System (the "CEO").

1.4.2. The Contractor shall recruit and retain qualified individuals for the staffing needs specified herein ("Contractor Personnel"), and as otherwise necessary to fulfill the requirements described herein. The Contractor shall ensure:

1.4.2.1. All Contractor Personnel provided are employees or consultants of the Contractor.

1.4.2.2. No Contractor Personnel are employees of the State of New Hampshire.

1.4.3. The Contractor agrees that one (1) full-time equivalent (FTE) is equal to one (1) full-time employee who works forty (40) hours per week.

1.4.4. The Contractor shall ensure all Contractor Personnel meet and adhere to:

1.4.4.1. The codes of ethical conduct applicable to their license category;

1.4.4.2. Behavioral policies of the Department;

1.4.4.3. Department information security and privacy policies and use agreements which have been provided to Contractor; and,

1.4.4.4. All other human resource-related expectations of the Department, NHH, NHFH, and/or Glencliff Home, as well as New Hampshire Department of Information Technology (DoIT) security policies.

2. Service Area #1 – Psychiatric Care

2.1. General

2.1.1. The Contractor shall provide staff as indicated in Table 1 below as the Contractor Personnel, which outlines the FTE allocation limits for the minimum required staffing positions.

Table 1.

Position Title	Minimum FTE/Staffing Ratio Limits
NHH	
a. Chief Medical Officer	1.000 FTE
b. Associate Medical Director	1.000 FTE
c. Staff Psychiatrists	Ratio of patients to Staff Psychiatrists and Psychiatric APRNs shall be 8:1. Deviations from this ratio shall require the approval of the CEO. Psychiatric APRN - 1.0 FTE; ratio of Psychiatric APRNs to Psychiatrists cannot exceed 4:1
d. Psychiatric Advanced Practice Registered Nurses (APRN)	
e. Chief Psychologist	1.000 FTE
f. Psychologist	1.000 FTE
g. Forensic Psychologist	1.000 FTE Ratio of patients to Forensic Psychologist not to exceed 24:1

h. Administrative Staff	0.500 FTE
NHFH	
a. Forensic Psychiatrists	2.000 FTE
b. Forensic Psychologist	2.000 FTE Ratio of patients to Forensic Psychologists not to exceed 12:1
c. Forensic Behavioral Analyst	1.000 FTE
Glencliff Home	
a. Medical Director	0.400 FTE

2.2. **New Hampshire Hospital**

2.2.1. **Chief Medical Officer**

2.2.1.1. The Contractor shall provide one (1) FTE psychiatrist to serve as the Chief Medical Officer.

2.2.1.2. The Contractor shall ensure the Chief Medical Officer is physically present at NHH and NHFH for a minimum of forty (40) hours per week and oversees all providers at NHH and NHFH referenced herein.

2.2.1.3. The Contractor shall ensure the Chief Medical Officer is responsible for the same duties and requirements outlined in this Section 2.2.1. for NHFH upon commencement of patient services at NHFH, including overseeing clinical staff at NHFH provided by the Contractor. The Contractor shall ensure the Chief Medical Officer:

2.2.1.3.1. Is a board certified psychiatrist licensed to practice medicine in the State of New Hampshire and has clinical privileges at NHH and NHFH.

2.2.1.3.2. Is a senior administrative psychiatrist with a minimum of five (5) years of experience in a position of clinical leadership for a major public sector program; psychiatric hospital; governmental authority; or state or national medical/psychiatric society or organization involved in the delivery of public sector psychiatric services.

2.2.1.3.3. Has completed an Accreditation Council for Graduate Medical Education (ACGME) approved residency program with board certification in psychiatry by the American Board of Psychiatry and Neurology. (Additional subspecialty certification in forensic, geriatric or child/adolescent psychiatry may be substituted for two (2) years of administrative leadership. Completion of a graduate curriculum in medical administration is preferred).

2.2.1.4. The Contractor shall ensure the Chief Medical Officer participates, as needed, with Staff Psychiatrists in on-call and after-hours coverage above the 40-hour week to ensure on-call psychiatrist services are available 24 hours per day, 7 days per week. For the avoidance of doubt, the parties agree that there will be one on-call pool of Contractor Personnel providing call coverage services to NHH and NHFH.

2.2.1.5. In the event the Chief Medical Officer resigns, or is otherwise removed from providing services to the Department, the Contractor shall:

2.2.1.5.1. Furnish a psychiatrist within ten (10) business days, not including holidays, to serve full-time as interim Chief Medical Officer, until such time as the existing Chief Medical Officer either resumes full-time duty or is replaced by a new Chief Medical Officer.

2.2.1.5.2. Unless the CEO agrees to waive any requirement in writing, ensure the interim Chief Medical Officer meets all requirements for the Chief Medical Officer, as set forth herein.

2.2.1.5.3. Provide transition services to NHH and NHFH, at no additional cost to the Department, to avoid any interruption of services and administrative responsibilities.

2.2.1.6. Subject to (1) the statutory authority of the Department's Commissioner or designee, and (2) the authority of the CEO with respect to administrative/clinical matters, the Contractor shall ensure the Chief Medical Officer:

2.2.1.6.1. Develops and submits NHH and NHFH provider staffing needs, including a schedule of psychiatric and related clinical personnel, for Department

approval prior to the commencement of each contract year, or as otherwise requested by the Department;

2.2.1.6.2. Coordinates with the CEO on all clinical activities in order to accomplish the day-to-day clinical operations of NHH in a manner consistent with RSA Chapter 135-C and the rules adopted pursuant thereto, all Department policies, and all standards of The Joint Commission (TJC) and Centers for Medicare and Medicaid Services (CMS);

2.2.1.6.3. Participates in the formulation, implementation, and supervision of all clinical programs for the diagnosis, assessment, treatment, care, and management of NHH and NHFH patients;

2.2.1.6.4. Supervises all documentation requirements for all Staff Psychiatrists and other clinical personnel employed by the Contractor and providing services at NHH and NHFH under this Agreement;

2.2.1.6.5. Ensures adequate coverage on weekends and holidays to maintain compliance with documentation requirements to justify medical necessity of stay, including, but not limited to, the need for daily progress notes on patients covered by Medicaid, Medicare or commercial insurance. (Should clinical care responsibilities impede a provider's ability to complete daily progress notes on weekends or holidays, the next progress note will be written within 72 hours);

2.2.1.6.6. Performs annual performance evaluations and discipline, as necessary, for all Staff Psychiatrists and other Contractor Personnel providing services at NHH and NHFH, including consulting with and seeking input from the CEO as to the Department's satisfaction with the services provided by the individual under review;

2.2.1.6.7. Performs an annual administrative review of all Contractor Personnel providing services at NHH and NHFH to ensure compliance with Department policy, including but not limited to: training; record

keeping; matters of medical records; CPR and CMP training and/or retraining; TJC requirements; customer service responsibilities; HIPAA compliance; and attendance at mandated in-service training.

2.2.1.6.8. Ensures compliance with the requirements in Part 2.2.1.6.7, and takes whatever disciplinary action necessary in instances of non-compliance with Department policy or Medical Staff Organization bylaws;

2.2.1.6.9. Complies with all applicable performance standards in this Agreement pertaining to Staff Psychiatrists;

2.2.1.6.10. Provides consultation to the Department relative to the development of the State of New Hampshire's mental health service system;

2.2.1.6.11. Supports Department's customer service culture by adhering to and ensuring that Staff Psychiatrists under their direction, adhere to the established Customer Service Guidelines for Physicians;

2.2.1.6.12. Reports any issues known to them to the CEO regarding all admissions, patient care or any other situations that may pose a significant risk to patients or the community or that may result in adverse publicity or in any way undermine public confidence in the clinical care provided by NHH and NHFH;

2.2.1.6.13. Participates as a member of NHH's Executive Team;

2.2.1.6.14. Participates in the recruitment of other clinical Department personnel, upon the request of the CEO;

2.2.1.6.15. Establishes, subject to approval from the CEO, an employment schedule for all clinical personnel employed by the Contractor to provide services at NHH and NHFH;

2.2.1.6.16. Assists the NHH Executive Team with enhancing clinical practices and care across the organization; and

2.2.1.6.17. Provides clinical coverage for other clinical staff, as necessary, due to absences or vacated positions.

2.2.1.7. The Contractor shall ensure the Chief Medical Officer oversees clinical staff in Service Area # 1 and Service Area # 2.

2.2.2. **Associate Medical Director**

2.2.2.1. The Contractor shall provide 1.0 FTE Associate Medical Director, which may consist of multiple individuals who fulfill the 1.0 FTE requirement, as approved by the CEO.

2.2.2.2. The Contractor shall ensure an Associate Medical Director is physically present at NHH and NHFH for no less than forty (40) hours per week.

2.2.2.3. The Contractor shall ensure the Associate Medical Director performs the duties and requirements outlined in this Section 2.2.2.3 for NHFH upon commencement of patient services at NHFH. The Contractor shall ensure the Associate Medical Director:

2.2.2.3.1. Is a Board Certified Psychiatrist licensed to practice medicine in New Hampshire.

2.2.2.3.2. At all times, maintains both a license to practice medicine in the State of New Hampshire and clinical privileges at NHH and NHFH.

2.2.2.3.3. Is a senior administrative psychiatrist having a minimum of five (5) years of experience in a position of clinical leadership for a major public sector program, psychiatric hospital, governmental authority, or state or national medical/psychiatric society or organization involved in the delivery of public sector psychiatric services. (Additional subspecialty certification in forensic, addiction, geriatric or child/adolescent psychiatry may be substituted for two (2) years of administrative leadership. Completion of a graduate curriculum in medical administration is preferred.

2.2.2.3.4. Completes an ACGME-approved residency program with board certification in Psychiatry by the American Board of Psychiatry and Neurology.

2.2.2.4. The Contractor shall ensure the Associate Medical Director possesses or develops the skills necessary to serve in the capacity of the Chief Medical Officer, on a temporary or permanent basis, in the event that the Chief Medical Officer position is vacated.

2.2.2.5. The Contractor shall ensure the Associate Medical Director participates as needed with Staff Psychiatrists in on-call and after-hours coverage above the 40-hour week to ensure Psychiatrist-On-Call services are provided 24 hours per day, 7 days per week. For the avoidance of doubt, the parties agree that there will be one on-call pool of Contractor Personnel providing call coverage services to NHH and NHFH.

2.2.2.6. In the event the Associate Medical Director resigns, or is otherwise removed from providing services to the Department, the Contractor shall:

2.2.2.6.1. Furnish, a psychiatrist or other qualified provider, as determined by the CEO, within ten (10) business days, not including holidays, to serve full-time as interim Associate Medical Director, until the existing Associate Medical Director either resumes duty full-time or is replaced by a new Associate Medical Director.

2.2.2.6.2. Ensure the interim Associate Medical Director meets all of the requirements for the Associate Medical Director as set forth herein.

2.2.2.6.3. Provide transition services to Department, at no additional cost, to avoid any interruption of services and administrative responsibilities.

2.2.2.7. Subject to (1) the statutory authority of the Department's Commissioner or designee, and (2) the authority of the CEO with respect to administrative and/or clinical matters, the Contractor shall ensure the Associate Medical Director:

2.2.2.7.1. Coordinates all clinical activities with the Chief Medical Officer and the CEO in order to accomplish the day-to-day clinical operation of NHH in a manner consistent with NH Revised Statutes Annotated (RSA) 135-C and the rules adopted pursuant thereto, all NHH policies, and all standards of The Joint Commission (TJC) and

Centers for Medicare and Medicaid Services (CMS);

2.2.2.7.2. Establishes staffing needs, including but not limited, to psychiatric and related clinical personnel, on a periodic basis, with the Chief Medical Officer and CEO;

2.2.2.7.3. Serves in the capacity of the Chief Medical Officer in the event of the Chief Medical Officer's absence;

2.2.2.7.4. Participates with the Chief Medical Officer in the formulation, implementation, and supervision of all clinical programs for the diagnosis, assessment, treatment, care, and management of patients;

2.2.2.7.5. Supervises all documentation requirements of all Staff Psychiatrists and other Contractor Personnel providing services at NHH and NHFH;

2.2.2.7.6. Participates with the Chief Medical Officer to conduct annual performance evaluations and disciplinary actions, as necessary, for all Staff Psychiatrists and other Contractor Personnel providing services at NHH and NHFH, including assisting the Chief Medical Officer;

2.2.2.7.7. Works with the Chief Medical Officer to perform an annual administrative review of all Contractor Personnel to ensure compliance with Department policies, including but not limited to: training; record keeping; matters of medical records; CPR and CMP training and/or retraining; TJC requirements; customer service responsibilities; information security, privacy, and HIPAA compliance; and attendance at mandated in-service training;

2.2.2.7.8. Complies with all applicable performance standards pertaining to Staff Psychiatrists;

2.2.2.7.9. Provides consultation to the Department relative to the development of the State of New Hampshire's mental health service system;

2.2.2.7.10. Promotes a customer service culture by adhering to and ensuring that Staff Psychiatrists adhere to

the established customer service guidelines for physicians;

2.2.2.7.11. Reports any known issues to the Chief Medical Officer and CEO regarding admissions, patient care or any other situation that may pose a significant risk to patients or the community or that may result in adverse publicity or in any way undermine public confidence in the clinical care provided by the Department;

2.2.2.7.12. Participates with the Chief Medical Officer and the CEO in the development of clinical budgets;

2.2.2.7.13. Participates in the recruitment of other clinical personnel, upon the request of the CEO;

2.2.2.7.14. Assists in establishing, subject to approval by the Chief Medical Officer and CEO, an employment schedule for all Contractor Personnel provided under this Agreement;

2.2.2.7.15. Assists the Chief Medical Officer and the CEO with the clinical supervision and education of all other clinical staff; and

2.2.2.7.16. Provides clinical coverage for other clinical staff as necessary due to absences or vacated positions.

2.2.3. **Staff Psychiatrists and Psychiatric Advanced Practice Registered Nurses (APRN)**

2.2.3.1. The Contractor shall ensure the ratio of patients to Staff Psychiatrists and Psychiatric APRNs is not less than 8:1, unless otherwise approved by the CEO for a specific period of time.

2.2.3.2. The Contractor shall ensure the ratio of Psychiatric APRNs to Staff Psychiatrists does not exceed 4:1.

2.2.4. **Staff Psychiatrists**

2.2.4.1. The Contractor shall ensure Staff Psychiatrists are physically present at NHH and NHFH a minimum of forty (40) hours per week. The Contractor shall ensure Staff Psychiatrists:

2.2.4.1.1. Have appropriate experience in the specialty in which they are board certified or eligible for certification.

2.2.4.1.2. Have completed an ACGME-approved residency program in psychiatry.

2.2.4.1.3. Formulate and implement treatment plans and clinical services, in cooperation with treatment teams, for the diagnosis, assessment, treatment, care and management of patients;

2.2.4.1.4. Maintain and direct a clinically appropriate treatment plan for assigned cases in concert with the multidisciplinary staff consistent with the Department norms;

2.2.4.1.5. Determine the appropriateness of admissions, transfers and discharges consistent with RSA 135-C;

2.2.4.1.6. Provide, in coordination with the Chief Medical Officer, the Associate Medical Director, and other staff physicians, on-call after-hours coverage and serve as on-site, after-hours coverage, on a 24-hour a day, 7-day a week, year round basis when necessary as determined by the CEO, Chief Medical Officer, and/or Associate Medical Director. For the avoidance of doubt, the parties agree that there will be one on-call pool of Contractor Personnel providing call coverage services to NHH and NHFH;

2.2.4.1.7. Participate in the Medical Staff Organization and other administrative committees, assigned committees and task forces;

2.2.4.1.8. Complete medical and/or psychiatric consultation on patients from facilities other than NHH, consistent with current Department policy;

2.2.4.1.9. Complete, in a timely manner, all necessary documentation, as required by TJC and CMS standards;

2.2.4.1.10. Complete Occurrence Reports in compliance with Department policy;

2.2.4.1.11. Complete all medical record documentation, including ongoing and timely documentation of clinical care regarding medical necessity, including daily progress notes to document and support medical necessity, within timeframes as

specified by the NHH's Record Documentation policy and procedure and other relevant policies and procedures.

2.2.4.1.12. Adhere to all Department policies, including, but not limited to policies on Medical Records Documentation and Progress Notes;

2.2.4.1.13. Ensure that documentation is consistent with normative data collected by the Compliance Officer and Utilization Review Manager;

2.2.4.1.14. Provide other services as required, which are consistent with the mission of the Department;

2.2.4.1.15. Appear and testify in all court and administrative hearings, as required by the Department;

2.2.4.1.16. Develop and maintain positive relationships with Department staff, patients, families, advocates, community providers and other interest groups vital to the functioning the Department's system of care, including for the purpose of transition planning by adhering to Department standards; and

2.2.4.1.17. Participate in the utilization review processes, including appeals and other processes, as required by the Chief Medical Officer, Associate Medical Director, and/or the CEO.

2.2.4.2. The Contractor shall ensure a minimum of one (1) FTE Staff Psychiatrist is dedicated to provide services to the NHH inpatient stabilization unit (ISU).

2.2.4.3. The Contractor shall ensure a minimum of (1) FTE Staff Psychiatrist certified in forensics is dedicated to provide services to the NHH forensic unit, which does not exceed a 24:1 patient-to-provider ratio.

2.2.4.4. The Contractor shall ensure a minimum of (1) FTE Staff Psychiatrist is certified in addiction; be a physician who is certified in general psychiatry; and has significant clinical experience in addiction medicine. (A fellowship training and/or board certification in addiction medicine or addiction psychiatry is highly preferred.)

2.2.4.5. The Contractor shall ensure a minimum of (1) FTE Staff Psychiatrist is a Geropsychiatrist who has:

2.2.4.5.1. Completed an ACGME-approved residency program in psychiatry, and is board certified by the American Board of Psychiatry and Neurology in Psychiatry; and

2.2.4.5.2. Completed a one-year geropsychiatry fellowship and is specialty certified by the American Board of Psychiatry and Neurology in geriatric psychiatry. (Two (2) years of additional clinical experience in geriatric psychiatry may be substituted the one-year fellowship.)

2.2.4.6. The Contractor shall ensure Staff Psychiatrists provide services on a full-time basis as defined in Paragraph 1.4.3 above and limit their practice to treating NHH patients only, except for night and weekend staff, who may be working part-time or per diem.

2.2.4.7. Notwithstanding the above, the Department and Contractor agree that (i) Staff Psychiatrists may perform occasional outside practice duties, with the advance written approval of the CEO and Chief Medical Officer, but only if said duties do not, in the sole judgment of the CEO, interfere with the psychiatrists' duties at the Department; and (ii) Contractor Personnel may be permitted, subject to prior notice and the approval of both the Chief Medical Officer and CEO, to perform educational or research activities so long as those activities further the mission and goals of the Department. Staff Psychiatrists and Contractor Personnel approved for such activities shall provide monthly documentation and summary progress reports to the Chief Medical Officer and the CEO that specifies time spent devoted to educational or research activities.

2.2.4.8. The Contractor shall ensure Staff Psychiatrists participate in on-call, after-hours coverage above the 40-hour week to ensure on-call psychiatrist services are provided 24 hours per day, 7 days per week. For this reason, the Contractor provides reports summarizing full-time equivalent staffing for each invoicing period. For the avoidance of doubt, the parties agree that there will be one on-call pool of Contractor Personnel providing call coverage services to NHH and NHFH.

2.2.4.9. The Contractor agrees Staff Psychiatrists may also be required to participate in on-call, after-hours coverage as needed for NHFH upon commencement of patient services at NHFH.

2.2.5. **Psychiatric Advanced Practice Registered Nurses (APRN)**

2.2.5.1. The Contractor shall ensure Psychiatric APRNs possess an APRN degree and have board certification as Psychiatric–Mental Health Nurse Practitioner-Board.

2.2.5.2. The Contractor shall ensure Psychiatric APRNs provide clinical services in extended care and admissions areas with patients with severe mental illness and medical co-morbidities in accordance with the scope of practice described in RSA 326-B:11. The Contractor shall ensure Psychiatric APRNs:

2.2.5.2.1. Perform advanced assessments.

2.2.5.2.2. Diagnose, prescribe, administer and develop treatment regimens.

2.2.5.2.3. Provide consultation as appropriate.

2.2.5.2.4. Independently prescribe, dispense, and distribute psychopharmacologic drugs within the formulary and act as treatment team leaders in accordance with State New Hampshire law and medical staff by-laws.

2.2.5.2.5. Provide documentation in accordance with Department policy and the allowable scope of practice for APRNs.

2.2.6. **Chief Psychologist**

2.2.6.1. The Contractor shall provide one (1) FTE Chief Psychologist at NHH who is a clinical psychologist (PhD or Psy.D.). The Contractor shall ensure the Chief Psychologist:

2.2.6.1.1. Administers and analyzes psychological test batteries and clinical assessment interviews with acute psychiatric in-patients in a timely fashion, including: cognitive assessment; personality and psychiatric diagnoses; and treatment and discharge planning.

2.2.6.1.2. Provides expert clinical consultation to psychiatrists, neurologists, treatment team, guardians, and aftercare agencies, as well as at judicial hearings.

2.2.6.1.3. Works closely with psychiatric providers and other team members, as needed, to promote high quality patient care.

2.2.6.1.4. Determines and provides psychological treatment including but not limited to: crisis intervention; individual, behavioral and group therapy; cognitive training to acute psychiatric in-patients with severe impairment; and family counseling when indicated.

2.2.6.1.5. Consults with nursing and other staff about management of difficult patients.

2.2.6.1.6. Participates in and suggests Psychology quality assurance audits and clinical program evaluation efforts.

2.2.6.1.7. Collaborates with state-employed Psychologists, and their respective leadership, to develop consistent, evidence-based clinical practices throughout the organization.

2.2.7. **Psychologist**

2.2.7.1. The Contractor shall provide one (1) FTE Psychologist at NHH. The Contractor shall ensure the Psychologist who is a clinical psychologist (PhD or Psy.D.). The Contractor shall ensure the Psychologist:

2.2.7.1.1. Administers and analyzes psychological test batteries and clinical assessment interviews, including, but not limited to: cognitive assessments, personality and psychiatric diagnoses, and treatment and discharge planning.

2.2.7.1.2. Determines and provides psychological treatment.

2.2.7.1.3. Completes progress notes and other documentation.

2.2.8. **Forensic Psychologist**

2.2.8.1. The Contractor shall provide a minimum of one (1) FTE Forensic Psychologist at NHH to assist with serving patients deemed not guilty by reasons of insanity, incompetent to stand trial, or other civilly committed patients whom require inpatient psychiatric treatment. The Contractor shall ensure the Forensic Psychologist:

2.2.8.1.1. Is a clinical psychologist (PhD, Psy.D., or EdD with forensic experience);

2.2.8.1.2. Has significant clinical experience in forensic psychology; and

2.2.8.1.3. Has a certification in forensic psychology (preferred).

2.2.8.2. The Contractor shall ensure the patient-to-provider ratio for the Forensic Psychologist does not exceed 24:1 at NHH.

2.2.9. **Administrative Staff**

2.2.9.1. The Contractor shall provide a minimum of one half (.50) FTE Administrative Staff to provide administrative support at NHH to clinical staff. The Contractor shall ensure the Administrative Staff:

2.2.9.1.1. Screen and assess relative priorities of correspondence, inquiries, and projects.

2.2.9.1.2. Organize systems of distribution and review of these items to ensure efficient communication.

2.2.9.1.3. Answer administrative questions on behalf of the Department in a professional manner in coordination with the Director of Psychiatry Administration and Chief Medical Officer.

2.2.9.1.4. Respond to routine correspondence in a timely manner.

2.2.9.1.5. Compose drafts of selected correspondence, special studies, and/or finishes documents.

2.2.9.1.6. Develop and maintain a filing system for all files related to the contract between the Department and the Contractor.

2.2.9.1.7. Conduct special studies of an administrative nature.

2.2.9.1.8. Serve as resource person who is able to direct persons and inquiries, provide information, and recognize and assess developing situations of significance to the overall functioning of the Contractor within NHH and NHFH.

2.2.9.1.9. Monitor budget accounts, attendance and schedules of providers related to the contract with NHH.

2.2.9.1.10. Schedule weekend and holiday provider coverage at NHH and NHFH in coordination with the Associate Medical Directors

2.2.9.1.11. Provide reports and other data to ensure proper contract billing.

2.2.9.1.12. Manage and complete multiple priorities by established deadlines.

2.2.9.1.13. Support medical provider teams with communication, data extraction and other administrative tasks.

2.2.9.1.14. Support QI/QA/Key Performance Indicator monitoring and reporting in conjunction with the Associate Medical Director.

2.2.9.1.15. Support all contracted providers with administrative tasks required by the Contractor, including but not limited to expense tracking, time attestations, and compliance monitoring.

2.2.9.1.16. Perform other duties as required or assigned.

2.3. **New Hampshire Forensic Hospital**

2.3.1. **Forensic Psychiatrists**

2.3.1.1. The Contractor shall provide a minimum of two (2) FTE Forensic Psychiatrists to provide services at NHFH upon completion of the NHFH. The Contractor shall ensure all Forensic Psychiatrists:

2.3.1.1.1. Have appropriate experience in the specialty in which they are boarded or board eligible; and

2.3.1.1.2. Have completed an ACGME-approved residency program in psychiatry.

2.3.1.1.3. Formulate and implement treatment plans and clinical services, in cooperation with treatment teams, for the diagnosis, assessment, treatment, care and management of patients;

2.3.1.1.4. Maintain and direct a clinically appropriate treatment plan for assigned cases in concert with the multidisciplinary staff consistent with Department norms;

2.3.1.1.5. Determine the appropriateness of admissions, transfers and discharges, consistent with RSA 135-C;

2.3.1.1.6. Participate in the Medical Staff Organization and other administrative committees at NHH and/or NHFH, assigned committees and task forces;

2.3.1.1.7. Complete medical and/or psychiatric consultation on patients from facilities other than NHFH, consistent with Department policy;

2.3.1.1.8. Complete all necessary documentation, as required, by TJC and CMS standards;

2.3.1.1.9. Complete Occurrence Reports in compliance with Department policy;

2.3.1.1.10. Complete all medical record documentation, including ongoing and timely documentation of clinical care regarding medical necessity, including daily progress notes to document and support medical necessity, within timeframes as specified by the Department's Medical Record Documentation policy and procedure and other relevant policies and procedures.

2.3.1.1.11. Ensure documentation is consistent with normative data collected by the Compliance Officer and Utilization Review Manager;

2.3.1.1.12. Provide other services as required, which are consistent with the mission of NHH and NHFH, and the intent of this Agreement;

2.3.1.1.13. Appear and testify in all court and administrative hearings as required by the Department;

2.3.1.1.14. Develop and maintain positive relationships with Department staff, patients, families, advocates, community providers and other interest groups vital to the functioning of the Department's system of care, including for the purpose of transition planning. In accomplishing this requirement, the Contractor shall ensure psychiatrists adhere to Department standards;

2.3.1.1.15. Participate in utilization review processes, including appeals and other processes as

required by the Chief Medical Officer, Associate Medical Director, and/or CEO; and

2.3.1.1.16. Participate in on-call afterhours coverage and serve as on-site, after-hours coverage, on a 24-hour a day, 7-day a week, year round basis when necessary as determined by the CEO, Chief Medical Officer, and/or Associate Medical Director. For the avoidance of doubt, the parties agree that there will be one on-call pool of Contractor Personnel providing call coverage services to NHH and NHFH.

2.3.1.2. The Contractor agrees Forensic Psychiatrists may also be required to participate in on-call, after-hours coverage for NHH, as needed.

2.3.1.3. The Contractor shall ensure all Forensic Psychiatrists provide services on a full-time basis as defined in Paragraph 1.4.3 above and limit their practice to treating Department patients only.

2.3.1.4. Notwithstanding the above, the Contractor agrees Forensic Psychiatrists may perform occasional outside practice duties, with the advance written approval of the CEO and Chief Medical Officer, but only if said duties do not, in the sole judgment of the CEO, interfere with the psychiatrists' duties at the Department.

2.3.1.5. The Contractor shall ensure Forensic Psychiatrists participate in on-call, after-hours coverage above the 40-hour week to ensure on-call psychiatrist services are provided 24 hours per day, 7 days per week. For this reason, the Contractor shall provide reports summarizing full-time equivalent staffing for each invoicing period.

2.3.2. **Forensic Psychologists**

2.3.2.1. The Contractor shall provide a minimum of two (2) FTE Forensic Psychologists at NHH to assist with serving patients deemed not guilty by reasons of insanity, incompetent to stand trial, or other civilly committed patients who require inpatient psychiatric treatment. The Contractor shall ensure Forensic Psychologists:

2.3.2.1.1. Are clinical psychologists (PhD or Psy.D.);

2.3.2.1.2. Have significant clinical experience in forensic psychology; and

2.3.2.1.3. Have certification in forensic psychology (preferred).

2.3.2.2. The Contractor shall ensure one (1) Forensic Psychologist provides services beginning in State Fiscal Year 2022 that include, but are not limited to:

2.3.2.2.1. Assisting with the design and operational planning for NHFH;

2.3.2.2.2. Developing workflows and policies for NHFH;

2.3.2.2.3. Assisting in ensuring regulatory readiness for NHFH;

2.3.2.2.4. Supporting TJC accreditation process for NHFH; and

2.3.2.2.5. Serving patients deemed not guilty by reasons of insanity, incompetent to stand trial, or other civilly committed patients whom require inpatient psychiatric treatment, upon commencement of services at NHFH.

2.3.2.3. The Contractor shall ensure the (2) Forensic Psychologists provide full-time clinical services to patients of NHFH upon the opening of the facility.

2.3.2.4. The Contractor shall ensure the patient-to-provider ratio for the Forensic Psychologists does not exceed 12:1 at NHFH.

2.3.3. **Behavioral Analyst**

2.3.3.1. The Contractor shall provide a minimum of one (1) FTE Board Certified Behavioral Analyst who provides services to the Department upon completion of NHFH. The Contractor shall ensure the Behavioral Analyst:

2.3.3.1.1. Coordinates and provides services in applied behavioral analysis, function analyses and assessment, behavior acquisition and reduction procedures, and adaptive life skills;

2.3.3.1.2. Provides ongoing support to clinical staff as it relates to the implementation and documentation associated with behavior plans;

2.3.3.1.3. Assists in the development and implementation of assessment tools, conducts functional assessments and analyses when appropriate, and develops appropriate behavior strategies to

teach appropriate behavior and reduce maladaptive behaviors;

2.3.3.1.4. Provides ongoing support and training to direct care professionals, clinical staff and other individuals, including, but not limited to, patients' guardians, as needed;

2.4. **Glencliff Home**

2.4.1. **Medical Director**

2.4.1.1. The Contractor shall provide one (1) part-time Geropsychiatrist to serve as the Medical Director for two (2) days per week (sixteen (16) hours per week) at Glencliff Home. The Contractor shall ensure the Medical Director:

2.4.1.1.1. Coordinates all medical care and direct psychiatric services, treatment and associated follow-up to all residents of Glencliff Home;

2.4.1.1.2. Completes and appropriately documents care for all individuals requiring care, as identified by Glencliff Home clinical and nursing staff;

2.4.1.1.3. Provides administrative functions, including but not limited to policy review and establishment that reflect current standards of practice; oversight of physicians; attendance at mandatory committee meetings, including but not limited to quality assurance and performance improvement (QAPI), infection control, and admissions; regularly review the use of psychotropic medications for compliance with the Omnibus Budget Reconciliation Act (OBRA) regulations; and the provision of other assistance in meeting standards for annual State inspections and Federal regulations;

2.4.1.1.4. Prepares for, travels as necessary, and delivers expert testimony in probate court, as needed, on matters that may include, but are not limited to, guardianship cases, electroconvulsive therapy, and do not resuscitate orders;

2.4.1.1.5. Provides written patient evaluations on each patient as frequently as required by the Department but in no case less than once per calendar year; and

2.4.1.1.6. Serves as liaison with other organizations, including, but not limited to NHH, when a Glencliff Home resident is receiving services at another healthcare institution.

2.4.1.2. The Contractor shall ensure routine or emergency telephone consultation is provided by the Medical Director or an equally qualified physician at no additional cost, twenty-four (24) hours per day, seven (7) days per week, fifty-two (52) weeks per year, to Glencliff Home.

2.5. **Additional Requirements for NHH and NHFH only - Service Area #1 -**

2.5.1. The Contractor shall ensure inter-disciplinary case reviews are completed on 100% of patients who are clinically stable for greater than fifteen (15) days and still admitted to NHH and NHFH.

2.5.2. The Contractor shall ensure that staffing is maintained at a level that ensures no impact on the number of NHH and NHFH beds available and that NHH and NHFH units do not stop admissions due to the lack of coverage for staff provided by the Contractor.

2.5.3. The Contractor shall ensure that on-call after-hours coverage is provided by no less than one (1) full-time Psychiatrist. Additional personnel who provide coverage may be either a Psychiatrist or a Psychiatric APRN.

2.5.4. The Contractor shall ensure on-call after-hours coverage is assigned in one-week increments in rotation among the full-time NHH and NHFH psychiatric staff.

2.5.5. The Contractor shall ensure the on-site after-hours coverage on weekdays, weekends and holidays is provided by a Psychiatrist or Psychiatric Advanced Practice Registered Nurse (APRN). The Contractor shall ensure staff are certified or eligible for certification by the American Board of Psychiatry and Neurology, or, is in training in an accredited psychiatry residency program with at least three years of training experience, or is credentialed as a Psychiatric APRN through the American Nurse Credentialing Center or equivalent credentialing body.

2.5.6. The Contractor shall maintain a pool of Psychiatrists or Psychiatric APRNs, or a combination thereof, who are credentialed with NHH and NHFH for the after-hours work, and the after-hours staff are assigned to in-house after-hours coverage by the Chief Medical Officer or Associate Medical Officer with a six (6) month rolling calendar. The Contractor shall ensure the pool is of sufficient size and appropriate qualifications to ensure the ability to meet the staffing level requirements and performance standards specified herein.

2.5.7. At the request of the CEO, staff provided by the Contractor shall provide tele-psychiatry or offsite consultation. The Contractor shall ensure staff who conduct tele-psychiatry have professional malpractice insurance in effect, in an amount satisfactory to the Department, and meet all credentialing and provider enrollment guidelines pertinent to providing tele-health services.

2.6. **Performance Standards and Outcomes for NHH and NHFH only – Service Area #1**

2.6.1. The Contractor's performance standards and outcomes shall be monitored to ensure:

2.6.1.1. Within forty-five (45) days of the assignment of the Chief Medical Officer, and annually thereafter, the Contractor and CEO, in consultation with the Chief Medical Officer, shall develop a list of performance metrics, which shall be updated on an annual basis at a minimum, based upon the deliverables, functions and responsibilities of the Chief Medical Officer, subject to approval by the CEO, which shall be reviewed for approval on a quarterly basis.

2.6.1.2. Services provided by the Chief Medical Officer are satisfactory to the Department. The Contractor shall, no less than annually and more frequently if required by the Department, provide an evaluation tool to solicit input from the CEO regarding the Chief Medical Officer's provision of services.

2.6.1.3. A corrective action plan is developed to address any material concerns, as defined by the CEO, in the evaluation tool, and provide a copy of the plan to the CEO for review and approval.

2.6.1.4. The Contractor shall maintain staffing levels at all times to mitigate any impact on the number of beds available and interrupted admissions due to the lack of staffing coverage.

2.7. **Key Performance Indicators for NHH and NHFH only - Service Area #1**

2.7.1. The Contractor shall ensure providers at NHH and NHFH comply with the following Key Performance Indicators:

2.7.1.1. Psychiatric Progress Notes

2.7.1.1.1. Completed daily on patients who are certified as acute inpatient level of care.

2.7.1.1.2. Completed within 24 hours of seeing a patient.

2.7.1.1.3. Completed not less than five (5) times per week or unless otherwise specified by the CEO, their

designee or the Department, on patients who are no longer acute level of care.

2.7.1.1.4. Content as it pertains to:

2.7.1.1.4.1. CMS local coverage determinations for NHH and NHFH; and

2.7.1.1.4.2. NHH and NHFH facility's policies and procedures.

2.7.1.2. Patient Length of Stay

2.7.1.2.1. Evaluation through data collection and case review of active treatment during patient stay.

2.7.1.3. CMS Certification Guidelines

2.7.1.3.1. Certifications and/or re-certification conducted in accordance to required CMS and NHH and NHFH timeframes.

2.7.1.3.2. Assigned certification status is clearly supported in psychiatric progress notes.

2.7.1.4. Standardized Process

2.7.1.4.1. Compliance with all existing and future standardized work processes with the goal of reducing variation in care.

2.7.1.4.2. Individual metrics are developed based on the target outcomes of the standardized work.

2.7.1.5. Treatment Plans

2.7.1.5.1. Provider specific portions of treatment plans are completed within 24 hours of admission.

2.7.1.5.2. Performance measured by periodic audits which are provided to the Chief Medical Officer and CEO.

2.7.1.5.3. Content as it pertains to:

2.7.1.5.3.1. CMS local coverage determinations for NHH and their associates' policies; and

2.7.1.5.3.2. NHH and NHFH policies and procedures.

2.7.1.6. Annual Reviews

2.7.1.6.1. The Chief Medical Officer or designee must conduct and document annual reviews on all Contractor Personnel providing services under this Agreement. The Contractor shall ensure performance evaluations are in compliance with professional standards for evaluations per CMS and TJC guidelines.

2.8. **Quality Assurance and Monitoring Plan for NHH and NHFH only - Service Area #1**

2.8.1. The Contractor shall submit a Quality Assurance and Monitoring Plan, subject to approval, and subsequent modification as required by the Department. The Contractor shall ensure the Quality Assurance and Monitoring Plan addresses at a minimum:

2.8.1.1. Ensuring adequate staffing to operate NHH and NHFH beds at full utilization;

2.8.1.2. Ensuring Contractor's staff receive necessary supervision and training to perform the assigned tasks;

2.8.1.3. Ensuring patients receive care consistent with evidence-based care; and

2.8.1.4. Creating and implementing the highest standard practices to protect the safety of patients, staff, and visitors.

2.8.2. The Contractor shall ensure the Chief Medical Officer monitors progress toward the stated goals in the Quality Assurance and Monitoring Plan and provides reports to the CEO and Contractor on a quarterly basis.

2.8.3. The Contractor shall ensure the Chief Medical Officer meets with the CEO and Contractor at minimum on a quarterly basis to review progress toward Quality Assurance and Monitoring Plan goals, as well as Key Performance Indicators specified in Subsection 2.7. above.

2.8.4. The Contractor shall oversee the performance of the Chief Medical Officer toward these Quality Assurance and Monitoring goals.

2.8.5. The Contractor shall review and revise the Quality Assurance and Monitoring Plan, in consultation with the CEO on an annual basis, or as otherwise requested by the Department.

3. Service Area #2 Non-Emergent Medical Services

3.1. New Hampshire Hospital and New Hampshire Hospital Forensic Hospital

3.1.1. General Medical Director

3.1.1.1. The Contractor shall provide one (1) FTE physician to serve as the General Medical Director at NHH and at NHFH upon commencement of patient services at NHFH.

3.1.1.2. The Contractor shall ensure the General Medical Director is physically present at NHH and/or NHFH a minimum of forty (40) hours per week and oversees all clinical staff in Service Area #2 referenced herein. The Contractor shall ensure the General Medical Director:

3.1.1.2.1. Is a primary care or internal medicine physician who has completed residency with at least three (3) years of experience in supervising primary care clinicians. (A board certification in a primary care field is preferred.)

3.1.1.2.2. Provides consultation for infection prevention and infection control practices and protocols;

3.1.1.2.3. Assumes a leadership role in maintaining and improving medical standards of care for patients;

3.1.1.2.4. Partners with state-employed medical providers to provide evidence-based medical care to patients of NHH and NHFH; and

3.1.1.2.5. Educates staff in the appropriate application of evidence based practices and protocols for medical care.

3.1.2. **General Internist/Hospitalist**

3.1.2.1. The Contractor shall provide one (1) FTE General Internist/Hospitalist. The Contractor shall ensure the General Internist/Hospitalist:

3.1.2.1.1. Is a primary care or internal medicine physician who has completed residency with at least three (3) years of experience. (A board certification in a primary care field is preferred.)

3.1.2.1.2. Provides general medical care to patients at NHH and NHFH.

3.1.2.1.3. Consults with specialists statewide to improve medical comorbidities for patients at NHH and NHFH.

3.1.2.1.4. Coordinates care with local community hospitals to ensure patients receive hospital-level medical care, if needed, outside of NHH and NHFH.

3.1.2.1.5. Assists and participates in various hospital-wide initiatives, including, but not limited to, vaccination clinics, medical testing events, and other functions that may result from a pandemic, or other public health related event.

3.1.3. **Nurse Practitioner**

3.1.3.1. The Contractor shall provide one (1) FTE Nurse Practitioner to complete primary, acute, and specialty healthcare services. The Contractor shall ensure the Nurse Practitioner:

3.1.3.1.1. Completes a board certification competency-based examination, with credentials that remain valid for five (5) years, and completes specific continuing education requirements to renew specialty certifications as needed.

3.1.3.1.2. Assesses, diagnoses, and provides patients with psychotherapy.

3.1.3.1.3. Treats patients with diagnosed disorders along with medical comorbidities that require attention during their admission.

3.1.3.1.4. Consults with specialists statewide to improve medical comorbidities for patients at NHH and NHFH.

3.1.3.1.5. Coordinates care with local community hospitals, to ensure patients receive hospital-level medical care, if needed, outside of NHH and NHFH.

3.1.3.1.6. Assists and participates in various hospital-wide initiatives, such as vaccination clinics, medical testing events, and other functions that may result from a pandemic, or other public health related event.

3.1.4. **Administrative Staff**

3.1.4.1. The Contractor shall provide a minimum of one half (.50) FTE Administrative Staff to provide administrative support at NHH to clinical staff. The Contractor shall ensure the Administrative Staff:

3.1.4.1.1. Screen and assess relative priorities of correspondence, inquiries, and projects.

3.1.4.1.2. Organize systems of distribution and review of these items to ensure efficient communication.

3.1.4.1.3. Answer administrative questions on behalf of the Department in a professional manner in coordination with the Director of Psychiatry Administration and Chief Medical Officer.

3.1.4.1.4. Respond to routine correspondence in a timely manner.

3.1.4.1.5. Compose drafts of selected correspondence, special studies, and/or finishes documents.

3.1.4.1.6. Develop and maintain a filing system for all files related to the contract between the State and the Contractor.

3.1.4.1.7. Conduct special studies of an administrative nature.

3.1.4.1.8. Serve as resource person who is able to direct persons and inquiries, provide information, and recognize and assess developing situations of significance to the overall functioning of Contractor within NHH and NHFH.

3.1.4.1.9. Monitor budget accounts, attendance and schedules of providers related to the contract with the Department.

3.1.4.1.10. Schedule weekend and holiday provider coverage at NHH and/or NHFH in coordination with the Associate Medical Directors

3.1.4.1.11. Provide reports and other data to ensure proper contract billing.

3.1.4.1.12. Manage and complete multiple priorities by established deadlines.

3.1.4.1.13. Support medical provider teams with communication, data extraction and other administrative tasks.

3.1.4.1.14. Support QI/QA/Key Performance Indicator monitoring and reporting in conjunction with the Associate Medical Director.

3.1.4.1.15. Support all contracted providers with administrative tasks required by the Contractor, including but not limited to expense tracking, time attestations, and compliance monitoring.

3.1.4.1.16. Perform other duties as required or assigned.

3.2. **Additional Requirements - Service Area #2**

3.2.1. For all non-urgent medical consult requests, Contractor Personnel shall review and issue either an approval or an alternative treatment recommendation within the next business day (non-holiday or weekend) of a non-urgent consult request being made.

3.2.2. The Contractor shall act upon all urgent and/or emergent medical consult requests within one (1) hour of a consult request being made.

3.2.3. The Contractor shall complete a history and physical (H&P) for all patients within 24 hours of admission, and every 30 days thereafter, for patients with a length of stay (LOS) greater than 30 days at NHH and NHFH.

3.2.4. The Contractor shall ensure provider staff provide on-call, after-hours coverage above the 40-hour week to ensure on-call physician services are available 24 hours per day, 7 days per week. For the avoidance of doubt, the parties agree that there will be one on-call pool of Contractor Personnel providing call coverage services to NHH and NHFH.

3.3. **Performance Standards and Outcomes - Service Area #2**

3.3.1. The Contractor shall maintain staffing levels at all times to mitigate any impact on the number of beds available and interrupted admissions due to the lack of staffing coverage.

3.4. **Key Performance Indicators - Service Area #2**

3.4.1. The Contractor shall ensure providers comply with the following Key Performance Indicators:

3.4.1.1. Progress Notes

3.4.1.1.1. Completed within 24 hours of seeing a patient.

3.4.1.1.2. Content as it pertains to:

3.4.1.1.2.1. CMS local coverage determinations for NHH and their associates' policies; and

3.4.1.1.2.2. NHH and NHFH policies and procedures.

3.4.1.2. Standardized Process

3.4.1.2.1. Compliance with all existing and future standardized work processes with the goal of reducing variation in care.

3.4.1.2.2. Individual metrics are developed based on the target outcomes of the standardized work.

3.4.1.3. Treatment Plans

3.4.1.3.1. Provider specific portions of treatment plans are completed within 24 hours of admission.

3.4.1.3.2. Performance measured by random monthly audits which are provided to the Utilization Management Committee.

3.4.1.3.3. Content as it pertains to:

3.4.1.3.3.1. CMS local coverage determinations for NHH and their associates' policies; and

3.4.1.3.3.2. Department policies and procedures.

3.4.1.4. Annual Reviews

3.4.1.4.1. Annual reviews are documented on all Contractor Personnel performing services under this Agreement. The Contractor shall ensure performance evaluations are in compliance with professional standards for evaluations per CMS and TJC guidelines.

3.4.2. Upon request by the Department, the Contractor shall identify additional performance metrics, develop performance goals, establish monitoring processes and engage in collaborative performance evaluation processes for Service Area #2.

3.5. **Quality Assurance and Monitoring Plan - Service Area #2**

3.5.1. The Contractor shall submit a Quality Assurance and Monitoring Plan, subject to approval, and subsequent modification as required by the Department. The Contractor shall ensure the Quality Assurance and Monitoring Plan addresses at a minimum:

3.5.1.1. Ensuring adequate staffing to operate NHH and NHFH beds at full utilization;

3.5.1.2. Ensuring the Contractor's staff receive necessary supervision and training to perform the assigned tasks;

3.5.1.3. Ensuring that patients receive care consistent with evidence-based care; and

3.5.1.4. Creating and implementing the highest standard practices to protect the safety of patients, staff, and visitors.

3.5.2. The Contractor shall ensure the General Medical Director monitors progress toward the stated goals in the Quality Assurance and Monitoring Plan and provides reports to the CEO and a representative of the Contractor on a quarterly basis.

3.5.3. The Contractor shall ensure the General Medical Director meets with the CEO and Contractor on a quarterly basis to review progress toward Quality Assurance and Monitoring Plan goals, as well as Key Performance Indicators specified in Subsection 3.4. above.

3.5.4. The Contractor shall oversee the performance of the General Medical Director toward these Quality Assurance and Monitoring goals.

3.5.5. In consultant with the CEO, the Contractor shall review and revise the Quality Assurance and Monitoring Plan on an annual basis, or as otherwise requested by the Department.

4. Additional Requirements – All Service Areas

4.1. Subject to Section 4.3, the Contractor shall ensure all assignments for all staffing positions are covered on a daily basis, and, if providing staff to NHH and NHFH, are responsible for reporting out on staffing assignments during daily safety huddles at NHH and NHFH.

4.2. The Contractor shall ensure all staffing positions provided are continuously filled or in active recruitment. The Contractor shall provide the appropriate Department designee with monthly updates on the recruitment process for all unfilled positions.

4.3. The Contractor shall be solely responsible for providing, at no additional cost to the Department, qualified, sufficient staff coverage to fill any gap in coverage during any anticipated leave time, including sick leave, vacation, or continuing medical education leave lasting more than five (5) consecutive days unless otherwise agreed upon on a case-by-case basis by the CEO, and for providing appropriate transition between staff covering for those on leave. Qualified sufficient staff coverage means personnel who meet or exceed the qualifications of the vacating staff member.

4.4. The Contractor shall track and report staffing levels by FTE units on a monthly basis to the Department. The Contractor shall not be required to provide hourly timecards for clinical staff. The Contractor shall provide hourly timecards for non-clinical staff that summarize hours worked for each invoicing period.

4.5. The Contractor shall ensure the care needs of patients are fully addressed by modifying the number of hours per week worked by FTE and/or Part-Time FTE staff, as requested by the Department. The Contractor shall ensure Part-Time FTE staff work the appropriate number of hours in accordance with FTE allocation.

4.6. In the event of a healthcare system emergency, as determined by the Department, including but not limited to a local epidemic, pandemic, facility closures, or mass-quarantine in which additional staffing or resources are required due to a surge of individuals requiring services, the Contractor may also be required to adjust the total number of staff, both full-time and part-time, to fully address the care needs of patients.

4.7. All personnel provided by the Contractor shall be subject to approval by the Department prior to notifying candidates of assignment or hire. The Department will inform the Contractor of any applicable Department designee for this purpose per Service Area or position.

4.8. The Department, at its sole discretion, may rescind, either permanently or temporarily, its approval of any Contractor Personnel providing any services for any of the following reasons:

4.8.1. Suspension, revocation or other loss of a required license, certification or other contractual requirement to perform such services under the contract;

4.8.2. Provision of unsatisfactory service based on malfeasance, misfeasance, insubordination or failure to satisfactorily provide required services;

4.8.3. Arrest or conviction of any felony, misdemeanor, or drug or alcohol related offense;

4.8.4. Abolition of the role due to a change in organizational structure, lack of sufficient funds or like reasons; or

4.8.5. Any other reason that includes, but is not limited to: misconduct; violation of Department policy; violation of state or federal laws and regulations pertaining to the applicable Department service area; or a determination made by the Department that the individual presents a risk to the health and safety of any staff member or any individual served by the Department.

4.9. In the event of such rescission, the Department shall, to the extent possible, provide the Contractor with reasonable advanced notice and the applicable reason. The Contractor shall ensure the applicable staff member(s) are prohibited from providing services for the period of time that the Department exercises this right. No additional payments will be paid by the State of New Hampshire for any staff removed from duty by the Department for any reason. The Contractor:

4.9.1. Shall, unless the Contractor Personnel was removed from providing services under Section 4.8.4, provide replacement personnel who meet all of the applicable requirements under the contract, including

but not limited to being subject to Department approval specified in 4.7.;

4.9.2. Shall be responsible for providing transition services to the applicable Service Area to avoid the interruption of services and administrative responsibilities at no additional cost to the Department;

4.9.3. Shall furnish replacement staff, within ten (10) business days, who meet all of the requirements for the applicable position under the resulting contract(s) if the duration of a temporarily rescinded approval is greater than seven (7) calendar days. The Contractor shall be informed by the Department the anticipated duration for which approval will remain rescinded. The Contractor shall be responsible for providing, at no additional cost to the Department, transition services to the Department to avoid service interruption;

4.9.4. May initiate, at the sole discretion of the Contractor, any internal personnel actions against its own employees. Nothing herein prohibits the Contractor from seeking information from the Department regarding the Department's decision, unless information is otherwise restricted from disclosure by the Department based on internal Department policies or rules, State of New Hampshire personnel policies, rules, collective bargaining agreements, or other state or federal laws.

4.9.5. The Contractor shall ensure that, prior to providing the applicable services for the applicable Department service area or facility, all required licenses, certifications, privileges, or other specified minimum qualifications are met for all staff, and where applicable, are maintained throughout the provision of services for the full term of the Contract. The Contractor shall provide the applicable Department designee with a copy of all documents. The Contractor shall not hold the Department financially liable for any fees or costs for any licenses, certifications or renewal of same, nor for any fees or costs incurred for providing copies of said licenses or certifications.

4.9.6. In addition to any approvals required by the Contractor for employees, the Contractor shall ensure staff provide timely, prior notification to the applicable Department designee for any anticipated leave time, unless otherwise stated herein for a specific position or service area. The Contractor shall ensure that all staff provided have a standard amount of vacation and sick time, subject to the normal and customary employee benefits and policies of the Contractor. However, the Contractor shall ensure staff abide by the State holiday schedule.

4.10. The Contractor shall ensure annual performance reviews are completed for all Contractor Personnel. The Contractor shall incorporate feedback from the

applicable Department designee for such reviews. The Contractor shall ensure that goal development is responsive to the evolving needs of the Department over the course of the contract period.

4.11. The Contractor shall be responsible for managing all employee relations and performance management issues for the staff provided, in accordance with the Contractor's policies and procedures, Medical Service Organization (MSO) by-laws, and applicable NHH, NHFH, Glencliff Home, and/or State of New Hampshire policies.

4.12. Prior to commencing work, the Contractor shall ensure all personnel provided undergo the following criminal background, registry, screening and medical examinations:

4.12.1. Criminal Background (including New Hampshire criminal background);

4.12.2. Bureau of Elderly and Adult Services State Registry;

4.12.3. Division for Children, Youth and Families Central Registry; and

4.12.4. Physical capacity examination.

4.13. The Contractor shall ensure Contractor Personnel assigned to perform services under the Agreement comply with all Department requirements, policies, and procedures relative to infection prevention, mitigation, and control to mitigate the risks of disease transmission prior to the commencement of services.

4.14. The Contractor shall ensure that the criminal background, registry, screening and medical examinations above are kept current as required and in accordance with the Department's confidentiality policy; the Department receives copies of all required documentation prior to the commencement of services and is not responsible for any costs incurred in obtaining the documentation.

4.15. The Contractor shall not utilize any personnel, including subcontractors, to fulfill the obligations of the contract, who have been convicted of any crime of dishonesty, including but not limited to criminal fraud, or otherwise convicted of any felony or misdemeanor offense for which incarceration for up to one (1) year is an authorized penalty. The Contractor shall initiate a criminal background check re-investigation of all personnel provided every five (5) years. The Contractor shall ensure the five (5) year period is based on the date of the last criminal background check conducted by the Contractor or their agents.

5. State-Owned Devices, Systems and Network Usage

5.1. Contractor personnel must use a state-issued device, including, not limited to computers, tablets, or mobile telephones, in the fulfilling the requirements of the contract. The Contractor shall ensure all Contractor Personnel:

5.1.1. Use the information that they have permission to access solely for the provision of services hereunder or conducting official state business. All other use or access is strictly forbidden including, but not limited, to personal or other private and non-State use, and that at no time shall, except as necessary to provide services hereunder, Contractor workforce or agents access or attempt to access information without having the express authority of the Department to do so;

5.1.2. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;

5.1.3. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the state. At all times the Contractor must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the State. Only equipment or software owned, licensed, or being evaluated by the State of New Hampshire can be used by the Contractor. Non-standard software shall not be installed on any equipment unless authorized by the Department's Information Security Office;

5.1.4. Agree that email and other electronic communication messages created, sent, and received on a state-issued email system are the property of the State of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "state-funded email systems." The Contractor understands and agrees that use of email shall follow Department and State of New Hampshire standard policies; and

5.1.5. Use the internet and/or Intranet for access to and distribution of information in direct support of the business of the State of New Hampshire according to policy of the Department. At no time should the internet be used for personal use.

6. Exhibits Incorporated

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

6.2. The Contractor shall manage all confidential data related to this Agreement in

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

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

7. Reporting Requirements

7.1. **Service Area #1**

7.1.1. On a quarterly basis, or as otherwise more frequently required by the United States Department of Health and Human Services regulations and/or the Department, the Contractor shall submit a written report, in a form specified by the Department, to the Department documenting the services provided by the Contractor's staff with sufficient detail to satisfy the reporting requirements of Medicare, Medicaid, and other third-party providers.

7.1.2. In addition to other reports as agreed to by the Department and the Contractor, the Contractor shall submit a written report on an annual basis to the Department that describes the services rendered by the clinical staff, as well as the Contractor's performance pursuant to the requirements of the contract during the preceding contract year.

7.2. **Service Area #2**

7.2.1. On a quarterly basis, or as otherwise more frequently required by the United States Department of Health and Human Services regulations and/or the Department, the Contractor shall submit a written report, in a form specified by the Department, to the Department documenting the services provided by the Contractor's staff with sufficient detail to satisfy the reporting requirements of Medicare, Medicaid, and other third-party providers.

7.2.2. In addition to other reports as agreed to by the Department and the Contractor, the Contractor shall submit a written report on an annual basis to the Department that describes the services provided by the General Medical Director and clinical staff, as well as the Contractor's performance pursuant to this Agreement during the preceding contract year.

7.3. **All Service Areas**

7.3.1. The Contractor shall provide monthly staff reports to the Department to sufficiently document actual staffing levels and services rendered. Monthly staff reports shall include the following:

7.3.1.1. Monthly staffing schedule;

7.3.1.2. FTE by position in accordance with the resulting contract(s);

7.3.1.3. Actual FTE worked within the monthly reporting period by clinical position; and

7.3.1.4. Actual FTE allocated to sick time, leave time, or any other non-clinical time within the monthly reporting period by clinical position.

8. Additional Terms

8.1. Impacts Resulting from Court Orders or Legislative Changes

8.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State of New Hampshire has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith. In the event that any future state or federal legislation or court order impacts the Services described herein, the Department shall provide the Contractor with reasonable advanced notice of any necessary modification to Service priorities and expenditure requirements. The parties agree to cooperate in the implementation and planning of any such modification and the Department shall consider Contractor's reasonable requests with respect to such modifications. Notwithstanding the foregoing, the Department shall retain the final right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance with any future state or federal legislation or court orders that have an impact on the Services described herein.

8.2. Credits and Copyright Ownership

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

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

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

8.2.3.1. Brochures.

8.2.3.2. Resource directories.

8.2.3.3. Protocols or guidelines.

8.2.3.4. Posters.

8.2.3.5. Reports.

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

8.3. **Eligibility Determinations**

8.3.1. If the Contractor is permitted and required by the Department to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

8.3.2. Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

8.3.3. In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests in writing. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

8.3.4. The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

9. Records

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

9.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Agreement, and all income received or collected by the Contractor.

9.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original

evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

10. Liquidated Damages

10.1. Liquidated damages are specified in, and may be assessed in accordance with, Exhibit C, Payment Terms, Section 14.

New Hampshire Department of Health and Human Services
Psychiatric and Medical Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 42% General funds.
   1.2. 58% Other funds (Provider Fees).
2. For the purposes of this Agreement:
   2.1. The Department has identified the Contractor as a Contractor, in accordance with 2 CFR 200.331.
   2.2. The Department has identified this Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The Contractor shall provide services under this Agreement based on the Budget below per applicable Service Area and State Fiscal Year. The Contractor shall be compensated to provide and deliver the services described in Exhibit B, Scope of Services, on the basis of this Budget.

Budget					
Agreement Period by State Fiscal Year					
Service Area #1	**1/1/2022-6/30/2022**	**7/1/2022-6/30/2023**	**7/1/2023-6/30/2024**	**7/1/2024-6/30/2025**	**7/1/2025-6/30/2026**
	$5,396,232	$ 11,964,355	$ 12,323,286	$ 12,692,985	$ 13,073,774
Service Area #2	**1/1/2022-6/30/2022**	**7/1/2022-6/30/2023**	**7/1/2023-6/30/2024**	**7/1/2024-6/30/2025**	**7/1/2025-6/30/2026**
	$ 558,392	$ 1,150,288	$ 1,184,796	$ 1,220,340	$ 1,256,950

3.1. The Contractor shall provide the Department within each Service Area a detailed personnel listing for all staff performing services on an annual basis for each State Fiscal Year, or more frequently as required by the Department, to ensure the accuracy of information contained therein and proper cost allocation. The Contractor shall ensure the listings:
   3.1.1. Include information for each Service Area which includes, but is not limited to:
      3.1.1.1. Staff names.
      3.1.1.2. Staff titles.
      3.1.1.3. Personnel costs inclusive of salary costs, fringe benefit costs, and indirect rates.
   3.1.2. Are in a format as determined and approved by the Department.

3.2. The Contractor shall automatically reduce invoices by the appropriate amount immediately in the event a Contractor Personnel position becomes vacant, and is not immediately filled. The Contractor can use temporary staffing to fill a position until a permanent staff member is identified.

3.3. The Contractor shall ensure all providers and/or clinical staff are fully credentialed and enrolled with insurance carriers prior to beginning work.

3.4. The Contractor shall bill for each Service Area separately.

4. The Contractor shall submit an invoice in a form satisfactory to the Department by the twentieth (20th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month, with the exception of June invoices, which shall be submitted by the tenth (10th) of the following month The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment.

5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to NHHFinancialServices@dhhs.nh.gov, or invoices may be mailed to:

   Financial Manager
   Department of Health and Human Services
   New Hampshire Hospital
   121 South Fruit Street
   Concord, NH 03301

6. The Department shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.

7. The Contractor shall designate a contact person to resolve any questions or discrepancies regarding invoices. The Contractor shall:

   7.1. Provide the Department with the name, title, telephone number, fax number and email address of the contact person.

   7.2. Notify the Department in the event the designated contact person changes.

8. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

9. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with any funding requirements provided by the Department to Contractor in writing.

New Hampshire Department of Health and Human Services
Psychiatric and Medical Services

EXHIBIT C

10. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B, Scope of Services.

11. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.

12. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

13. Audits

    13.1. The Contractor must email an annual audit to melissa.s.morin@dhhs.nh.gov if **any** of the following conditions exist:

        13.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

        13.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

        13.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

    13.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 30 days after the completion of the single audit or upon submission of the Contractor's single audit to the Federal Audit Clearinghouse conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

    13.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

    13.4. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions

and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

14. **Liquidated Damages**:

14.1. **Continuity of Services**:

14.1.1. The Contractor and Department agree that the Contractor's failure to provide required staffing, required services, or meet the performance standards and reporting requirements as described in Exhibit B, Scope of Services, shall result in liquidated damages.

14.1.2. The Contractor and the Department agree that:

14.1.2.1. It will be extremely impracticable and difficult to determine actual damages that the Department will sustain in the event that the Contractor breaches this Agreement by failing to maintain the required staffing levels or by failing to deliver the required services, as described in Exhibit B, Scope of Services;

14.1.2.2. Any such breach by the Contractor will delay and disrupt the Department's operations and impact its ability to meet its obligations and lead to significant damages of an uncertain amount as well as a reduction of services; and

14.1.2.3. The liquidated damages as specified in this Exhibit C, Payment Terms, are reasonable and fair and not intended as a penalty.

14.2. **Notification**:

14.2.1. The Department shall make all assessments of liquidated damages. Prior to the imposition of liquidated damages, as described herein, the Department shall issue a written notice of remedies that will include, as applicable, the following:

14.2.1.1. A citation of the contract provision violated;

14.2.1.2. The remedies to be applied, and the date the remedies shall be imposed (cure period) for the Contractor to remedy such failure. A reasonable cure period will be determined by the Department based on service type, and to the extent possible, the notice will not be less than 30 days;

14.2.1.3. The basis for the Department's determination that the remedies shall be imposed;

14.2.1.4. A request for a written Corrective Action Plan from the Contractor below; and

14.2.1.5. The timeframe and procedure for the Contractor to dispute the Department's determination.

14.2.2. The Contractor shall submit the written Corrective Action Plan referenced in Subparagraph 14.2.1.4 above to the Department for review within five (5) business days of receiving notification as specified in Subsection 14.2. Notification.

14.2.3. The Contractor agrees that the Corrective Action Plan is subject to the Department's approval prior to its implementation.

14.2.4. No liquidated damages will be assessed against Contractor if the parties have agreed to a Corrective Action Plan and the Contractor is in compliance with the terms of the Corrective Action Plan.

14.2.5. If the failure to perform by the Contractor is not resolved within the cure period as specified in the Corrective Action Plan, as approved by the Department, liquidated damages may be imposed retroactively to the date of failure to perform and will continue until the failure is cured or any resulting dispute is resolved in the Contractor's favor.

14.2.6. The Contractor's dispute of liquidated damages or remedies shall not stay the effective date of the proposed liquidated damages or remedies.

14.3. **Liquidated Damages:**

14.3.1. Liquidated damages, if assessed, shall be in the amount of $1,000 per day for each day the Contractor fails to meet the general and specific service requirements for each Service Area as identified in Exhibit B, Scope of Services.

14.3.2. Liquidated damages, if assessed, shall be in the amount of $1,000 per day for each day the Contractor fails to meet and maintain the staffing levels identified in Exhibit B, Scope of Services.

14.3.3. Liquidated damages, if assessed, shall be in the amount of $1,000 per day for each day the Contractor fails to meet the performance standards identified in Exhibit B, Scope of Services.

14.3.4. Liquidated damages, if assessed, shall be in the amount of $1,000 per day for each day the Contractor fails to meet the reporting requirements identified in Exhibit B, Scope of Services.

14.3.5. Liquidated damages, if assessed, shall apply until the Contractor cures the failure cited in the notification described in Subsection 14.2, or until the resulting dispute is resolved in the Contractor's favor.

14.3.6. The amount of liquidated damages assessed by the Department shall not exceed the price limitation in Form P-37, General Provisions, Block 1.8 – Price Limitation.

14.3.7. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate; provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14.4. **Assessment**:

14.4.1. The Department shall be entitled to assess and recover liquidated damages cumulatively under each section applicable to any given incident.

14.4.2. Assessment and recovery of liquidated damages by the Department shall be in addition to, and not exclusive of, any other remedies, including actual damages, as may be available to the Department for breach of contract, both at law and in equity, and shall not preclude the Department from recovering damages related to other acts or omissions by the Contractor under this Agreement. Imposition of liquidated damages shall not limit the right of the Department to terminate the Contract for default as provided in Paragraph 8 of the General Provisions (P-37).

14.5. **Damages Related to Failure to Document Medical Necessity**:

14.5.1. The Contractor shall be liable to the Department for any losses incurred by the Department which arise out of the failure of Contractor staff to provide the required documentation to support medical necessity as identified in Exhibit B, Scope of Services.

New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
     - 1.2.1. The dangers of drug abuse in the workplace;
     - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
     - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
     - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
   - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
     - 1.4.1. Abide by the terms of the statement; and
     - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

DS EJMM

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name:

DocuSigned by:
Edward J. Merrens, MD

3/2/2022
Date

Name: Edward J. Merrens, MD
Title: Chief Clinical Officer

New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Vendor Name:

3/2/2022
Date

DocuSigned by:
Edward J. Merrens, MD
8ACA3CF0A0C143B...
Name: Edward J. Merrens, MD
Title: Chief Clinical Officer

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Contractor Initials DS EJMM
Date 3/2/2022

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
    - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
    - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and
    - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

3/2/2022
Date

DocuSigned by:
Edward J. Merrens, MD
8ACA3FCA1CC43B...
Name: Edward J. Merrens, MD
Title: Chief Clinical Officer

Contractor Initials: DS EJMM
Date: 3/2/2022

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

DS
EMM

Contractor Initials _____

Date 3/2/2022

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

DocuSigned by:
Edward J. Merrens, MD
5ACA3CFCA0CC438...

3/2/2022
Date

Name: Edward J. Merrens, MD
Title: Chief Clinical Officer

New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

DocuSigned by:
Edward J. Merrens, MD
0ACA32F6A0CC430...

3/2/2022
Date

Name: Edward J. Merrens, MD
Title: Chief Clinical Officer

DS
EJMM
Contractor Initials

3/2/2022
Date

BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement (Form P-37) ("Agreement") agrees, as a Business Associate, to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191, the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162, and 164 (HIPAA), provisions of the HITECH Act, Title XIII, Subtitle D, Parts 1&2 of the American Recovery and Reinvestment Act of 2009, 42 USC 17934, et sec., applicable to business associates, and as applicable, to be bound by the provisions of the Confidentiality of Substance Use Disorder Patient Records, 42 USC s. 290 dd-2, 42 CFR Part 2, (Part 2), as any may be amended from time to time.

(1) Definitions.

a. "Business Associate" shall mean the Contractor and its agents who receive, use, or have access to protected health information (PHI) as defined in this Business Associate Agreement ("BAA") and the Agreement, and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

b. The following terms have the same meaning as defined in HIPAA, the HITECH Act, and Part 2, as they may be amended from time to time:

> "Breach," "Covered Entity," "Designated Record Set," "Data Aggregation," Designated Record Set," Health Care Operations," HITECH Act," "Individual," "Privacy Rule," "Required by law," "Security Rule," and "Secretary."

c. "Protected Health Information" ("PHI") as used in this Agreement means protected health information defined in HIPAA 45 CFR 160.103, limited to the information created, received, or used by Business Associate from or on behalf of Covered Entity, and includes any Part 2 records relating to substance use disorder, if applicable, as defined below.

d. "Part 2 record" means any patient "Record," relating to a "Patient," and "Patient Identifying Information," as defined in 42 CFR Part 2.11.

e. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

(2) Business Associate Use and Disclosure of Protected Health Information.

a. Business Associate shall not use, disclose, maintain, store, or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit B, Scope of Services, of the Agreement. Further, Business Associate, including

but not limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA and 42 CFR Part 2, and not use, disclose, maintain, store, or transmit PHI in any manner that would constitute a violation of HIPAA or 42 CFR Part 2.

b. Business Associate may use or disclose PHI, as applicable:

I. For the proper management and administration of the Business Associate;

II. As required by law, pursuant to the terms set forth in paragraph c. and d. below;

III. According to the HIPAA minimum necessary standard; and

IV. For data aggregation purposes for the health care operations of the Covered Entity.

c. To the extent Business Associate is permitted under the BAA or the Agreement to disclose PHI to any third party or subcontractor, prior to making any disclosure, the Business Associate must obtain, a business associate agreement with the third party or subcontractor, that complies with HIPAA and ensures that all requirements and restrictions placed on the Business Associate as part of this BAA with the Covered Entity, are included in those business associate agreements with the third party or subcontractor.

d. The Business Associate shall not, disclose any PHI in response to a request or demand for disclosure, such as by a subpoena or court order, on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity can determine how to best protect the PHI. If Covered Entity objects to the disclosure, the Business Associate agrees to refrain from disclosing the PHI and shall cooperate with the Covered Entity in any effort the Covered Entity undertakes to contest the request for disclosure, subpoena, or other legal process. If applicable relating to Part 2 records, the Business Associate shall resist any efforts to access part 2 records in any judicial proceeding.

(3) Obligations and Activities of Business Associate.

a. Business Associate shall implement appropriate safeguards to prevent unauthorized use or disclosure of all PHI in accordance with HIPAA Privacy Rule and Security Rule with regard to electronic PHI, and Part 2, as applicable.

b. The Business Associate shall immediately notify the Covered Entity's Privacy Officer at the following email address, DHHSPrivacyOfficer@dhhs.nh.gov after the Business Associate has determined that any use or disclosure not provided for by its contract, including any known or suspected privacy or security incident or breach has occurred potentially exposing or compromising the PHI. This includes inadvertent or accidental uses or disclosures or breaches of unsecured protected health information.

c. In the event of a breach, the Business Associate shall comply with the terms of this Business Associate Agreement, all applicable state and federal laws and regulations and any additional requirements of the Agreement.

d. The Business Associate shall perform a risk assessment, based on the information available at the time it becomes aware of any known or suspected privacy or security breach as described above and communicate the risk assessment to the Covered Entity. The risk assessment shall include, but not be limited to:

I. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;

II. The unauthorized person who accessed, used, disclosed, or received the protected health information;

III. Whether the protected health information was actually acquired or viewed; and

IV. How the risk of loss of confidentiality to the protected health information has been mitigated.

e. The Business Associate shall complete a risk assessment report at the conclusion of its incident or breach investigation and provide the findings in a written report to the Covered Entity as soon as practicable after the conclusion of the Business Associate's investigation.

f. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the US Secretary of Health and Human Services for purposes of determining the Business Associate's and the Covered Entity's compliance with HIPAA and the Privacy and Security Rule, and Part 2, if applicable.

g. Business Associate shall require all of its business associates that receive, use or have access to PHI under the BAA or the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)n, and an agreement that the Covered Entity shall be considered a direct third party beneficiary of the Business Associate's business associate agreements with Business Associate's intended business associates, who will be receiving PHI pursuant to this BAA, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.

h. Within ten (10) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the BAA and the Agreement.

i. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

j. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

k. Business Associate shall document any disclosures of PHI and information related to any disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

l. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

m. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

n. Within thirty (30) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-ups of such PHI in any form or platform.

    i. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for as long as the Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI. A current version of Covered Entity's Notice of Privacy

Practices and any changes thereto will be posted on the Covered Entity's website: https://www.dhhs.nh.gov/oos/hipaa/publications.htm .

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this BAA, pursuant to 45 CFRSection 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination of Agreement for Cause

In addition to Paragraph 9 of the General Provisions (P-37) of the Agreement, the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a material breach by Business Associate of the Business Associate Agreement. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity.

(6) Miscellaneous

a. Definitions, Laws, and Regulatory References. All laws and regulations used, herein, shall refer to those laws and regulations as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in HIPAA or 42 Part 2, means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the BAA, from time to time as is necessary for Covered Entity and/or Business Associate to comply with the changes in the requirements of HIPAA, 42 CFR Part 2 other applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the BAA and the Agreement shall be resolved to permit Covered Entity and the Business Associate to comply with HIPAA and 42 CFR Part 2.

e. Segregation. If any term or condition of this BAA or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this BAA regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the BAA in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the General Provisions (P-37) of the Agreement, shall survive the termination of the BAA

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services	Dartmouth-Hitchcock Health
The State	Name of the Contractor
DocuSigned by: Joseph T. Caristi 3FA927B12BA948F	DocuSigned by: Edward J. Merrens, MD 8ACA3CECA0CC438...
Signature of Authorized Representative	Signature of Authorized Representative
Joseph T. Caristi	Edward J. Merrens, MD
Name of Authorized Representative	Name of Authorized Representative
Chief Financial Officer, NH Hospital	Chief Clinical Officer
Title of Authorized Representative	Title of Authorized Representative
3/2/2022	3/2/2022
Date	Date

CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
    - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

DocuSigned by:
Edward J. Merrens, MD

3/2/2022
Date

Name: Edward J. Merrens, MD
Title: Chief Clinical Officer

DS
EJMM
Contractor Initials

3/2/2022
Date

New Hampshire Department of Health and Human Services
Exhibit J

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: QYLXERHDAQL4

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   X NO _____ YES

   If the answer to #2 above is NO, stop here

   If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____ YES

   If the answer to #3 above is YES, stop here

   If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Initials DS EJMM

Date 3/2/2022

New Hampshire Department of Health and Human Services

DHHS Security Requirements

Exhibit K

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information," "Confidential Data," or "Data" (as defined in Exhibit K), means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

   Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates a security policy, which includes successful attempts) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or

Contractor Initials EMM

Date 3/2/2022

storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic documents or mail.

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

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information

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Contractor Initials EJMM

Date 3/2/2022

except as required or permitted under this Contract or required by law. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If Contractor is transmitting DHHS Data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. Contractor may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS Data.
3. Encrypted Email. Contractor may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If Contractor is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. Contractor may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. Contractor may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If Contractor is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. Contractor may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If Contractor is employing remote communication to

Contractor Initials EJMM

Date 3/2/2022

access or transmit Confidential Data, a secure method of transmission or remote access, which complies with the terms and conditions of Exhibit K, must be used.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If Contractor is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If Contractor is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain DHHS Data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have thirty (30) days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or, if it is infeasible to return or destroy DHHS Data, protections are extended to such information, in accordance with the termination provisions in this Section. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems accessed or utilized for purposes of carrying out this contract.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting DHHS Confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, current, updated, and

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maintained anti-malware (e.g. anti-viral, anti-hacker, anti-spam, anti-spyware) utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

If the Contractor maintains any Confidential Information on its systems (or its sub-contractor systems) and it has not done so previously, the Contractor will implement policies and procedures to ensure that any storage media on which such data maybe recorded will be rendered unreadable and that the data will be un-recoverable when the storage media is disposed of. Upon request, the Contractor will provide the Department with copies of these policies and with written documentation demonstrating compliance with the policies. The written documentation will include all details necessary to demonstrate data contained in the storage media has been rendered unreadable and un-recoverable. Where applicable, regulatory and professional standards for retention requirements may be jointly evaluated by the State and Contractor prior to destruction.

1. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media

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used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will ensure End-User will maintain an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

5. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

6. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

7. The Contractor will not store any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

8. Data Security Breach Liability. In the event of any computer security incident, incident, or breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

9. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of, HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) and 42 C.F.R. Part 2 that govern protections for individually identifiables

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health information and as applicable under State law.

10. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

11. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor must notify the DHHS Security Office and the Program Contact via the email addresses provided in Section VI of this Exhibit, immediately upon the Contractor determining that a breach or security incident has occurred and that DHHS confidential Information/data may have been exposed or compromised. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

12. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

13. The Contractor is responsible for End User oversight and compliance with the terms and conditions of the contract and Exhibit K.

DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must immediately notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches as specified in Section IV, paragraph 11 above.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with DHHS's documented Incident Handling and Breach Notification procedures and in accordance with– the HIPAA, Privacy and Security Rules. In addition

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to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

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

VI. PERSONS TO CONTACT

A. DHHS contact for Data Management or Data Exchange issues:
DHHSInformationSecurityOffice@dhhs.nh.gov

B. DHHS contacts for Privacy issues:
DHHSPrivacyOfficer@dhhs.nh.gov

C. DHHS contact for Information Security issues:
DHHSInformationSecurityOffice@dhhs.nh.gov

D. DHHS contact for Breach notifications:
DHHSInformationSecurityOffice@dhhs.nh.gov
DHHSPrivacyOfficer@dhhs.nh.gov